

Sutton Veny House Limited

Sutton Veny House

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?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

During our last inspection on 24 April 2014 we found the provider to be in breach of Regulation 23, Supporting workers. Not all staff were receiving regular supervision and support or had undergone an annual appraisal. Regulation 10, Assessing and monitoring the quality of service provision. There was a lack of robust monitoring and planning of the staffing levels. This had impacted on

the availability of staff cover and had resulted in some shifts not meeting the minimum staff number set by the provider. The provider wrote to us with an action plan of improvements that would be made. During this inspection we found the provider had made the necessary improvements.

Sutton Veny House is a residential care home providing accommodation and nursing care for up to 28 older people. At the time of our visit there were 16 people living at the home. Sutton Veny House is set in a rural location situated in 25 acres of grounds and parkland within the village of Sutton Veny. Most bedrooms are en-suite and there is a lift between floors. The gardens are landscaped with several seating areas including a sensory garden.

Summary of findings

The service had a registered manager who was responsible for the day to day operation of the home. 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. The registered manager was present on the day of the inspection.

People and their families praised the staff and registered manager at Sutton Very House for their kindness and compassion. People had developed caring relationships with staff and were treated with dignity and respect. People enjoyed the surroundings of the home and the calm attitude of staff as they went about their work. Staff took time to sit and chat with people.

The care records demonstrated that people's care needs had been assessed and considered their emotional, health and social care needs. People's care needs were regularly reviewed to ensure they received appropriate and safe care, particularly if their care needs changed. Staff worked closely with health and social care professionals for guidance and support around people's care needs.

People's rights were recognised, respected and promoted. Staff were knowledgeable about the rights of people to make their own choices, this was reflected in the way the care plans were written and the way in which staff supported and encouraged people to make decisions when delivering care and support.

Staff had received training in how to recognise and report abuse. There was an open and transparent culture in the home and all staff were clear about how to report any concerns they had. Staff were confident that the registered manager would respond appropriately. People we spoke with knew how to make a complaint if they were not satisfied with the service they received.

There were systems in place to ensure that staff received appropriate support, guidance and training through supervision and an annual appraisal. Staff received training which was considered mandatory by the provider and in addition, more specific training based upon people's needs such as, epilepsy training, behaviour management and diabetes. Staff were encouraged by the registered manager to be involved in improving the service and outcomes for people who live at Sutton Veny House.

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. There were systems in place to ensure there was sufficient staffing at all times. New staff were employed following a robust recruitment process which ensured they were safe to work with people before they began their employment.

Staff were confident in recognising safeguarding concerns and potential abuse and were aware of their responsibilities in protecting people.

There were systems in place to ensure that people received their medicines safely. Risk assessments were in place to ensure that people received safe and consistent care. The environment was safe and well maintained and the equipment which people used was maintained and fit for purpose.

Good



Is the service effective?

This service was effective. People received effective care and support to meet their needs. People were supported to have enough to eat and drink. Where required, people had access to specialist diets.

People were supported by skilled and knowledgeable staff. Staff were supported to maintain their qualifications and develop their professional skills to ensure they were competent to meet people's needs. Staff received regular supervision and an annual appraisal which identified on-going training needs and development.

Good



Is the service caring?

The service was caring. We saw that people were comfortable in the presence of staff and had developed caring relationships. People and relatives were very positive about the staff and said they were treated with kindness and respect.

Staff knew people well and were aware of people's preferences for the way their care should be delivered, their likes and dislikes. Staff listened to people and acted upon their wishes. Staff supported people to make their own decisions about their day to day life.

Outstanding



Is the service responsive?

This service was responsive. People received care and support which was specific to their wishes and responsive to their needs.

People and relatives said they were able to speak with staff or the manager if they had a complaint. They were confident their concerns would be listened to. Care records were person centered and had taken into account the person's individual needs, including: personal care, emotional needs, medical needs and cultural and spiritual needs. Care records clearly identified how people wished their care and support to be given and people told us they were very happy with all areas of their care and support.

Staff ensured that people were not socially isolated. There were opportunities for people to take part in social activities, if people did not wish to participate, staff would sit and chat to people in their rooms.

Good



Summary of findings

Is the service well-led?

This service was well led. People and their families told us they thought the service was very well led. There was an open and transparent culture and the manager and staff welcomed the views of people who lived at Sutton Veny House.

There were systems in place to monitor the quality of the service provided and to promote best practice. Staff were actively involved in findings ways to continually improve the service.

Good



Sutton Veny House

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 checked 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 29 October 2014 and was unannounced. This inspection was carried out by an 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.

Before the visit we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). 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. This enabled us to ensure we were addressing potential areas of concern.

We spoke with seven of the 16 people living at Sutton Veny House. We spoke with two visiting relatives about their views on the quality of the care and support being provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to assist us to understand the experiences of the people who could not talk with us. We spent time observing people in the dining and communal areas.

During our inspection we spoke with the registered manager, a registered nurse, a care supervisor, two care assistants, the activities coordinator, the chef and the housekeeper. Before our visit we contacted people who visit the home to find out what they thought about this service. We contacted a GP, a local Vicar and a member of the Wiltshire commissioning team for adult care.

We used a number of different methods to help us understand the experiences of people who use the service. This included talking to people, their relatives, looking at documents and records that related to people's support and care and the management of the service. We reviewed the care records of four people, we looked at four staff training records, policies and procedures and quality monitoring documents. We looked around the premises and observed care practices throughout the day.

Is the service safe?

Our findings

People told us they felt safe living in Sutton Veny House, comments included “I came here about three months ago because I wasn’t safe at home, but I’m very happy with the decision because it is really nice here. I feel safe and my daughter is much happier having me here.”

People living at Sutton Veny House were safe because the service had arrangements in place to ensure people were protected from abuse and avoidable harm. The risk of abuse to people was minimised because the policies and procedures in place were followed.

At our last inspection in April 2014, we identified concerns around the lack of robust monitoring and planning of the staffing levels. This had impacted on the availability of staff cover and had resulted in some shifts not meeting the minimum staff number set by the provider. The provider had made the necessary improvements. We looked at the staffing audits, which were now being carried out weekly to monitor that the set staffing levels were being met. The registered manager told us they had increased the number of bank staff available to support permanent staff shifts. The staff rota’s confirmed this. All shifts were being covered and met the required number of staff.

We saw there was enough staff to safely care for people. Staff responded quickly to people’s needs and requests. One person said “I am really looked after, I have lived a long life and now I sit here and just ask for things with my bell and they come and bring it. They’re lovely to me.”

The staffing levels were determined according to the dependency levels of people who used the service. The number of staff required to support each person had been documented in their care plan and staff told us that they worked to that level. Staff told us they were happy with the level of staffing and also the changes made since our last inspection. Staff now worked shorter shifts spread over seven days. A care worker said “It’s a lot better”. The registered manager told us this had improved the availability of staff over the whole of the week, especially the weekends. Staff told us they enjoyed working at the home and many staff had worked for the home for a number of years. The Provider Information Return (PIR) showed that there was a low turnover of staff.

People had risk assessments which identified risks in relation to their health and wellbeing, such as moving and

handling, mobility, nutrition and hydration and social isolation. Risk assessments were updated each month or sooner if required and staff told us they were confident the risk assessments kept people safe while enabling them to make choices and maintain their independence. A care worker told us “we respect what people want to do, if they want to stay in their room, then that’s fine, but we need to make sure they don’t feel isolated from everyone else, people have visitors but we will also pop in every so often to check they are ok and often sit with them.

There were procedures in place for the safe administration of medicines and these were being followed. We looked at three people’s records for the administration of their medicines. People received their medicines at the correct time, stock levels were accurate and the form had been initialled and dated as required.

If a person refused to take their medicine, this was recorded on the Medicine administration record (MAR) sheet. Staff liaised with the person’s GP if they continued to refuse their medicine, this ensured that appropriate action could be taken to prevent harm and keep the person safe. The nurse told us that at this time, no one in the home wanted to self-administer their own medicine and this was respected as the person’s choice. The procedures for how people were to be supported to self-administer their medicine were detailed in the home’s medication policy.

A care worker told us they would always ‘double up’ with the nurse when medicines were given out; this reduced the risk of errors as two people checked the correct medicine and dosage was given to the right person. We looked at the medicine audit and the manager confirmed that they had identified some errors which were mainly due to nursing staff not completing the MAR sheet. This had now been resolved through staff training and more frequent audits.

Medicines were stored correctly and safely and records evidenced that stock levels were checked when medicines were delivered, There were procedures in place for homely remedies such as cough lozenges and a protocol was in place for medicines taken as and when necessary (PRN). The registered nurse on duty told us that people were involved in making decisions about their medicines, through being given information about the medicine, its side effects and purpose and choosing whether they wanted to take the medicine. People were involved when their medicines were reviewed by their GP.

Is the service safe?

The recruitment processes in place ensured that new staff were safe to work with people. We looked at four staff files which evidenced that an application form had been completed, the applicant's previous employment history had been checked and a job description had been provided. In addition, a current Disclosure and Barring Service check (DBS) was in place before employment began. The Disclosure and Barring Service helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

The registered manager had introduced a new system of staff performance management. They told us, "where we identify shortfalls in the safety of staff practice or understanding, we send a 'letter of concern' to the staff member". This highlighted the area of concern, where they needed to improve and what support they would be given. This had received a positive response from staff because it focused on 'how to improve'. A letter of concern was held on the staff file as part of the new disciplinary procedures.

Staff told us they had received safeguarding of vulnerable adults training and records confirmed this. All of the staff were able to describe what constituted abuse. Staff made reference to the provider safeguarding and whistleblowing policy and could tell us who they would contact to raise an alert. Staff told us they were confident that the registered manager would listen and act on any concerns they may raise. One care worker said "I wouldn't hesitate to blow the whistle if I wasn't being listened to".

Safeguarding records evidenced that the registered manager took appropriate action in reporting concerns to the local safeguarding authority and acted upon recommendations made. Safeguarding notifications were made to the Care Quality Commission (CQC) as required.

There was a low level of incidents or accidents occurring within the home and the records showed that following incidents or accidents, risk assessments were updated or put into place.

The provider had emergency plans in place in the event of an evacuation of the premises, with alternative accommodation and transport arranged. The service had a contingency plan in place should staffing levels be affected by sickness. There was also separate on-site accommodation for staff, for those who lived in and for emergency stays, such as in the event of adverse weather conditions.

The layout of the building promoted people's independence, dignity and safety. The communal areas of the home were clutter free, spacious and accessible for wheelchair users. We saw people moving around freely, either independently or in their wheelchair.

The level of cleanliness and hygiene throughout the home was of a very high standard. This included people's rooms and all communal areas. One person described their experience of living at Sutton Veny House as "Safe, comfortable, clean, well fed and living in luxury...I can't say more than that, it is such a wonderful place and they do such a fantastic job looking after us all." A relative told us their mother was "kept beautifully clean. It makes a big difference to their dignity. You can tell the high standards because it doesn't smell anywhere."

A variety of equipment was used by people to support their independence, maintain good health and ensure that staff could support them safely. Before using the equipment, care workers ensured that it was safe and fit to use. There were audits in place to evidence that faults were reported and checks were carried out for correct usage and wear and tear.

Is the service effective?

Our findings

People praised the level of care and support they received. One person said “they more than meet my needs”. People were confident that staff knew their likes and dislikes and thought staff were highly trained. Another person said. “I’ve been here over 18 months now and I’ve gone from strength to strength. The place I was in before couldn’t give me this amount of care, but this is superb. They do everything for me.”

At our last inspection in April 2014, we found that not all staff received regular supervision and an annual appraisal. [Supervision and appraisals are processes which offer support, assurance and develop the knowledge, skills and values of an individual, group or team. The purpose is to help staff to improve the quality of the work they do, to achieve agreed objectives and outcomes.] At this inspection the provider had made the required improvements and now all staff received on-going supervision and had undergone an annual appraisal. The registered manager told us that staff had recently completed a questionnaire to find out their views on the effectiveness of their supervision. The results would be used to improve this process. Staff told us they were very happy with the supervision and support they received.

People were supported by skilled and knowledgeable staff. The staff we spoke with were competent in their understanding of how to provide safe and effective care to people and support specific needs such as with dementia, epilepsy and diabetes. Nursing staff were supported to maintain their qualifications and develop their professional’s skills. The training records evidenced that staff had received refresher training in the mandatory topics such as, safeguarding, fire safety, infection control and manual handling.

Staff said they had completed qualifications in health and social care and had previous experience of working in a care setting. Staff undertook additional training which was relevant to their role, such as pressure ulceration prevention, nutrition training and dementia awareness. The housekeeping team had all undertaken training in infection control. The housekeeper said this was fundamental to their role in maintaining a healthy environment for people.

We spoke with the activities co-ordinator who was the newest member of the team. They told us that their qualifications in the ‘design and provision of activities’ had enabled them to apply their knowledge to working with older people. They were keen to look at innovative and more individualised ways of engaging people, such as through music, language and through their life experiences. People told us they had enjoyed the activities which had so far been provided, such as the music sessions.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The Deprivation of Liberty Safeguards is part of the Act. The DoL’s provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict or deprive them of their freedom.

All staff received training in the Mental Capacity Act 2005 and DoL’s. Staff recognised their responsibility in ensuring people’s human rights were protected and described how people could be deprived of their liberty and what could be considered as a restraint. One care worker told us, “we do not use any kind of restraint”. The care plans evidenced that mental capacity was assessed as part of the care planning process and reviewed to ensure people’s best interests were considered. The registered manager was in the process of making a DoL’s application.

A care worker told us “we all take the view that people are capable of making their own decisions and we get to know people and the way they communicate their wishes. Information is available in people’s care records on how we can help them to make decisions, so, for example, maybe offering someone fewer choices so as not to confuse or overload them”.

People and their relatives were very complimentary about the quality and the variety of food. One person told us “The food is beautiful, too much for me, but I can do it myself and they come and have a chat with me. A relative who was

Is the service effective?

visiting told us “They made sure I told them all the things that mum likes to eat and it’s amazing to see her eating like she does. It really is as good as if she was in her own home, and for me, it’s been marvellous.”

People were offered snacks and drinks throughout the day. Lunch time was an unhurried sociable affair and people and staff chatted with each other. Staff sensitively supported people to eat and drink and some people used adaptive cutlery to aid independence. People were given a choice of food and drink and offers of seconds. One person asked for another ‘desert’ and described it as ‘yummy’. Staff told us that people ate “really well”.

The chef told us “We change the menus every three months and if we have a birthday then we make it special because the birthday person can choose the menu. I always go round and ask people what they liked and didn’t like and when they first come in I ask them what they like to eat. That way they always have something that they like. We keep a basket of fresh fruit on the dining table for people to help themselves between meals.” We saw that meals and snacks were available to people who preferred to stay in their room.

We looked at four care records which evidenced what people liked to eat and drink and the level of support required. In addition, guidance was available to staff around specialised diets or allergies. Fluid and food monitoring charts were in place for those people who were at risk of dehydration or malnutrition. People’s weights were monitored monthly to ensure any issues were identified early. The staff referred people onto other services if required and staff had access to different health professionals for assessments and guidance. This included a report from a dietician for nutritional advice around a healthy eating plan and a speech and language therapist report which gave guidance to staff around how to support a person who had difficulty in swallowing when eating.

“I brought Mum here three and half years ago and because of the wonderful care I have had three and half more years of my Mum. It’s absolutely fantastic. The manager has got it right, everyone gets the care they need...and it’s appropriate.”



Is the service caring?

Our findings

There were only positive comments from people and their relatives when we asked about the caring approach of staff. One person said “I’m a hundred next year, they’re doing a good job aren’t they?” Another person told us “I get myself up and I’ve got a lovely bathroom but if I need help they are there straight away to help. They check on me all the time, I never feel abandoned or anything like that.” During our visit we found that staff regularly checked on people in the lounge or their rooms without being intrusive.

Relatives commented “You couldn’t fault the care they provide. It’s well known as an excellent place and it really lives up to its reputation. The staff are all excellent and they’ve looked after my Mother really well.” “One girl used to come in on her holidays just to see Mum, she was that dedicated, and that shows the sort of people that work here. She [the manager] hand picks them, no one who is rubbish would get through.” The registered manager told us that several staff continued to see people in their own time for walks or just to chat. Staff also gave their time freely to raise funds for special treats for people such as entertainment shows and day trips.

Throughout the visit, we saw that all of the staff treated people with respect and dignity and people told us they felt valued and respected. A care worker told us “there is absolutely no discrimination for residents or staff, it is not tolerated, people have different faiths, sexual orientation or disabilities, and there is respect for everyone here”.

One person told us “I get on very well with most of the girls. One of them is Italian and helped me by writing a letter for me that I could send to my friend in Italy. She is great.” Another person said “All of them [the staff] are really lovely, they are never rushed and always speak nicely to me and I am so lucky. They are such beautiful girls here.”

Staff were kind, polite and very approachable. People were called by their preferred name, and staff took the time to listen to people and their views. People looked comfortable with staff and from the interactions we saw, it was clear that positive relationships had developed. We saw that staff sat down and chatted with people and supported people to engage in two way conversations. We were told by a visitor that the night nurse would often sit and chat with people during the night, when people could not sleep.

Care staff were able to tell us about the people they cared for. Their culture, life history, what work they used to do, what was important to them now and what they liked or disliked. People’s care records reflected what staff had told us. One care worker said “It is so important to find out about people so that we can build trusting relationships with them. Many of the staff are from different countries, we tell people about us, where we come from and our culture, this has been really positive because people share their life stories with us. We do this job for love, not for the money”.

Staff told us they knew people well and were able to recognise when they may be in pain or starting to become distressed. During our visit, we saw one person had started to become agitated, the care worker asked the person if they like to sit somewhere quieter, they offered reassurance, speaking quietly to the person until they were calmer, they then asked if they needed any pain relief. A care worker told us that one person had taught them some of their favourite songs. They enjoyed singing the songs together and this would also calm the person if they were distressed or upset. The care plans evidenced that staff followed the guidance given to support people appropriately and we found staff treated people with compassion and kindness.

Staff recognised that at times, people’s emotional needs could be affected by their dementia. We saw that guidance to reduce or avoid distress was available to care workers within the person’s care plan. A care worker told “we [staff] are aware that some people have bad days and we know how to support them through this. There is one person who has days when they do not like to see themselves in the mirror as it upsets them. We cover up the mirror so they do not get distressed unnecessarily”.

We observed that all staff were respectful and asked permission from the person before they carried out any tasks, such as moving the person in their wheelchair. Care workers and the housekeeping staff ensured people’s privacy by knocking on people’s doors and waiting before entering. The housekeeper told us they had introduced an ‘engaged sign’ which worked really well. Housekeeping staff would come back at a later time to clean the person’s room if the engaged sign was displayed.

In people’s care records, information was available to the person, their families and staff about different health conditions. Other information was available in the foyer of the home, this included advocacy services for older people



Is the service caring?

and leaflets about memory loss. People told us they were involved in the planning of their care and how they wished that care to be delivered. Care records were person centred and evidenced people's involvement, their expectations and their wishes, particularly for their end of life care and how they wanted to be supported at that time.

People told us how they enjoyed the surroundings of Sutton Veny House. One person said "She [the manager] runs this place beautifully; it's immaculate, quiet, organised and has fresh flowers everywhere. She puts our needs before anything and will go out of her way to sort out anything that you want doing."

Is the service responsive?

Our findings

People received an information pack about the service and facilities of the home when they started to use the service; this included the complaints policy and procedures. The complaints policy was displayed in the foyer of the home and people said they knew how to make a complaint. One person told us “There is absolutely nothing to complain about, I’m looked after beautifully and I’m safe and sound here.” Another person said “Just once I did have a problem but I talked to the manager and she dealt with it to my satisfaction.” The registered manager told us they were proactive in responding to any issues raised.

The registered manager told us that ‘themes’ which had been identified as a result of a complaint were now discussed in staff team meetings. This had been a really positive way of involving staff in how they could help to improve the service to people. Staff now reflected upon how they could change things or make suggestions which had previously not been thought of.

We looked at the care records of four people. They were person centered and had taken into account the person’s wider individual needs, including: personal care, emotional needs, medical needs and cultural and spiritual needs. The records clearly identified how people wished their care and support to be given. Staff told us they felt the guidance in the care plans was detailed and enabled them to give timely and appropriate care. Records were personalised with photographs and included next of kin details and other important relationships.

One person told us “They’ve taken into consideration my needs. I have a commode by the bed at night so I don’t have to bother them and I can get to the toilet during the day. They come for me to shower me and they’re all quite good at that. They must train together because they all do it the same way.”

People’s care was reviewed on an on-going basis and more formally every six months to which relatives were invited to attend should the person wish this. Daily records were thorough, accurate and updated appropriately; completion of fluid, continence management, bathing and

re-positioning charts were accurately completed in relation to the needs as set out in the care plans viewed. This demonstrated that people received the support and care identified in their care plans.

We looked at a schedule of social activities that appealed to a range of interests. People told us they were free to take part in the activities if they wanted to or sit in the drawing room and chat with others or read. One person said “I don’t want to go out, everything I need is here and I am very happy with it.” Another person told us “I am very good at keeping busy, I’ve had an active life and now I have a lot of books to catch up with. I have written to the library and they have delivered books I want.”

We observed an activity session with the new activity co-ordinator who showed her expertise in engaging with people. People were listening to a piece of classical music, the activities co-ordinator explained to people what the music was saying through a story, using different sounds and movements to bring the story to life. Everyone listened and at the end of the story, closed their eyes in relaxation. People said they had enjoyed the activity.

A relative told us “The activity lady is absolutely amazing, she’s doing such a great job and you see how much she cares about them. She includes them in everything, using food to encourage them to eat. She’s going through all the nationalities of the staff and making an event of each country. Mum seems to enjoy it, you never really know but at least they are trying and not just leaving them on their own,”

We spoke with the activities co-ordinator who told us they had recently consulted with people to find out what type of activities they would like and showed us their planning for future activities.

Care workers told us that some people preferred to stay in their room, so it was important that they did not become isolated. A care worker said “we take a tray of tea and go and sit and chat with the person in their room. It’s really fulfilling because we enjoy their [people’s] company”. During our conversation with people, they confirmed that this was normal practice for staff.

Is the service well-led?

Our findings

The service had a registered manager in place and there were clear lines of accountability from director to care worker. Staff were able to tell us about their roles and how each part of the organisation worked. All of the staff we spoke with were positive about the provider and the management team. Staff told us they felt proud to work for the home. A care worker said “I feel amazingly supported, the manager is really great to work with, always approachable if we have any problems or concerns and listens, and we have a really good team”. Another member of staff said “I would say the manager is firm but fair, we all get on really well”.

People and relatives spoke highly of the manager and their team. One person told us “I would recommend this house to anyone, you would be lucky to come here and if you have to be in care, then this is the nearest thing to being in your own home you can get. We are so lucky!” A relative said “They’ve been fantastic, they’ve really helped my Mother and she has picked up very quickly after being so frail. They’re excellent. I am very impressed.”

Staff were aware of the organisations visions and values. They told us their role was about treating people as individuals, with compassion, dignity and respect. A care worker told us “I think we provide excellent care suited to the individual, I love working here”. The culture of the service was promoted through training and monitored through supervision. Discussions took place on the values of the service and ensuring staff were aware of putting people using the service first.

The provider had a system in place to monitor the quality of the service. This included submitting statutory notifications to the CQC as required. In addition, monthly and quarterly audits completed by the manager and nursing team. The audits covered areas such as staff training, supervision and appraisals, care plans, management of medicines, incidents and reporting on levels of falls. The audits showed that the service was meeting the standards as set by the provider and assessed against the regulations of the Health and Social Care Act 2008. The way audits were carried out had been reviewed, the housekeeper told us that in order to ‘get a fresh pair of eyes’, every so often, the heads of departments would audit

a different department from their own. This had highlighted areas which may have been missed. In addition, the staff trainer carried out spot checks to assess staff practice. The findings were used to inform future training needs.

People who used the service were able to provide feedback about the way the service is led. The last satisfaction survey for people and their families was carried out in 2013. We saw there were many positive comments along with constructive suggestions and changes made as a result. One being, the addition of new items to the menu.

The manager told us that all staff were at the forefront of ensuring that the home continually strived to improve the experience for people who lived there. Several new initiatives had been put into place. The purpose of one new initiative was to introduce people and staff to the new model and approach to the CQC adult social care inspections. With the involvement of the home’s training department, five senior members of staff were responsible for ensuring that people and staff were informed about the five key questions of be safe, effective, responsive, caring and well led. The registered manager told us this was the “first step in introducing the new methodology and ways of working in a way which would involve everyone”.

Another initiative had been the development of easy to understand leaflets for people and new staff. Care staff had worked together to design the new leaflets about the ‘use of bed rails and consent’ and ‘deprivation of liberty’. We saw these leaflets were on display in the home. A care worker told us that staff really felt involved and the manager promoted this. The registered manager said “the home has moved on [since the last inspection] and the standards of care are high, the attitude of staff has improved and I am really proud to lead the team.

Future plans were to look at how to further promote people’s independence and how to promote people’s physical wellbeing through individualised activities.

The service worked in partnership with key organisations to support the provision of joined up care. Care planning documents evidenced that referrals were made by the service for the involvement of various health and social care agencies. The manager was proactive in working with local initiatives such as the learning network, skills for care, community centres, schools, hospices and provider meetings.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.