

## Runwood Homes Limited

# Four Acres

### Inspection report

Archer Close  
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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 4 and 5 August 2015 and was unannounced.

Four Acres is a two storey residential home which provides care to older people including people who are living with dementia. Four Acres is registered to provide care for 39 people and at the time of our inspection, there were 37 people living at Four Acres.

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

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

All the people we spoke with told us they felt well cared for and safe living at Four Acres. People told us staff were respectful and kind towards them and staff were caring to people throughout our visit. Staff protected people's privacy and dignity when they provided care and asked people for their consent before any care was given.

Care plans contained accurate and relevant information for staff to help them provide the individual care and

# Summary of findings

treatment people required. Care records reflected people's wishes and how they preferred their care to be delivered. Risk assessments provided information for staff to keep people safe, although these were not always accurate when people's needs changed. People received support from staff who had the knowledge to care for them. People's personal and confidential information was kept safe and secure.

People told us they received their medicines when required. Staff were trained to administer medicines and had been assessed as competent, which meant people received their medicines from suitably trained and experienced staff.

The provider had effective recruitment procedures that helped protect people. All the necessary checks had been completed on potential staff before a decision was made to employ them at the home.

Staff understood the need to respect people's choices and decisions. Assessments had been made and reviewed to determine people's individual capacity to make certain decisions. Where people did not have capacity, decisions had been taken in 'their best interests' with the involvement of family members and appropriate health care professionals.

Staff were caring and compassionate in their approach to people. People were given choices about how they

wanted to spend their day so they were able to retain some independence in their everyday life. Family and friends were able to visit when they wished and staff encouraged relatives to maintain a role in providing care to their family member.

There was a range of activities available for people living in the home that promoted their health and wellbeing. Staff responsible for providing activities were enthusiastic and encouraged the wider community to be involved.

The provider was meeting their requirements set out in the Deprivation of Liberty Safeguards (DoLS). The registered manager had contacted the local authority and submitted applications to make sure people's freedoms and liberties were not restricted unnecessarily. At the time of this inspection, no applications had been authorised under DoLS.

There was an audit system that identified and improved the quality of service people received. These checks and audits helped ensure actions had been taken that led to improvements. People told us they were pleased with the service they received and if they suggested improvements, these were acted upon. People's concerns were listened to and supported by the provider, manager and staff who responded in a timely way.

# 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.

People received care from staff who had the knowledge, skills and time to meet people's individual needs. People's needs had been assessed and where risks had been identified, staff knew how to support people to keep them safe. Staff were aware of safeguarding procedures and knew what action to take if they suspected abuse. People received their prescribed medicines from trained and competent staff.

Good



### Is the service effective?

The service was effective.

People and relatives were involved in making decisions about their care and people received support from staff who were competent and trained to meet their needs. Where people did not have capacity to make decisions, support was sought from family members and healthcare professionals. People were offered a choice of meals and drinks that met their dietary needs. People received timely support from appropriate health care professionals.

Good



### Is the service caring?

The service was caring.

People were treated as individuals and were supported with kindness, respect and dignity. Staff were patient and attentive to people's individual needs and staff had a good understanding of people's preferences and how they wanted to spend their time.

Good



### Is the service responsive?

The service was responsive.

People and relatives were involved in care planning decisions which helped make sure the support people received met their needs. Staff had information which helped them to respond to people's individual needs and abilities. There was an effective system that responded to people's concerns and complaints in a timely way and to people's satisfaction.

Good



### Is the service well-led?

The service was well led.

People, relatives and staff were complimentary and supportive of the registered manager. There were processes that checked the quality of service, such as regular checks, meetings, surveys and quality audits that identified improvements. Where improvements had been identified, actions had been taken that led to an improved quality service.

Good



# Four Acres

## 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 4 August 2015. The inspection was unannounced and carried out by three inspectors. The inspection completed on 5 August 2015 was announced and consisted of one inspector.

We reviewed the information we held about the service such as statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to

us by law. We also spoke with the local authority who provided us with information they held about this location. The local authority did not have any information to share which we were not already aware of.

Most of the people living at the home had varying levels of dementia which meant some people had limited ability to communicate what it was like living at Four Acres. We spent time observing care in the lounge and communal areas. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with five people who lived at the home to get their experiences of what it was like living there. We spoke with two visiting relatives, eight care staff, two kitchen staff and the registered manager. We looked at three people's care records and other records including quality assurance checks, health and safety checks, medicines, complaints and incident and accident records.

# Is the service safe?

## Our findings

All the people we spoke with told us the support they received was good and they felt safe. One person told us they felt safer at Four Acres than being in their own home because, “I fell one day and I rang my bell. Staff came running. What more could I want.” Another person said they felt safe because staff checked on them regularly which they liked because they preferred to stay in their room. Relatives felt their family members were safe and protected from risks. One relative told us, “I’ve got no worries.”

Staff told us how they made sure people who lived at the home were safe and protected. All staff spoken with had a clear understanding of the different kinds of abuse, and what action they would take if they suspected abuse had happened within the home. For example, one staff member said, “If I was concerned I would do whatever I needed to make the person safe, and report it straight away.” Another staff member said they would approach senior staff for advice.

Staff had access to the information they needed to help them to report safeguarding concerns. A local safeguarding policy was displayed which linked with local authority contact numbers for staff should they be required. The registered manager was aware of the safeguarding procedures and described to us the actions they would take in the event of any allegations received.

Risk assessments and care records identified where people were potentially at risk and actions were identified to manage or reduce those risks. Staff understood the risks associated with people’s individual care needs. For example, staff knew how to support people who had behaviours that challenged others, or people who were at risk of falling. Risk assessments were regularly reviewed for people who were at risk, however some required improvement to make sure staff were consistent in how they supported people. For example, the risk assessment for one person whose behaviours challenged, did not record any triggers or signs to inform staff when their behaviours may change, so staff were able to keep that person and others safe. We found risk assessments for a person whose levels of mobility varied were not up to date and did not accurately reflect the required number of care

staff or equipment required to transfer this person safely. The registered manager assured us the risk assessments would be reviewed to make sure staff provided consistent and safe care in line with people’s needs.

All the people we spoke with said there were enough staff to meet their needs. One person said, “I would say so, I don’t wait long for help.” This was confirmed by other people and relatives who said whenever assistance was required, they did not wait long for support from staff. One relative told us they were satisfied with staffing levels and said, “They do look after people properly.” Most of the staff told us they had enough time to provide the care and support people required, although staff said pressures on their time had increased recently due to staff vacancies. One staff member said, “There are not enough staff at the moment but they are recruiting so this should improve.” Other staff shared this view but were able to explain that people’s needs continued to be met.

The registered manager told us they were not reliant on agency staff because staff picked up additional shifts, which meant they had continuity and flexibility to ensure the rota was covered. The registered manager said the staff team had changed and they now had staff they could rely on which minimised unexpected absences. The registered manager completed the staff rotas and told us they balanced the skill mix of the staff so new staff were always supported by experienced staff and senior staff. The registered manager said they used a dependency tool which identified people’s individual needs. The dependency tool was regularly reviewed to make sure staffing levels continued to meet people’s needs. The registered manager recognised people’s needs changed and said, “We staff to meet people’s needs and if they change, we look at redeployment, but lately we haven’t needed to.” We were told if people’s needs increased, staffing levels would be increased to reflect people’s needs. The registered manager said if there were unplanned absences, they would cover some shifts which staff confirmed.

All staff spoken with told us the provider had undertaken employment checks before they started work at the home, for example, references and security checks to check that staff were suitable to provide care to people.

People told us they received their medicines when required. One person said, “I always get them on time, give or take a little bit.” We looked at six medicine

## Is the service safe?

administration records (MAR) and found medicines had been administered and signed for at the appropriate time. People received their medicines from experienced senior staff who had completed medication training. The registered manager told us these staff had competency assessment checks which made sure they continued to administer medicines to people safely. The management of MARs were checked regularly to make sure people continued to receive their medicines as prescribed. To minimise risks, a senior staff member who administered medicines told us they were changing pharmacists because they had identified errors in the delivery of certain medicines.

We found information was not always available to guide staff on when to safely administer medicines to people who sometimes required their medicines to be given covertly. We looked at records for two people who had their medicines administered to them 'covertly' by disguising their medicines in either food or drink. This was because some people refused their medication but it was necessary to support their current health and wellbeing. Decisions for the covert administration of medicines had been agreed by the GP, recognising this action was in the person's best interest. However, there was no information that told staff

how to safely disguise people's medicines. The registered manager agreed to seek support from the GP and pharmacist. This would ensure covert medicines were administered safely and continued to be effective to manage people's health conditions.

Maintenance schedules were regularly completed to make sure the environment was safe and equipment was kept in good working order. This included a system of internal inspections of equipment and maintenance by external contractors where required, such as lift maintenance and water quality checks. Staff completed a book for the maintenance person so any repairs could be dealt with to minimise the safety risks. The book was checked regularly and we saw actions had been taken to make required improvements to keep people safe.

The provider had plans to ensure people were kept safe in the event of an emergency or unforeseen situation. Fire emergency equipment was checked regularly and staff knew what action to take in emergency situations. There was a central record of what support each person required to keep them safe if the building had to be evacuated and this was accessible to the emergency services.

# Is the service effective?

## Our findings

People and relatives told us staff were knowledgeable and knew how to provide the care and support they needed. One person told us the staff were very effective because, "They (staff) always seem to cater for what you need." This person also said, "They (staff) fall over themselves to help. They always help me and they know what to do." These comments were supported by other people who told us staff were aware of people's individual requirements, whether physically or emotionally. For example, one person who lived at the home told us how another person became upset and they said staff recognised this and helped keep that person calm, particularly when they wanted to leave the home.

Staff told us they completed an induction when they first started at the home, and received training to support them in ensuring people's health and safety needs were met. The registered manager and staff told us part of the induction allowed staff to shadow more experienced staff. One staff member said they found this useful as they could see how care was delivered in a personalised way to help meet people's needs.

We asked the registered manager how they were assured staff put their knowledge and training into practice to effectively support people. They told us, "I am confident because I do a daily walk about and occasional shifts to see how staff support and interact with people." The registered manager told us if they saw any poor practice, they addressed this at a supervision meeting, or considered further training for those staff members. The registered manager told us they did unannounced spot checks on staff. They said, "I hide around corners to see how staff protect people's privacy and dignity and that staff are being respectful."

Staff told us they had regular supervision meetings which gave them opportunity to discuss any concerns they had or further training they required. One staff member said, "I had a supervision meeting last month which I found useful because it gives you chance to talk about any issues or training." Staff felt they had received the training necessary to provide the care and support people required. For example, staff told us they were confident and understood how to support people whose behaviours challenged

others. One staff member said, "I try and divert their attention, ask if they want a cup of tea or biscuit. I know people's histories, so talk about their families which can help."

The registered manager completed a training schedule which made sure staff received refresher training at the required intervals which helped keep staff knowledge updated. Training records showed some staff had not received their training updates as required but we were told training was being arranged for those staff. During our visit dignity training was being delivered but not all staff enrolled on the training had attended. The registered manager was aware of this and told us further training sessions would be provided so staff had the opportunity to attend.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find.

The MCA protects people who lack capacity to make certain decisions because of illness or disability. DoLS is a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe.

Staff received training in the Mental Capacity Act 2005 (MCA) and understood the importance of seeking people's consent before they provided any care. Staff knew which people made their own decisions and which people wanted to remain as independent as possible. People we spoke with told us staff helped them to be independent, which included making their own decisions. One person told us, "They (staff) encourage me to be independent. They (staff) let me get on with things, but they do help me put cream on, there are areas I cannot reach." This person told us that the way staff supported them meant, "You don't feel helpless."

Where people lacked capacity to make decisions, the provider recorded information about the support people required. For example, assessments had been completed for personal care, nutrition, accommodation and medicines that showed what people could not consent to. Where people were unable to consent to certain decisions, decisions were taken in people's 'best interests' by those closest to them. The registered manager understood the requirements of the Deprivation of Liberty Safeguards



## Is the service effective?

(DoLS) and had sought advice from the local authority to ensure people's freedoms were effectively supported and protected. During our visit, a DOLS assessor was assessing and reviewing some people's capacity to make sure their liberties and freedoms were not being unnecessarily restricted.

People told us they enjoyed the food in the home and we saw they were offered a variety of drinks during our visit. One person told us, "The food is very good, two choices and you get fresh vegetables." During our visit people were offered a choice of meals. Staff told us if people did not want the choices on the menu, alternatives would be provided. The cook told us staff told them about people's preferred choices and how some people needed their food prepared. The cook said they attended handover and staff told them if people's needs had changed, for example if people needed soft foods.

People who were potentially at risk and had individual requirements associated with eating and drinking, were supported by staff to ensure they remained hydrated and

nourished. Where a risk had been identified, for example, where they may be at risk of choking, care plans provided guidance for staff to follow. Staff told us they knew how to support people to ensure they received their food and drinks in a way that continued to meet their needs. People were weighed regularly to make sure their health and wellbeing was supported and if there were concerns, advice was sought from other healthcare professionals. For example, where people had lost weight, support was sought from dietitians and staff followed this advice. People confirmed and their records reflected that they received care and treatment from health care professionals such as dentist, opticians, mental health nurses, district nurses, occupational therapists and the GP. The GP visited the service on a regular basis, saw people who required treatment, as well as completing regular medicines reviews. These medicine reviews ensured people's medicines and how they were administered, continued to support their needs. Staff told us they were made aware of any changes in people's care and treatment following other healthcare professional's recommendations.



# Is the service caring?

## Our findings

People told us staff were caring and attentive to their needs and staff treated them with respect.

People said staff were kind and people told us they enjoyed the company of staff, especially when staff talked with them or when they were involved in pursuing activities within the home. One person told us how staff made them feel relaxed and not afraid to ask for help. This person said, "I don't know how they do it, but they are very patient with me which makes me feel good. I never feel a nuisance." This person told us how they found the approach and attitude of staff very welcoming which made it easy for them to seek support whenever they needed it. They explained, "Staff fall over themselves to help you here, it is better than being in your own home."

We spoke with staff and asked them what caring meant to them. The answers demonstrated that there was a shared 'caring' philosophy amongst the staff team which was encouraged by the registered manager. All of the staff we spoke with said they enjoyed working at the home. Comments made to us were, "I think I make a difference, I love my job, we are here for the residents, I have been here a long time, it's great, and I do love it here." One staff member told us they took their caring responsibilities seriously as they helped people who were vulnerable and told us it was their job to support them. This staff member said, "I like to see myself as a friend to them, it is going to happen to me one day and I treat them like my family, would want to be looked after."

The registered manager told us they had a very good staff team who continually cared for people, and family members of those who lived at Four Acres. During our visit we saw a family member visited the home who was distressed. The registered manager and staff comforted this person and the registered manager told us they offered to help this person by making telephone calls on their behalf.

A staff member told us how they supported people and families with end of life care. This staff member shared their experiences with us about a person who recently passed away. They told us how they respected the person in death and helped prepare the person and room in readiness for family members. The registered manager said, "We used a special pillow and a rose which is what the family wanted." This staff member said they attended the funeral and said

they felt, "I was a leaning post for the family. I love my job to help in that way." The registered manager said some family members continued to visit the home and talk with staff, when loved ones were no longer living at the home.

We spent time in the communal areas observing the interaction between people and the staff who provided care and support. We saw staff were caring and compassionate towards people, engaged them in conversations and addressed people by their preferred names. Staff were friendly and respectful and people appeared relaxed with staff. Staff responded to people's needs and staff regularly checked on people throughout the day, especially those who remained in their room to make sure they were looked after. We saw one example where a staff member saw a person in their room and asked if they were okay. This person said to the staff member, "I feel helpless." The staff member provided words of comfort and spent time with this person, reassuring them by saying everything was okay until they felt comfortable to go into the communal lounge. The staff member encouraged the person by offering them a cup of tea with biscuits. The person replied, "I would love it, tea is better than wine any day."

People told us they received care from staff who knew and understood their personal history, likes, dislikes and how they preferred to spend their time. Staff said personal information was recorded in people's care records. Staff told us this provided them with important information about people's lives and what relationships were important to them before they lived at the home. Speaking with staff showed us they had an in depth knowledge about the people they cared for. For example, one staff member told us about a person's previous employment which explained why this person was referred to by a different name.

People who were independent told us staff respected their choices and supported them to be as independent as they wanted, for example washing themselves, dressing, or supporting them at bed times. Staff gave people choices about how and where they spent their time. We saw some people preferred to stay in their rooms, whilst others sat in communal areas and staff supported people with their choices. Staff recognised it was important to promote independence so people continued to do as much for themselves as possible, which was supported by what people told us.

## Is the service caring?

Staff had a good understanding of people's individual communication needs and gave examples of how they involved people who had limited communication skills. For example, staff looked for non-verbal cues or signs in how people communicated their moods or choices. Some of the signs people expressed showed they may be experiencing episodes of behaviours that challenged. Staff told us they understood what to look out for. For example, one staff member told us how they recognised when a person was becoming agitated by specific behaviours they displayed.

Staff we spoke with had a good understanding and knowledge of the importance of respecting people's privacy and dignity and we saw staff spoke with people quietly and discreetly. When people needed personal care, staff supported people without delay to carry out any

personal care needs discreetly. Some rooms had posters on the door which said 'For staff to knock and wait'. Although we did not have an opportunity to see staff do this, staff told us they knocked on people's doors and waited for people to respond before they entered their rooms. Staff told us they protected people's privacy and dignity by making sure all doors and windows were closed and people were covered up as much as possible when they supported them with personal care.

We spoke with visitors who said they were welcome to visit whenever they wanted. In the communal hall there was a sign which promoted protected meal times, however we were told if people wanted to visit during this time, it was not a concern. During our visit we saw visitors come and go throughout the day.

# Is the service responsive?

## Our findings

People told us the care and support they received was centred around their needs and staff responded in a timely way when they needed support. We asked people if they were involved in their care decisions and how they wanted their care and support provided. Most of the people we spoke with said they had not been involved in those decisions, however no one we spoke with said they wanted to be. One person told us they felt involved in their care decisions because staff, “Always ask me what I want and they help me to be as independent as possible. They help me, but let me do what I can.” Staff told us when people’s needs changed, they involved families and kept family member’s updated. One staff member said they involved family members recently when a person’s behaviour had changed. This staff member said, “We involve relatives because they can help with suggestions because they know the person, and it keeps people safe.”

A copy of people’s care plans was kept in an office so people could be confident their personal information was kept private and secure. We looked at three people’s care files. Care plans and assessments contained information that enabled staff to meet people’s needs. Plans contained personal preferences. For example, these plans showed how people wanted to be cared for, their preferred routines, if people were at risk and how they wanted staff to support them. Staff told us they read care plans and updated care plans regularly for those people who they cared for. Staff had good knowledge of people they cared for and supported them to meet their needs. However, we found two care plans did not support the information staff told us. The registered manager assured us they would be updated to reflect people’s changing needs.

Staff told us they were informed of any changes in people’s needs at the staff handover meeting at the beginning of their shift. They said the handover provided them with useful knowledge and important information about the people they supported. One staff member told us this information was very important, particularly if people’s needs had changed since they were last on shift.

People had a variety of activities that helped keep them mentally and physically stimulated. We found people were supported to maintain their hobbies and interests and people told us there was a range of activities they enjoyed. For example, we spoke with one person who preferred to

stay in their room. This person said, “Look at my books, I love reading. Staff bring me my books because we have a great library.” We saw another person knitting and they told us this was one of their favourite hobbies. One staff member said they had started a knitting club for people which helped support people’s hobbies and it was, “Important because it keeps people using their muscles for movement.”

We spoke with one staff member whose role was to promote activities and interests with people and families. They told us they had made improvements since they took up their role. For example, this staff member had introduced an electronic mailing list so families could share photographs and memories which staff used in conversations with people. This staff member said, “I have put old photographs up of our residents. It makes the home feel more homely and I use these photos to help reduce people’s anxieties.” This staff member said people had told them they enjoyed seeing photographs in the home. This staff member told us they were in the process of organising a mini bus so people could go on day trips as some people wanted to go to Weston Super Mare. People living at the home held tea parties and social events to help raise funds for this trip. We were told people celebrated important family events such as birthdays with family members and staff helped organise food and refreshments.

The activities co-ordinator recognised the importance of meaningful activities for people living with dementia. This staff member said they spent time with the provider’s dementia services manager to help see things from the person living with dementia’s perspective. This staff member recognised sensory exercises for people living with dementia were important, such as touching and stroking hands, hand massages and doing people’s nails. People we spoke with said they enjoyed this. Some people told us they liked to visit the ‘bar’ in the home. One person said, “I love an alcohol drink, and it is free.” Another person told us they enjoyed going to the bar because they could meet some of their friends.

People knew how to make a complaint and everyone we spoke with had not made any complaints about the service they received. One person said, “I think it is lovely here. What more could I want.” Information was available in the home for people and relatives about how they could make a complaint, or raise concerns.

## Is the service responsive?

The registered manager told us complaints were taken seriously and the provider reviewed complaints to ensure appropriate measures and learning was undertaken. For example, a relative complained to the provider that staff did not notify them when their family member had fallen. As a result, staff contact the 'on call' staff member so action can be taken to ensure family members are notified.

The registered manager said they had an 'open door' policy so most complaints were usually addressed which prevented written complaints being made.

We looked at how written complaints were managed by the service. The registered manager told us they had received three written complaints since January 2015 and records confirmed these complaints had been dealt with to people's satisfaction. The registered manager had a system so all complaints were recorded and evidence of what actions had been taken were kept that supported their investigations. Where required, staff were made aware of complaints and what actions they could take to minimise similar complaints being received in the future.

# Is the service well-led?

## Our findings

People and relatives we spoke with, had no concerns about the quality of care provided at Four Acres and found the provider and registered manager were open and approachable. One person we spoke with was very pleased with the service and said, “They have very good ideas here and staff work well together.” They told us staff knew what to do for them and commented positively about the behaviours and attitudes of the staff saying that it, “Makes all the difference.” People told us they felt able to make their opinions known if they were not satisfied with the service they received, any were confident action would be taken. One person said, “I think [name of registered manager] is approachable, friendly and gets things done” and a relative said, “The manager seems friendly and open, I would have no qualms about talking to her.”

We asked the registered manager what they identified as being the main challenges they faced at the home since becoming registered manager just over 12 months ago. They told us, “The home had a poor reputation locally and wider and people’s concerns were not addressed.” The registered manager told us their main priority was to, “Get people and families on board, involve them in what’s going on.” The registered manager set up and held monthly meetings for people who lived at the home, and quarterly meetings for relatives so they were able to share their concerns, views and suggested improvements. The registered manager said, “Personally, we have made a huge improvement, I have an open door policy and hold manager surgeries.” Speaking with people, relatives and staff, they told us the registered manager was approachable and accessible. During our visit, we saw people and staff visit the manager without any prior appointment and the manager spent time talking with those people.

The registered manager told us they had identified the lack of a consistent team working within the home. The registered manager told us the home had been through a challenging period and there had been a number of changes within the staff team and new policies and procedures for staff to follow, which were not always accepted. The registered manager told us this was being addressed with staff in supervision meetings and stressed the importance of staff supporting each other. During our

visit, we saw an example where a staff member had not followed senior team member advice. This was brought to the registered manager’s attention who told us this would be addressed with the staff member.

The registered manager told us their management style was to lead by example. They said they helped ‘on the floor’ and ‘filled in’ when unplanned staff shortages occurred. The registered manager said they administered medicines to people which helped them check whether people received their medicines when required. They said they also used this opportunity to check if people were happy with the support they received from staff. They told us they completed a daily walk around to identify any concerns people had and to make sure people received care in a safe environment. The registered manager told us they did occasional late night working so they could speak with night staff and understand the challenges night staff experienced. People and staff told us the registered manager had an open door policy and we were told they would have no hesitation in speaking with the registered manager if they had concerns.

There were systems in place to monitor the quality of the service which were completed by the registered manager and the provider. This was through a programme of audits, including checks for care plans, infection control, and medicines audits. Quality checks were also completed and monitored by the provider to ensure any actions identified for improvements had been taken.

There were systems to monitor the safety of the service. We looked at examples of audits that monitored the quality of service people received. For example health and safety, infection control and fire safety. These audits were completed on a regular basis to make sure people received their care and support in a way that continued to protect them from potential risk. The registered manager recorded incidents and accidents on a monthly basis, but there were no records that any analysis to identify any trends was completed. We were told that analysis was completed at provider level however this was only driven by responses sent by the registered manager. Where we identified people had fallen, we found monthly records did not always record all falls. We told the registered manager about this. They assured us they would make sure all incidents were recorded and analysis was taken to ensure risks to people were minimised.

## Is the service well-led?

People and relatives were able to share their feedback and suggestions about the service they received. They could do this by attendance at meetings or through the provider's annual quality survey questionnaire. We looked at the results of the last questionnaire and found people were satisfied with the service they received. Where negative comments were made, actions had been taken. For example, comments were made around the quality of activities. The provider had appointed an activity co-ordinator and improvements were being made to the quality and variety of activities within the home.

The manager understood their legal responsibility for submitting statutory notifications to the CQC, such as incidents that affected the service or people who used the service. During our inspection we did not find any incidents that had not already been notified to us by the provider.

The registered manager told us about further changes planned in the coming months, such as a planned refurbishment of the home. This meant the home would close for a period of time while the renovation took place. The registered manager and provider were in the process of planning this event to ensure people and families were involved and provided with the information they needed to reduce any anxieties regarding a temporary move to another home. The registered manager said people and families views would be sought as to how people wanted their rooms and new home decorated.