Healthcare Homes Group Limited

The Gables

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The Gables is a residential home that provides care, support and accommodation for up to 43 older people, some of whom may be living with dementia. At the time of our inspection there were 32 people living in the home.

The service had a registered manager 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 2008 and associated Regulations about how the service is run.

People lived in a safe environment because staff knew how to recognise signs of possible abuse and knew the correct procedures for reporting concerns. Staffing levels were mostly sufficient to meet people's needs and appropriate recruitment procedures were followed to ensure prospective staff were suitable to work in the home.

Identified risks to people's safety were recorded on an individual basis and there was guidance for staff to be able to know how to support people safely and effectively. The premises were well maintained and any safety issues were rectified promptly.

Medicines were managed and administered safely in the home and people received their medicines as prescribed.

People were supported effectively by staff who were skilled and knowledgeable in their work and all new members of staff completed an induction. Staff were supported well by the manager and the provider.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The manager and staff understood the MCA and ensured that consent to care and treatment was sought in line with legislation and guidance.

People had enough to eat and drink and enjoyed their meals. When needed, people's intake of food and drinks was monitored and recorded. Prompt action and timely referrals were made to relevant healthcare professionals when any needs or concerns were identified.

Staff in the home were caring and attentive. People were treated with respect and staff preserved people's dignity. Visitors were welcome and people who lived in the home were encouraged and supported to be as independent as possible. People were also able to follow pastimes or hobbies of their choice.

Assessments were completed prior to admission, to ensure people's needs could be met. People were involved in planning their care and received care and support that was individual to their needs. Risk

assessments detailed what action was required or needed to be carried out to remove or minimise any identified risks.

People and their families and friends were able to voice their concerns or make a complaint if needed and were listened to with appropriate responses and action taken where possible.

The service was well run and communication between the management team, staff, people living in the home and visitors was frequent and effective.

There were a number of systems in place in order to ensure the quality of the service provided was regularly monitored and regular audits were carried out by the provider in order to identify any areas that needed improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff knew how to recognise signs of possible abuse and were confident in the reporting procedure.

The premises were well maintained and any safety issues were rectified promptly.

Risks to people's safety were recorded on an individual basis and there was guidance for staff to be able to know how to support people safely and effectively.

Staffing levels were mostly sufficient to meet people's needs and appropriate recruitment procedures were followed to ensure prospective staff were suitable to work in the home.

People were supported to safely take their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Staff were supported by way of relevant training, supervisions and appraisals to deliver care effectively.

People's consent was sought and nobody was being unlawfully deprived of their liberty.

People had sufficient amounts to eat and drink in the home.

Is the service caring?

Good

The service was caring.

Staff were caring and attentive. People were treated with respect and staff preserved people's dignity.

Visitors were welcome and people were encouraged and supported to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

Assessments were completed prior to admission, to ensure people's needs could be met and people were involved in planning their care.

People were able to choose what they wanted to do, how and where they wanted to spend their time.

People and their families and friends were able to voice their concerns or make a complaint if needed and were listened to with appropriate responses and action taken where possible.

Is the service well-led?

Good

The service was well led.

The service was well run and communication between the management team, staff, people living in the home and visitors was frequent and effective.

There were a number of systems in place in order to ensure the quality of the service provided was regularly monitored and regular audits were carried out to identify any areas that needed improving.

The Gables

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 was unannounced and was undertaken on 21 September 2016. The inspection was carried out by one 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 our inspection, the provider completed 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.

Other information we looked at about the service included statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

Because some of the people who used the service were not able to tell us in detail about their care, we 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 directly with us.

During this inspection we met and spoke with seven people who were living in the home, three people's relatives and one person's friend. In addition, we observed care interactions between people using the service and members of staff. We also spoke with the manager, the deputy manager, the chef and four members of care staff, including seniors.

We looked in detail at the care records for five people and a selection of medical and health related records for a number of other people currently living in the home. We also looked at the records for three members of staff in respect of training and recruitment and a selection of records that related to the management and day to day running of the service.

Good

Is the service safe?

Our findings

People living in The Gables and their relatives told us they felt safe. One person said, "I feel safe because if I were to fall I know someone isn't far away to help me. I had a lot of falls at home; I had three nasty falls before I came in here." Another person told us, "I feel safe because of all the care staff. Safety issues like the fire alarms and the fire doors closing; I don't have any worries about that sort of thing." One person's relative told us, "I feel [family member] is definitely safe being here; the carers are very nice. I have phone calls; if anything happens, they [staff] phone me immediately."

The manager demonstrated that they understood what constituted abuse and told us they followed the correct reporting procedure as and when necessary. Staff also told us that they were confident with regard to recognising signs of possible abuse and said they reported anything they were concerned about straight away. The staff records we looked at showed that staff had received training in protecting vulnerable adults, which also helped ensure they knew how to keep people safe. We saw that information regarding safeguarding and raising concerns was displayed on the noticeboard in the hallway, with details of who to contact if needed. We noted that this information was also available in alternative formats such as audio or large print.

People living in the home had individual risk assessments, regarding various aspects of their everyday lives. We saw these covered areas such as the use of bed rails, nutrition and hydration, protection from pressure ulcers, mobility, falls, behaviour, health conditions and personal care. Where risks to people's safety had been identified, we saw that these were recorded clearly, with guidance for staff that showed how to support people safely and effectively. Staff had easy access to these documents and we saw that they were reviewed and updated on a regular basis.

For example, we noted that risk assessments and clear protocols and care plans were in place for one person, in respect of their impaired vision. These explained how the person could mobilise independently but needed uncluttered areas to walk. This person also needed to be able to use certain items of furniture to guide and steady them in order to move around freely.

Maintenance and health and safety checks were carried out regularly by designated staff. These checks included fire alarm tests, fire drills, safe management of water systems and Legionella. Legionella is a bacterium which can grow in water supplies and can cause people to become ill. We also noted that the service had clear evacuation plans. In addition, there was a business continuity plan, to ensure the service could continue to operate in the event of an emergency. All these measures helped ensure that people were kept safe and able to live in a safe environment.

During this inspection we saw that there were mostly enough staff on duty to support people and safely meet their needs. However, it was acknowledged that there were occasional shortages due to staff sickness or annual leave. These occasions sometimes impacted on the timeliness of certain tasks for people living in the home, such as the time they were assisted up in the mornings. Although most of the comments we received from people were very positive, some people commented that they would like to be supported to

shower or bathe more frequently.

One person's relative told us, "Occasionally [family member] says they have to wait a little while for assistance as they are short staffed." Another relative said, "Usually there are enough staff but sometimes if [family member] needs the toilet they will start trying to get up so I go to find a staff member. They [staff] say "I will be there in a minute" but you can wait half an hour."

One person using the service told us, "There have been situations where they have been short staffed. If someone goes off sick at night, it only leaves two to look after thirty one of us, so other tasks like cleaning have to be left to look after us."

Other people we spoke with told us that staffing levels were not an issue. For example, one person told us, "I have got a bell to use; I can press it if the least little thing happens." We observed this person press their call bell for assistance and the bell was answered promptly within two minutes. Another person told us, "I think there are enough staff. I don't wait long; I ring my bell and they bring the chair for me."

The manager explained that people's dependency was continually assessed and that they did their best to ensure that staffing levels remained sufficient and appropriate. We saw that audits were completed regularly to review each person's needs. These audits showed how many people required more than one member of staff for support, people's mobility, behaviours and who required assistance at mealtimes. Our observations during this inspection showed that people were able to safely carry out their daily routines, take part in activities, attend appointments or receive staff support, as and when they required.

The staff files we looked at, as well as information received in the Provider Information Return (PIR), confirmed that appropriate recruitment procedures were followed. This helped ensure that all new staff were safe to work with people who lived in the home. All staff were checked for suitability with the Disclosure and Barring Service (DBS) and appropriate references were obtained before they started working in the home.

People living in the home and their relatives told us they had no concerns about the way medicines were managed and administered. One person using the service told us, "The staff give me my medication but I know what I should have." Another person told us, "I always get my medication." A third person said, "I always get my tablets. I have one in the morning and one in the evening. I also have to have Gaviscon before each meal and they [staff] are pretty reliable on giving it to me." One person's relative told us their family member didn't like taking their medication but that staff managed to encourage them to take what they needed to most of the time.

Medicines were managed and administered safely in the home and people received their medicines as prescribed. We looked at the medicines storage and recording systems and saw that people's medicines were appropriately stored in cupboards in their rooms that were kept locked when not in use. The records we looked at, including the medicines administration records (MAR), were clear, up to date and completed appropriately.

At the time of this inspection nobody was receiving their medicines covertly (disguised). However staff we spoke with confirmed their understanding of what 'covert' meant and knew the procedures to follow should this be needed.

We saw that regular audits of medicines and accompanying records were completed regularly by designated staff in the home. In addition, we saw that more detailed audits were carried out annually by a

local pharmacy. We looked at the results of the medicines audit which was carried out in March 2016 and saw these were very positive. We noted that advice given by the pharmacist had been actioned by the home. At the end of the audit, we saw the pharmacist had commented that the storage and administration of people's medicines clearly outlined the professionalism of staff in the home. The pharmacist further commented that they found The Gables to be a lovely home, which had worked hard to be where it was now.

Good

Is the service effective?

Our findings

People were supported effectively by staff who were skilled and knowledgeable in their work. One person told us, "The staff know me well. Yes, indeed." One person's relative told us, "They know [family member] well; they are very good. I can't wish for anything better; I feel comfortable with them [staff] looking after [family member]."

Information received in the provider information return (PIR) and a discussion with the manager confirmed that all new members of staff completed a full induction process. This included classroom based learning, completing essential training courses that would be relevant to their roles and shadowing experienced staff on shift. In addition, new staff completed the 'Care Certificate'. Some of the training we noted that staff had undertaken included fire safety, medicines administration, safeguarding and moving and handling. We also noted that some staff had completed training for specific health conditions that some people living in the home had been diagnosed with.

The PIR explained how the service had been forming links with organisations that promoted and guided best practice. This enabled staff to also receive specific training in areas such as preventing pressure areas, diabetes management, oral hygiene and hearing impairment. The deputy manager was also a dementia care coach, who had been able to coach all members of staff, including domestic and ancillary staff.

Staff and the manager told us that supervisions and appraisals took place on a regular basis. Staff also told us that their competence was regularly tested to ensure training had been effective and was embedded into their day to day practice. All the staff we spoke with said they were happy in their work and felt supported by the manager, deputy and senior staff.

We observed that communication between the whole staff team was frequent and effective and information was handed over appropriately at the end of each shift. We also saw that staff meetings that were held on a regular basis. We observed a hand over meeting between staff and heard it covered all relevant aspects of people's physical and emotional wellbeing. For example, information regarding people who were receiving full bed care, together with confirmation of food and fluid intake, personal care provided and people's behaviour and moods.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack the mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of the liberty were

being met.

The manager and staff told us that they understood the MCA and ensured that consent to care and treatment was sought in line with legislation and guidance. They also demonstrated that they followed the principles of the MCA when they needed to make decisions on behalf of people lacking capacity. The manager told us that capacity assessments had been completed and applications for DoLS had been submitted for a number of people living in the home. These were mostly because people were unable to leave the home without staff support when they wanted, or because some people required close supervision and one-to-one staffing at times.

The manager told us in the PIR that people living in the home were always asked to give their consent to their personal care, treatment and support. We noted that staff consistently gave consideration to people's mental capacity to make particular decisions. Staff also knew what they needed to do to make sure decisions were taken in people's best interests and involved the appropriate professionals where necessary.

People who lived in the home told us they had enough to eat and drink and enjoyed the food that was provided. One person told us, "The food is jolly good. They [staff] also make sure I have enough [to drink]. They tell me I have to drink a glassful every so often and I do."

Another person living in the home told us, "The food is out of this world." This person also told us, "The chef always makes a birthday cake when it is your birthday. If you ask for anything if it's in his power he will get it for you." A third person said, "The chef couldn't be any better; he is marvellous." This person also told us how the chef always asked them what they wanted for their meals. One person's relative told us, "[Family member] thinks the food is wonderful and there is always a jug of water by [family member]'s side."

We observed the lunch period in the dining room and saw this was a pleasant and calm environment, with gentle background music playing. The tables were set nicely with tablecloths, place mats and napkins. Condiments were also on each table, together with a menu and a choice of cold drinks. Hot drinks were served after lunch and we heard one person request a milk shake, which they were given.

We saw that there were two options for each of the main meal and dessert. People also told us that they could have something different if they didn't want what was on the main menu. We saw that portion sizes and presentation were attractive and the meals were served hot. We heard one person asked for a second helping of rice pudding, which they were given.

We saw that people were encouraged to do things for themselves as much as possible but that staff assisted people to eat and drink when needed. We observed that staff were attentive to people's individual needs and people were not rushed with their meals.

We noted that one person who used the service was not initiating eating and just held the knife in their hand. We saw that a member of staff offered to help the person, who then ate a small amount of their meal with assistance. The member of staff told us that the person ate better at breakfast and tea time and did have days where they didn't want to eat at all.

Staff explained that if people were not eating or drinking sufficient amounts, their intake of food and drink was monitored and recorded. This enabled appropriate action to be taken promptly, to help ensure people stayed healthy and well.

The chef demonstrated a good knowledge of people living in the home, with regard to their likes, dislikes

and specific dietary requirements, including any allergies. We saw that the weekly menus clearly showed what allergens were in the meals, such as gluten, wheat, milk or nuts. There was also a full list on display in the kitchen that explained what the various allergens were. The chef told us, "Everybody has the right to have a choice." They went on to explain how there were always at least two main meal options but if people did not want either of these, other options were available such as soup, salad, omelette or a jacket potato. People's individual requirements were also catered for such as being vegetarian, diabetic or requiring a soft or pureed diet.

The chef showed us an accredited certificate, which they had been awarded for their work and understanding of nutrition for older people. The chef demonstrated great passion for providing high quality, nutritious meals for people. In addition, appetising snacks and a choice of hot and cold drinks were offered regularly throughout the day and evening. For example, we saw that the morning drinks round included milkshakes, tea, coffee and a choice of fruit juices, together with assorted biscuits, crisps and fruit. Home-made cakes were also frequently baked for the 'between meals' snacks. We also noted from a night duty list that people were regularly able to have hot drinks during the night if they wanted them, including malted milk drinks and cocoa.

One person living in the home told us, "A trolley comes round with snacks and you can have what you like. The staff say, "Don't be frightened to ask for whatever you like"."

We noted that some people liked to buy certain food items for themselves or had snacks brought in by their visitors, such as fresh cream cakes or pasties. Some people had a fridge in their rooms and the chef also showed us a communal fridge in the kitchen. The chef explained how any perishable food items were recorded upon arrival and dated immediately upon opening. This meant that people could safely enjoy individual snacks or treats because they were stored appropriately. One person's relative told us, "We bring treats in and [family member] has their own fridge, but the food is very good."

People living in the home and their relatives told us that they were supported to maintain good health and had access to ongoing healthcare support. One person using the service told us, "The doctor has been to see me a couple of times and the chiropodist." Another person told us, "I have a lot of water infections and the staff ring for the doctor. My chiropodist comes once every other month." One person's relative told us, "[Family member] has hospital appointments and I take them. I will say to the girls [staff] what time I need [family member] to be ready for and they [staff] make sure [family member] is up, washed and dressed and in their chair ready for me to pick up."

People's general health and wellbeing was reviewed by staff on a daily basis and care records were kept up to date regarding people's healthcare needs. We saw that people had regular access relevant healthcare professionals as needed, such as the chiropodist, falls team, physiotherapist, speech and language team, dietician, optician, GP and district nurses. The manager and staff told us that they regularly sought and followed guidance from healthcare professionals. This helped ensure people continued to be supported and cared for effectively.

Good

Is the service caring?

Our findings

People told us that the staff in the service were caring. We received very positive feedback from one person's relative via the 'share your experience' form on the CQC website. This relative stated, "The Gables is excellent, the care is excellent and the food is excellent. Every single person who works there are wonderful; thank you all from the bottom of our hearts." This person told us that they and another relative were so pleased that their family member was getting the care they deserved and added, "[Family member] is very happy there [at The Gables] and is getting so well looked after, which we are delighted with; and nothing is too much trouble. Myself and [another relative] can't ever put into words how grateful we are for the care and love they give my [family member] and I know [family member] feels the same." This relative explained that both they and another relative felt much more settled knowing their family member was happy and well cared for.

One person who was living in the home told us during this inspection, "On the whole they are caring." Another person told us, "If you want something they [staff] are quite amiable; they are always there for you." One person's relative said, "From the day [family member] came here we were made to feel, by all of them [staff], that they cared." Another relative told us, "They [staff] are very caring towards [family member]. When my [other relative] comes over they say they have never seen [family member] looking so well."

We saw that staff interacted well with people in a warm and friendly manner and observed that people were comfortable in the presence of all the staff who were supporting them. We saw that staff gave their full attention when people spoke to them and noted that people were listened to properly. One person who lived in the home told us, "They [staff] associate with you. They tell me what is going to happen and they explain and help me understand."

Discussions with people, plus our observations of staff interactions, demonstrated that all the staff had a good knowledge and understanding of each person. It was evident from the information we looked at in people's care records that people living in the home and, where appropriate, their families had been fully involved in planning their own care. All the care records we looked at reflected people's personal histories and preferences, which meant that staff could support them with their preferred lifestyles.

For example, one person's relative told us, "The staff are very caring. Occasionally I have visited and [family member] is still in bed at 1pm because they hadn't wanted to get up yet." This relative explained that this was a positive thing because they knew that this was how their family member had chosen to spend their time and that staff respected their wishes. They added, "The staff will get [family member] up later for tea. Staff know all [family member]'s little ways now."

Visitors were welcome without restrictions and, where possible, people had regular contact with family members or friends. If people did not have any family, we noted that they would be supported to access an independent advocate if they wished.

We saw that people were treated with respect and that staff preserved people's dignity. For example,

bedroom doors were knocked upon before staff entered. People were also discreetly prompted or assisted, when they required any support with their personal care needs.

One person who was living in the home told us, "My privacy and dignity is respected. They [staff] knock on my door." One person's relative told us, "The staff definitely treat [family member] with respect and dignity. They are not aloof; first time [family member] needed the commode I plonked myself down on the bed and the staff asked me if I would mind going into another room."

People were encouraged and supported to be as independent as possible. For example, by being provided with assistive equipment for mobilising, such as a walking stick or a frame. We also saw that people were able to choose how and where they wished to spend their time and joined in any activities they wanted to.

Good

Is the service responsive?

Our findings

We saw that people had been fully involved in planning their care and received care and support that was individual to their needs. We heard staff engaging naturally in conversations with people, as well as checking whether any assistance was required. We also saw that when anybody did request assistance, staff were quick to respond.

One person's relative told us, "The care is personalised. [Family member] likes to go bed early to get more rest to their leg. The staff have to pay special attention to one of [family member]'s legs and I know the girls [staff] do it religiously. [Family member] also had eye trouble and had to have eye drops put in every two hours; not once did they [staff] miss putting them in." Another person's relative that the service was responsive and explained, "I asked the gardener to chop down the bush outside [family member]'s window so they could see out to the sea front and he did it. They are really very good."

A discussion with the manager and information in people's care records showed that each person completed an assessment, prior to their admission to the home, to help ensure their needs could be met. We saw that these pre-admission assessments were used to form the basis of people's care plans and risk assessments.

The contents of people's care plans were personalised and gave a full description of need, relevant for each person. We saw that each person's care records included people's priorities regarding the care they received and guidance for staff on how to deliver this. For example, one person liked to get up in the morning and have their breakfast before being assisted to get washed, dressed and ready for the day. We read that this person made their own choices regarding what they wanted to wear and what they wanted to eat but needed assistance with personal hygiene.

People's risk assessments covered areas such as weights and nutrition, pressure areas, mobility and dependency. We saw that these were reviewed regularly and amended or updated whenever needed. The dependency assessments took all aspects of people's lives into consideration, such as their physical and mental wellbeing, pain management, medication, communication, personal safety, eating and drinking and personal hygiene.

We saw that people's personal profiles explained what was important to each person as an individual. These included people's preferred morning, day and night routines, as well as hobbies, pastimes and activities they enjoyed.

One person living I the home told us, "Me and [another person living in the home] are always awake early; I was in the shower this morning at 05.00 and I have a shower most days." The other person told us, "I get up at 4.30am and I either have a shower or a bowl of water for a wash; every other morning I have a shower." Both people told us this was the routine they were happy with.

We saw that people living in the home mostly made decisions for themselves in respect of what they wanted

to do and how or where they wished to spend their time. During this inspection we saw some people spending time in the communal areas or their own rooms and some engaging with relatives, visitors and staff.

One person living in the home told us, "There are quizzes and bingo but I don't go to the lounge very often. I have my own TV and books; I love reading." Another person said, "I used to be in the Royal Navy so I like to sit in this lounge [upstairs] and look out to sea; I can visualise me out there."

People living in the home and their relatives spoke highly of the activities coordinator, although some people commented that there was an impact on the activities when the staffing levels were short. For example, two people told us they would like to be taken out in their wheelchairs more often but that staff didn't always have the time to do this. Another person who lived in the home told us, "Over the last ten months we have had a new activities lady but if they are short staffed she has to help on the care side. This last week she has had to do care work." However, this person also added, "Every so often we have a project. We made an Easter hat; it had to be wearable and all about Easter. We make jewellery; necklaces and bracelets out of paper; she is very good."

One person's relative told us, "The entertainment is fabulous; [activities coordinator] tries really hard and does a lot with people." Another relative said, "[Family member] goes down for monthly coffee mornings [in the home] and is getting better at attending things." A third relative told us, "They [staff] arranged a trip to the hotel for afternoon tea; [activity person] is really good at events. [Activity person] is always sitting with the residents and talking to them. They have musical afternoons; it is really very good."

People told us that they could make a complaint if they needed to and knew who to speak to. One person using the service told us, "I know who the manager is but I don't have any complaints at the moment." A person's relative told us how the staff had responded well when they had expressed concern about their family member's behaviour and confusion. They said, "This bothered me, so I spoke with a staff member in the office; they sorted a blood test out for [family member], which reassured me."

Good

Is the service well-led?

Our findings

Everyone we spoke with told us that The Gables was a well-led service and people said they would recommend it to others. One person living in the home told us, "I would recommend the home. You are very well looked after. I can't look after myself so I have got to be here. You have to make the best of things; they [staff] are very kind. Another person told us, "This is the best home you can get; I feel at home here. It isn't that I want to be in a home but it is for the best. I would definitely recommend it."

One person's relative told us, "I have told my [children] I am coming in here when I am older." Another person's relative said, "This is like my second home."

There was a registered manager in post, who fully understood their responsibilities and reported notifiable incidents to CQC as required.

We noted that people living in the home, their family and friends, visitors and staff were considered to be an important factor in the way the home ran. The manager said they constantly sought feedback from people regarding the quality of the service provided, by way of discussions and quality assurance surveys. For example, the results of the quality assurance survey in August 2016 showed that some people living in the home did not feel confident about making a complaint. As a result, the manager and deputy had one-to-one discussions with people living in the home and their relatives, to explain the complaints procedure and help make sure people understood it.

The manager told us that any suggestions for improvements were listened to and action taken appropriately, with the involvement and inclusion of all the relevant people. People we spoke with also confirmed this to be the case. For example, One person's relative told us, "The radiator had come on in the summer and was very hot to touch so I told the staff. The manager came and, when I visited the next time, a radiator cover had been put in place."

Communication between the manager and the whole staff team was noted to be frequent and effective, with regular staff meetings and daily discussions. The staff meetings covered aspects such as training, housekeeping and other service specific topics. In addition, staff held handover meetings at the end of each shift, during which each person's health and wellbeing was discussed in detail. Any concerns, issues or requirements were highlighted at this point, to ensure people had continuity of care.

We saw that the manager had an open door policy and was clearly visible within the home. The manager told us in the provider information return (PIR), "I am keen to be 'seen' around the home by staff, residents and visitors and am happy to discuss any concerns at any time. I have, on a number of occasions, arranged to meet with families outside of office hours to suit them."

The manager also told us that they understood the need to be consistent, lead by example and be available to staff for guidance and support. The manager explained that this provided staff with constructive feedback and clear lines of accountability. They said, "As manager, I spend time with staff both formally and

informally to ensure they feel valued and build on self-esteem. This includes night staff who can easily feel left out of decision making. I ensure I see all night staff at least monthly but often more frequently."

All the staff we spoke with said they enjoyed their work and were determined to ensure people who lived in the home had a consistently good quality of life. A senior member of staff we spoke with told us, "It's really relaxed and comfortable here now and we've got a really good team. The manager and deputy have made it really relaxed because that's how they wanted it to be for the people living here. It was all quite clinical when it used to be a nursing home but that's all changed now; for the better."

There were a number of systems in place in order to ensure the quality of the service provided was regularly monitored. For example, care plans and people's individual assessments in respect of risk, were audited, reviewed and updated regularly. We also noted that the staff team as a whole regularly took note of people's comments, thoughts and feelings to ensure they continually maintained a good quality of life.

The manager and designated staff also carried out regular in-house audits covering areas such as health and safety, medicines, falls, accidents and incidents. These helped identify and reduce any negative trends by taking appropriate action where necessary.

The manager told us they were supported well by the regional manager, who visited the home regularly and spent time talking to staff and people living in the home. Quality and compliance officers and a health and safety manager were also employed by the provider, to undertake regular in-depth audits of the home.

We saw that the manager and staff had strong connections with the local community. The manager told us how the service had very good working relationships with various stakeholders, who they encouraged to play an active part in life in the home. They also told us how good relationships with local schools and colleges had been developed. For example, we noted that the service took students on work placements at various times throughout the year. In addition, the manager explained how the home was also used by a local care agency, to give their staff experience of working in a residential setting.