Akari Care Limited

Comfort House

Inspection report

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Ratings

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

Overall summary

This inspection took place on 23 and 24 June 2015. The first day of the inspection was unannounced.

We last inspected this service in October 2013. At that inspection we found the service was meeting all its legal requirements.

Comfort House is a care home for older people, some of whom may have a dementia related condition. It does not provide nursing care. It has 41 beds and had 32 people living there at the time of this inspection.

The service had a registered manager. 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 told us they felt safe and secure in the home, and said they had no concerns regarding their safety. Risks to people were assessed and managed appropriately.

Staff were fully aware of their responsibilities for safeguarding vulnerable people from abuse and had been given the necessary training to recognise and report any potential abuse. Where there was any suspicion that a person had been harmed, this was reported immediately to the proper authorities.

Summary of findings

Staffing levels were sufficient to allow people's needs to be met promptly and attentively. New staff were carefully vetted to make sure they posed no risk to vulnerable people.

People received their medicines from experienced staff trained in the safe administration of medicine.

Accidents and other incidents were studied to see if lessons could be learned and the environment made safer.

Staff received regular training in all the areas required to protect people's health and safety, and to meet their diverse needs. People told us staff had the skills and knowledge they needed to give them their care safely and in the ways they preferred.

People had a nutritious diet with a good degree of choice. Any special dietary needs were assessed and met. People said they enjoyed their meals.

People's healthcare needs were monitored closely and routinely met.

Staff communicated effectively with people to ensure their views were heard and acted upon.

People said the staff encouraged them to be as independent as possible and make their own decisions about how they lived their lives. Where it was assessed a person lacked the mental capacity to make informed decisions, the service worked jointly with their families and involved professionals to make sure their rights under the Mental Capacity Act 2005 were upheld.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found appropriate policies and procedures were in place and the registered manager was familiar with the processes involved in the application for a DoLS. At the time of the inspection two people living in the home were subject to a deprivation of liberty safeguard.

People and their relatives spoke very highly of the staff team. They told us they were always treated with respect and affection by the staff team, and felt they were listened to. We saw staff demonstrated a positive, person-centred approach to people's care, and took time to treat them as individuals.

People said they were treated with consideration at all times, and their privacy and dignity were protected. They were involved in the assessment of their needs and their views and preferences regarding how their care should be given were taken seriously and incorporated into their care plans.

A good variety of social activities were available, and people told us they enjoyed a stimulating environment, with plenty of things going on.

People told us they had no complaints, but were sure they would be listened to if they raised any concerns.

There was an open and positive atmosphere in the home. People, their relatives and staff all said they were treated with respect by the registered manager. They said they felt listened to and were able to contribute to the development of the service.

Feedback from visiting professionals was very positive.

Effective systems were in place to check the quality of the service and identify where improvements were necessary. We noted significant improvements had taken place in areas such as activities and catering services.

Staff members had not consistently been given the necessary support to carry out their work effectively, because they had not always been given supervision and appraisal of their work by the management team. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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?

Good

The service was safe.

Staff had been trained in the safeguarding of vulnerable adults, and knew how to recognise and report any suspicions of abuse.

There were enough staff to provide people's care in a safe and timely manner.

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

People's medicines were managed safely.

Is the service effective?

Requires Improvement

The service was not always effective. Staff had not been given the support they needed, in terms of formal supervision and appraisal, to carry out their roles.

Staff had the skills, knowledge and training necessary to meet people's needs effectively.

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

People were given a varied and nutritious diet, and told us they enjoyed their food.

Is the service caring?

Good

The service was caring.

People told us the staff were always caring, kind and compassionate in their approach.

Staff demonstrated a sensitive and caring manner in their interactions with people, and took time to listen to what they said.

People were encouraged to be as independent as they were able, and their privacy and dignity were respected at all times.

Is the service responsive?

Good

The service was responsive.

People were involved in assessing their needs and deciding how those needs were to be met.

People said they received individualised care and staff responded quickly to requests or changes in their needs.

Any concerns or complaints were taken seriously and resolved to the satisfaction of the complainant.

Summary of findings

People enjoyed a good range of activities and other social stimulation.

Is the service well-led?

Good

The service was well-led.

People, their relatives and staff told us the service was well-managed and had improved significantly over the previous year.

There was an open and positive culture in the home, and people's views were respected and acted upon.

Effective systems were in place to monitor the quality of the service.

Comfort 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 and 24 June 2015. The first day of the inspection was unannounced.

The inspection team was made up of one adult social care inspector.

Before the 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. We reviewed the PIR and other information we held about the service prior to our inspection. This included the notifications we had received from the provider about significant issues such as safeguarding, deaths and serious injuries which the provider is legally obliged to send us within required timescales.

We contacted other agencies such as local authority commissioning and safeguarding adults teams and Healthwatch to gain their experiences of the service. We received no negative comments about the service.

During the inspection we toured the building and talked with 12 people, seven relatives; and four visiting professionals. We spoke with the registered manager, regional manager, seven care assistants, two senior care assistants, the administrator, the cook, one kitchen assistant, one laundry assistant, the activities co-ordinator, two visiting trainers and a visiting hairdresser. We 'pathway tracked' the care of four people, by looking at their care records and talking with them and staff about their care. We reviewed a sample of eight people's care records, four staff personnel files and other records relating to the management of the service.

Is the service safe?

Our findings

People told us they felt safe living in the home. One person said, "I have no worries at all here." A second person said, "They make me feel safe when they give me my shower." We noted, in a provider survey (2014) of 25 people's views, all said they felt the home was a 'safe and secure place to live'.

Relatives also said they felt the home was a safe environment for people. One relative said, "My relative is as safe as can be. There's a monitor in the bedroom in case they get up during the night, and night staff are in 30 times a night." Another relative said, "We go home knowing our relative is safe."

Professionals said they thought the service was safe. A GP told us, "It is a safe service. I have never seen any problems." A second GP said, "I have no concerns about this home."

The provider had an appropriate safeguarding policy in place, which was in line with the guidance and expectations of the local authority safeguarding adults team. All staff had been trained in the principles and practice of safeguarding vulnerable people, and the registered manager and some senior staff had completed advanced training. Detailed records were kept of safeguarding issues which were reported to the local authority and notified to the Care Quality Commission.

A care assistant told us their safeguarding training had been very useful. They said it helped them to recognised subtle signs of possible abuse, such as changes in demeanour, or someone suddenly isolating them self. They told us, "We know how to report any concerns and we would record it, as well." We spoke with a visiting staff trainer, who told us he was impressed with staff knowledge and said, "They definitely know their safeguarding."

Staff told us they were aware of the provider's 'whistleblowing' (exposing bad practice) policy. One staff member said, "We get constant reminders of the whistleblowing policy. We would all report it if we saw poor practice." We saw the whistleblowing policy and helpline telephone number was displayed around the home.

Systems were in place to account for all monies held or spent on behalf of people. Receipts and bank statements were available for inspection, and accounts were audited every month.

All potential risks to people were assessed. General risk assessments were carried out, covering issues such as falls, eating and drinking, and skin integrity. More detailed assessments were undertaken, where a risk was identified, and control measures were put in place to protect the person. For example, 'ensure sensible footwear that is comfortable and well-fitting'.

Staff safety was enhanced by the provision of protective equipment such as disposable aprons and gloves, and training in safety issues such as moving and handling, and safe working practices. Staff were instructed in the safe use of equipment such as hoists.

Clear records were kept of the health and safety checks carried out within the building. These included regular checks of fire safety systems and equipment, checks for Legionella (a water-borne disease), and routine observations of obvious risks. A maintenance and repairs book was completed daily by the handyperson. There was documentary evidence that repairs and safety issues were attended to promptly.

Plans were in place for responding to emergencies such as fires and other serious damage to the building that might require people to be re-located. Each person had a personal emergency evacuation plan on their personal file. The registered manager was on call at nights and was available to accompany people to hospital if required out of hours.

All accidents and other significant incidents were recorded and reported to the provider's office for analysis and any necessary actions.

Staffing levels in the home were based on a regular re-assessment of the numbers and levels of dependency of people living in the home. The registered manager told us there was a low turnover of staff and staff were committed and prepared to cover any sickness or other staff absence. This meant there was low use of agency staff and people received consistent care from staff they knew. Our observations showed there were sufficient staff to meet

Is the service safe?

people's needs in an individualised and timely way. Staff were always visible in the lounge and dining rooms, and people told us they never had to wait long for attention. All the relatives we spoke with said there were enough staff.

A robust process was used to recruit new staff, with the aim of ensuring only applicants suitable to work with vulnerable people were employed. Appropriate checks, such as with the disclosure and Barring Service regarding previous convictions, were undertaken. Previous employers were approached for references, and these were verified.

The provider had a policy in place for the safe management of people's medicines. Appropriate systems were in place for the ordering, checking and storing of medicines. Medicine administration records (MARs) were clear, up to date and had no unexplained gaps. Staff told us they reported any such gaps immediately to the registered manager. Each person's MAR had their photograph attached, to prevent them being given the wrong medicines. People's preferences for how their medicines should be given were also recorded on the MAR, as were any allergies. Staff with responsibilities for administering people's medicines told us they received regular training in the safe handling of medicines and had their competency regularly assessed. Records confirmed this. We observed part of a medicines round. The senior staff member administering people's medicines explained to people what their medicines were and asked for their consent before administering them. One person told us, "I get my medicine during the night when I need it.

Is the service effective?

Our findings

The provider's policy for the supervision and appraisal of staff was that each staff member should receive supervision six times per year, plus an annual appraisal of their performance. The supervision and appraisal matrix showed, however, that staff were not receiving such support at the required frequency. Six staff members had not received any formal one-to-one supervision in the previous six months and we found no evidence of any staff having received an appraisal in the current calendar year. We asked the registered manager and the regional manager about this. They confirmed that staff supervision and appraisal were not up to date, and told us this was a recognised problem which had been identified in audits and had been added to the service's development plan. They explained a recent change of company policy meant that only those senior staff who had had specific training in giving supervision and appraisal were permitted to undertake such tasks. Training for senior staff had been planned in but had yet to take place. This meant staff were not being given the support they needed to discuss their work formally, identify any issues or agree areas for personal development.

This was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt their needs were effectively met. One person said, "The staff have the skills they need." Another person commented, "The staff look after me properly. I can't find fault with the staff." A third person said, "They look after you very well."

Relatives were also pleased with the knowledge and effectiveness of the staff team. One relative said, "Staff have the skills. They are always on training courses, and they put it into practice." Another relative commented, "The staff seem to have the necessary skills. We have confidence in the staff." A third relative told us their relative had been admitted to the home with apparently only days to live, and said "But they are still here, five years later, because they've been so well looked-after."

Professionals were positive in their comments about the service. A GP told us, "I feel my patients are well cared for there. They have been quite superb in managing one patient with significant nursing needs." A second GP said, "It's an efficient service, they always know why I am there and have the right information available. They do a good job." A social worker said, "They've handled some quite complex cases well, and imaginatively. They keep in touch and communicate well. I quite like this home."

In the most recent (2014) provider survey of 25 people's views, 96% said they felt staff were 'capable of providing their care and were available when needed'. We spoke with two visiting trainers who regularly trained staff over a wide range of subjects. They confirmed the knowledge and competency of the staff team. One told us, "Staff have a good, solid knowledge base." The second trainer said, "I find they have the necessary skills and experience. They benefit from doing different roles within the team. They have lots of experience." They told us staff took training very seriously, seemed genuinely interested in their training and participated well. They said the registered manager often attended training sessions, and they felt this demonstrated a strong commitment from the management to staff training.

The staff training record confirmed staff were kept up to date with all training required by legislation, as well as training specific to the needs of individual people and more general training in areas such as confidentiality and data protection. Training was planned twelve months in advance and a computer system flagged up when individual staff members were due to refresh their training. A care assistant told us, "I've done all my mandatory training, and we are encouraged to do extra training. We get lots of training. It keeps you right."

New staff were given a thorough work induction, having to complete detailed workbooks over their first twelve weeks of employment. A care assistant told us, "I had a good induction. I was given the staff handbook and I completed a workbook, which gave me everything I needed to do the job."

The Care Quality Commission monitors the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). These safeguards are part of the Mental Capacity Act 2005. They are a legal process followed to ensure that people are looked after in a way that does not inappropriately restrict their freedom. The provider had a policy and procedure in place regarding the MCA, and all staff had either been trained in its implications, or had training booked. Records showed that the registered manager had made a number of appropriate referrals of people for assessments for DoLS. The registered manager

Is the service effective?

told us they were in the process of completing the assessments of all other people in the home to identify if other referrals were necessary. Staff were able to demonstrate an awareness of the principles of the MCA and how it affected the way they protected people's rights.

Staff had been given training by the Local Authority Challenging Behaviour Team and were receiving training in the avoidance of restrictive practices at the time of this inspection. The registered manager said this training was precautionary, as there had been only one instance of significant challenging behaviour in the past five years.

People were asked to sign their risk assessments and care plans to show their consent to how their care was to be given. Written consent was also requested for issues such as having their photograph taken for identification purposes, and for the use of, for example, bed rails. We observed care assistants were careful to get the verbal consent of the person before carrying out care or other interventions, and when they administered people's medicines.

Menus described a good nutritious diet, with plenty of choice. The cook told us they were able to fully meet the needs of special diets, including diabetic, vegetarian, weight-boosting, low potassium and soft diets. Food was suitably fortified, but we noted the kitchen did not use butter. The service's regional manager instructed the cook to order butter immediately. Everyone we spoke with was happy with their meals. One person told us, "The food is hot and we get plenty of drinks." Another person commented, "Very good meals, particularly the 'full English' breakfasts. There's plenty and you can ask for seconds."

People's routine health needs were met. Appointments were made for eye care, podiatry and dental care. Where necessary, visits to the service were arranged. Records were kept of all visits to and from health professionals and of any advice received for future care. In the most recent provider survey of people's views, 92% said they were happy with their access to healthcare professionals. Feedback from professionals who worked into and supported the service was very positive, and indicated there was effective partnership working.

Is the service caring?

Our findings

People told us staff gave them the support they needed in a very caring way. One person told us, "The staff are all very helpful. I like them." A second person said, "I'm happy, here. I like all the staff." Another person commented, "We are treated with respect. The girls are happy to help you." Other comments included, "Oh, yes, the staff are very caring", "Definitely caring", "They look after you very well", "It's a relaxed home", and, "Staff look at my old photos with me. I enjoy that."

Relatives told us staff provided a caring service. One told us, "It's a very nice home. Staff obviously enjoy what they do. They have a nice attitude and get involved with people. They show people respect, but there is good banter, as well." A second relative commented, "The staff are all lovely. They really look after (relative's name)." A third relative said, "The staff involve us fully in our relative's care, we work together. The staff treat everyone with respect and they show people appropriate affection." Another comment was, "We are definitely made welcome, and we always get cups of tea."

We noted numerous letters and cards from relatives with comments such as, "Your staff are real treasures", and referring to the "kind and thoughtful care" and the "care and compassion" of the staff.

Professionals spoke well of the caring ethos of the home. A GP told us, "The staff have an easy manner with patients which remains respectful." Another GP said, "I like Comfort House. They know their patients as individuals." A district nurse commented, "The care is very good. The staff are really caring."

We observed there was a relaxed and affectionate relationship between people and staff in the home. Staff members were alert, attentive and smiling, engaged people in conversation, gave lots of unhurried encouragement, and showed genuine commitment to people's wellbeing. They treated people as individuals and obviously knew them very well. A key worker system was in place, whereby named members of staff paid special attention to the day-to-day needs of a small number of people each. This allowed for building relationships and enabled staff to pick up small changes in the person's demeanour. A care assistant commented, "We talk to people to involve them. We ask their opinions and get into their ways, and find out what they like." People confirmed this. One person told us, "I have a special person, a key worker, who listens and sorts out any worries."

The provider had a policy on equality and diversity issues which, staff told us, they were aware of. We identified no particular diversity issues with the current group of people in the home, and found no instances of negative discrimination. People's religious and spiritual needs were acknowledged and met. A weekly non-denominational service was held in the main lounge. A monthly Church of England communion service was held, and a Catholic priest visited on request.

Monthly meetings were held with the resident group, to discuss issues, give information and ask for suggestions. People told us these meetings were useful and enjoyable. One person told us, "I tell them what I'd like on the menu."

Information about the service was given to people and families in the service user guide. This information was available in braille, large print, audio and 'easy-read' formats.

Relatives told us staff were very good at keeping in touch and updating them with any concerns about their family member. One relative told us, "We are invited to meetings and to social events." People could access a free Wi-Fi service in the home, which helped them keep in contact by computer with family and friends over distance.

Attention was paid in people's care plans to ensuring their feelings of self-worth and wellbeing. This was demonstrated by addressing issues such as their haircare, nail care and provision of preferred clothing. For example, one person's personal care plan stated, "X doesn't like their fingernails painted in bright colours – prefers lighter colour." Care plans also showed a sensitive approach to the management of any confused behaviours.

The registered manager told us the services of an Independent Mental Capacity Advocate (IMCA) had been used in the past to support people judged to lack the capacity to make important decisions about their lives or their care. We noted such services were not currently openly advertised in the home. The registered manager told us they normally were and relevant notices would be

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displayed again immediately. Staff members we asked were fully aware of the role of advocates and said they would report to the registered manager any circumstance where an advocate might be needed.

Staff members were also aware of the importance of protecting people's personal and confidential information. One care assistant said, "We are told in induction that information should only be shared on a 'need to know' basis." Senior staff told us staff were very discrete about what information they shared. A data protection policy was in place.

People's right to privacy and respect for their dignity were clearly demonstrated in care plans and daily records. There were numerous references in care plans. For example, "Staff to respect Y's privacy and dignity at all times." We saw examples such as staff using a blanket to protect a person's dignity when being moved in a hoist, addressing people by the name or title they preferred, knocking on doors and waiting to be invited in and using screens, where appropriate. When speaking to people sitting in armchairs, staff often crouched or knelt to be at the person's level. People were able to meet visitors in private. One person told us, "The girls are very particular about our privacy." A relative said, "They always give priority to people's privacy and dignity. Everyone is always lovely and clean and well-presented."

People told us they were encouraged to be as independent as possible. We saw, in care plans, entries such as "(Name) is an independent person who likes to attend to their own personal hygiene daily. Verbal prompts, only, to be given." Although there was a key pad on the front door people with capacity were given the code. One person commented, "The staff don't stop me if I want to go out." A second person told us, "I choose what I want to do. I can go to the lounge or stay in my room – I decide. I go out by myself if I want to."

People's wishes regarding their end of life care were asked for sensitively on or after admission. These included any spiritual needs, wishes regarding families, and practical issues such as funeral arrangements. Specific care plans were drawn up, in conjunction with the person, their family and relevant professionals. Daily records demonstrated attentive end of life care was given, with regular input by GPs and district nurses, and appropriate pain relief regimes in place. Some staff had received training in this area, and the registered manager said they were negotiating further training with the provider.

Is the service responsive?

Our findings

People told us the staff responded well to their wishes and requests. One person told us, "I tell them what I want to do, and they help me." Another person commented, "The staff are always willing. They do things as soon as you ask them." Other comments included, "The staff come quickly – they are very good" and, "If you ring the bell, they are there, day and night."

Relatives and professionals confirmed they thought the service was responsive to people's needs. One relative said, "They respond well. The registered manager sorts things out." A GP said, "I find it a responsive service. Calls for us to visit or for advice are timely and sensible. They have intelligent questions about medication and treatment." A social worker said, "I have found them very responsive and very accommodating."

People's needs were assessed before they were admitted into the home. Current assessments were requested from the person's social worker, and the registered manager carried out a separate assessment with the person and their family. This included people's physical and mental health needs, dependency level, and their daily living activities. A social needs assessment was also completed, covering their family relationships, work history, important life events, hobbies and interests, and any religious or spiritual needs. The information was summarised in a 'My Life' document.

Detailed, person-centred care plans were drawn up to meet assessed needs, tailored to the individual needs and preferences of the person. For example, one care plan stated, "X takes a pride in their appearance and likes to choose their own clothes", another recorded, "Y prefers at least two showers per week (mornings)."

A visiting relative told us they and their family had been fully involved in the assessment of their relative's needs, and confirmed the person's care plans were an accurate reflection of their needs. They confirmed that regular reviews of care took place which allowed them to comment on their relative's care and suggest improvements.

Each person's care was formally reviewed at least annually. Letters were sent to relatives and professionals inviting them to attend or submit their views in writing. Reviews allowed people to comment on their care and request changes to their care plans.

An activities co-ordinator was in post and people told us there had been a significant improvement in activities and social stimulation. Activities included weekly visiting entertainers, sing-a-longs, quizzes, dances, crafts, newspapers and discussions. Hens were kept in the garden for people's interest and enjoyment. A visitor told us, "There have been massive changes over the past year. The activity co-ordinator is special. You can see the improvements in people's happiness and morale. People who never left their rooms are now joining in." People confirmed this. One person told us, "I enjoy it here. There's always something going on. I love the old-fashioned songs." A second person said, "There's quite a lot of activities and visiting entertainers. We have a nice garden and I enjoy the hens." A relative told us, "There's lots of entertainment, and they are always going out in the minibus."

People told us they had ample choice in their daily lives. One person told us, "I get up at all different times, and I choose to have a shower every morning." People told us the catering staff were flexible, and one said, "They gave me a late breakfast as I'd been at hospital." Another person agreed and said, "You can ask for something else (not on the menu) and you will get it." Care plans reflected this degree of choice. For example, each person's night profile recorded their preferences regarding times of rising and retiring, nightwear, number of pillows, lighting and whether or not to be checked by staff during the night. Other areas of choice included clothing, movement around the home and how people wished to take their medicines. Daily records showed people's choices were respected by staff.

A complaints policy was displayed around the home and was included in the service user guide given to people and their relatives. We noted three complaints had been recorded in the complaints log in the previous twelve months. These had been taken seriously and responded to professionally by, for example, internal investigation or referral to the local safeguarding adults unit. Where appropriate, the service had accepted responsibility for errors or omissions and offered apologies in writing to the complainant. People said they felt staff responded well to any concerns they raised. One person told us, "I'd go to any

Is the service responsive?

staff, they all listen." A second person commented, "The manager comes round to talk regularly and you can take any problems to them." A relative told us, "We have no complaints about the manager or the staff."

Plans were in place in case a person had to move between services (for example, a hospital admission). Each person had an emergency health care plan which summarised their underlying health conditions, medicines and key areas of current treatment. Admission and discharge from hospital letters were kept on file. This helped the continuity of the person's care between different environments.

Is the service well-led?

Our findings

A registered manager was in place. They had become registered with the Care Quality Commission in 2010. The registered manager understood their role and responsibilities. They had ensured that notifiable incidents were reported to the appropriate authorities and independent investigations were carried out.

People who expressed an opinion on the management of the service were very complimentary. One person told us, "It runs well. (The registered manager) is always available." Another person said, "It's a very well-managed home." Visiting relatives said there had been significant developments in the service. One relative said, "It's vastly improved over the past year, and the environment is much better." A second relative said, "It's a nice home and I'm impressed with the manager." Another relative told us, "I like everything about the home. I can't think of anything that could improve it."

We found a culture of mutual respect between management, staff and people living in the home. The registered manager told us, "We work in people's home, therefore, it's what people want that matters. We want to make it their home." Staff members told us they were happy with the management of the service. One said, "It's quite a well-run ship. The registered manager is great, listens to us and is quite flexible. There's give and take. I can't think of improvements." Another staff member told us, "It is a well-managed home. The manager gives clear expectations, and is visible, available and listens. There's a good atmosphere." A third member of staff commented, "There have been improvements in management. Things are better organised, we have better resources and clearer roles. We are getting support and respect."

Professionals we spoke with expressed positive views about the management of the service. One health professional said, "I am quite impressed by the set-up at Comfort House." A social worker told us, "The registered manager is brilliant, flexible and accommodating. Colleagues speak well of the management of the home, as do relatives I've spoken with."

The registered manager told us, "We try to respect and inform. We ensure communication is good and have regular meetings, so everyone gets heard." They said monthly meetings were held for day staff, night staff, domestic staff and heads of teams. Staff members confirmed this. A care assistant told us, "There's better communication and more meetings, now." A second care assistant said, "There's a listening culture, it's quite open."

The service had established links with the local community. Examples of these included the regular use of a lunch club at a nearby local resident's association, people attended and were visited by a local church and student placements were welcomed.

Systems were in place to check the quality of the service. The registered manager described the monthly audits they carried out regarding health and safety, medicines, kitchen cleanliness and infection control. The regional manager carried out a 'quality monitoring report' every month. This looked at complaints, accidents, care records, pressure care, nutrition, care practice and people's views. Items identified as requiring improvement were added to the service's development plan, which was also checked monthly by the regional manager.

The views of people living in the home and the views of their relatives were sought annually in separate surveys. The survey of people's views was carried out by an independent polling organisation. The most recent survey, in 2014, identified high levels of satisfaction with care practices, respect and dignity issues, people's safety and the communication of concerns. Slightly less satisfaction had been expressed about catering and activities, but we noted there had been a change of cook and activities co-ordinator since that survey and anecdotal evidence during this inspection showed marked improvements in both areas.

Other positive developments noted included increased clarity and effectiveness of the management of the service, and a noticeable improvement in the morale and cohesiveness of the staff team. One staff member summed this up by saying, "We support each other – it's 'happy families' here." We received uniformly positive feedback from people, their relatives, staff and visiting professionals about the way the service had developed over the previous year.

Records of people's care and of the running of the home were well-maintained and up to date. Records were held securely but were accessible.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing **Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2014: Staffing.** **Staff did not receive the supervision and appraisal they required to enable them to carry out the duties they were employed to perform.** **Regulation 18 (2) (a).**