

Fairwinds Health Care Limited

Fairwinds

Inspection report

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South Yorkshire
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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

Fairwinds is a care home that supports up to 20 adults over the age of 18, who have mental health needs. Nursing care is provided over the two floors of the home – the Darwin unit on the ground floor and the Partridge unit on the first floor. The service is located on the outskirts of Rotherham with local facilities, such as shops and pubs close by. It is also close to good public transport links. At the time of our inspection, there were 18 people using the service.

At the last inspection in December 2014, the service was rated 'Good'. This inspection took place on 23 May 2017 and was unannounced. This meant the provider did not know we were going to carry out this inspection. At this inspection we found the service remained 'Good'.

The home 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 who used the service, their relatives and healthcare professionals felt the service was safe. People said they were happy living at the home and relatives and healthcare professionals said they felt people who lived at Fairwinds were kept safe.

People were protected from abuse. The home followed adequate and effective safeguarding procedures. Care records were personalised and contained relevant information to enable staff to provide person-centred care and support. People and their relatives had been involved in care and support planning.

Staff were supported well and received regular supervisions. Where required, staff were given regular training updates. The training matrix was well maintained.

We found good practice in relation to decision making processes at the service, in line with the Mental Capacity code of practice, the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in place supported this practice.

The home was responsive to people's changing needs and ensured that referrals to healthcare professionals were made in a timely manner.

Activities took place at the home and were well received by people who used the service. Service user meetings enabled people to give their thoughts, opinions and suggestions on activities. People who used the service were actively encouraged and supported to access the wider community. Staff and people who used the service were regularly asked for their thoughts and opinions of the home. Suggestions for improvements were received well and actioned, where possible.

Regular quality monitoring systems were in place and audits were carried out frequently, both by the provider and external agencies. Where areas for improvement had been identified, these were addressed, resolved and signed off when complete.

Further information is in the detailed findings below.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Fairwinds

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 comprehensive inspection took place on 23 May 2017 and was unannounced. This meant the provider did not know we were going to carry out an inspection on the day. The inspection was carried out by two adult social care inspectors.

Before we carried out this inspection, we spoke with five stakeholders, including the local authority contracts and commissioning team and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. A stakeholder is a person or organisation who has interest, concern or involvement with an organisation. Stakeholders we spoke with told us they had no current concerns about Fairwinds. We also checked any previous notifications or concerns we had received about the service, so that we could check they had been dealt with appropriately. This information was reviewed and used to assist with our inspection.

We had requested and received a Provider Information Return (PIR) from this service prior to our inspection. 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 used this information to assist with our planning and to identify any areas that needed attention.

During our inspection, we spoke with the registered manager and ten staff members including nurses, domestic assistants, the catering manager and care staff. We spoke with six people who used the service and, following the inspection, we spoke with the relatives of two people who used the service. We also spoke with 3 stakeholders after our inspection, including a team manager and a community psychiatric nurse from the National Health Service.

We looked at documents kept by the home including the care records of four people who used the service and the personnel records of three staff members. We looked at records relating to the management and

monitoring of the home and carried out observations throughout the day.

Is the service safe?

Our findings

The relative of a person using the service told us they felt their relative was safe living at Fairwinds. They told us; "Fairwinds is a good place" and "I have no concerns. I definitely feel my [relative] is safe. [Staff] know what [relative] needs and are very knowledgeable when it comes to keeping her safe." One of the visiting professionals we saw on the day of inspection told us; "[Person who used the service] has very complex mental health needs and the home manage it well and keep them safe."

From our observations and speaking with staff it was evident staff had an excellent understanding of people's individual needs. Staff were also aware of how to keep people safe. We saw they encouraged people to stay as independent as possible while monitoring their safety. Where assistance was required this was carried out in a safe way. Staff explained to us how they met people's needs, evidencing safe procedures. For example, how they moved and handled people who had limited mobility and how they were able to diffuse situations before people became agitated and anxious.

We reviewed the safeguarding policy for the home and found it contained relevant information and was up to date. The safeguarding log kept at the home was kept up to date and well maintained. Information and documents contained in the safeguarding log included guidance from the Local Authority on how to make a referral, a description of each incident and actions taken. A log was kept for each referral made that contained information of contact with relevant people, such as the safeguarding team and other professionals. Staff we spoke with were knowledgeable regarding safeguarding and whistle blowing policies and procedures. Whistleblowing is one way in which a staff member can report suspected wrong doing at work, by telling someone they trust about their concerns. This demonstrated the home had appropriate procedures in place for addressing and responding to safeguarding concerns.

Care records we looked at contained relevant care and support plans and risk assessments in area's including; behaviour, cognition, psychological and emotional needs, mobility, medication and hygiene. Plans and assessments were reviewed on a monthly basis and updated when required. There were personal evacuation plans in place detailing actions to take in an emergency.

We looked at the accidents and incidents log kept at the service and found it was well maintained and kept up to date. Accident and incident forms were completed appropriately and contained relevant information.

We found there was adequate staff to meet people's needs. Some people received one to one and two to one support for their safety and this was in place at the time of our inspection. Staff we spoke with confirmed there were enough staff on duty to meet people's needs, including accessing the community and activities. However, we identified that the service was short of qualified nursing staff. We were told the service had two full time vacancies. Staff told us they were managing to cover the shifts by working extra hours but they also said they were regularly working five long days a week and sometimes six. The staff who worked at the home did this voluntarily so not to use agency staff, as they felt this would impact on people who used the service. They said they could not sustain these extra hours much longer and that they had raised it with the provider. Staff told us that adverts were out to recruit more staff but they had had no

success so far.

Following our inspection, we spoke with the registered manager who told us they had placed additional vacancy advertisements on social media to increase the reach of the advertisements. The registered manager told us that, following these advertisements being placed, they had interviewed three nurses and had successfully employed two to commence employment at the service, when all pre-employment checks were completed.

A robust recruitment and selection process was in place, which included new staff receiving a structured induction to the home. We sampled three staff files and found all essential pre-employment checks required had been carried out. This included written references and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

We looked at the systems in place for managing medicines in the service. This included the storage, handling and stock of medicines and medication administration records (MARs) for people. We found robust systems were in place.

Medicines, including controlled drugs, were stored safely. Controlled drugs are prescription medicines, which are controlled under the Misuse of Drugs legislation. We saw records were kept for medicines received, administered and disposed of. We found people were receiving medication as prescribed. However, we identified that the temperature monitoring could be improved, as although temperatures of treatment rooms and refrigerators were taken daily, there was not a minimum and maximum thermometer. Therefore, although monitoring sheets showed temperatures were safe to store medicines at the time of recording, it was not possible to determine if the storage room maintained the correct temperatures over a 24 hour period. Medicines stored at the incorrect temperature can spoil or become ineffective. We spoke with the unit manager, who told us that they would address this and ensure that a minimum and maximum thermometer was used in the treatment room.

We saw some people were prescribed medicines to be given as and when required (often referred to as PRN) for pain relief or treatment of anxiety, for example. Staff were able to explain how they supported people appropriately to take this medication and that they were aware of signs when people were in pain, discomfort or in a low mood to ensure they received their medication when required. We saw most protocols were in place to guide staff when to administer the PRN medication. However, there was not always enough detail when someone was prescribed a medicine for agitation and anxiety to show how the person presented and the signs and symptoms they could present with when the medication was required. This meant there was a risk that people would not receive their medication when they required it, or they would be administered medication when it was not needed. The unit manager acknowledged this and agreed to add this information.

Is the service effective?

Our findings

People we spoke with who used the service told us they received care and support in the way they wanted, from staff who knew them, and their needs, well. A relative of a person who used the service told us; "I'm happy with [relative's] care, she's safe and well looked after. [Staff] have a lot of time for my [relative] and they get other [professionals] involved if [relative] needs it."

People who used the service also told us the food was good and that there was plenty of choice. One person said; "The food is quite good, we get a good choice" and another person said; "I make my own drinks and can do this when I want." One relative told us; "[Staff] make sure [relative] gets enough to eat and drink, and she can be very hard to please."

Supervision is an accountable, two-way process between a staff member and their manager, that supports, motivates and enables the development of good practice for individual staff members. Appraisals are meetings between a manager and staff member to review the staff member's performance and to discuss the next year's goals and objectives. These are important in order to ensure staff are supported in their roles. We found that staff received regular supervisions, usually every two months and an annual appraisal each year. When we spoke with staff, they told us they received supervisions and support from their line manager. They said they worked well as a team and supported each other. Staff told us they enjoyed their jobs and were well supported by the management team. One staff member told us; "I love my job."

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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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 their liberty were being met.

We found in care records that people's mental capacity had been assessed and staff were aware of how this impacted on people who used the service. Mental capacity assessments were task-specific.

Staff were knowledgeable about Deprivation of Liberty Safeguards (DoLS) and decisions being made in people's best interest. Staff had involved advocates to ensure people's views were sought and decisions made were appropriate. We saw that family members and other healthcare professionals were involved in best interest meetings. One visiting professional we spoke with on the day of inspection told us the home follow the conditions applied to people's DoLS authorisations. Conditions applied to DoLS authorisations

are done so by the supervisory body, on the recommendation of a Best Interest Assessor (BIA) and must relate directly to the deprivation of liberty authorisation.

We saw people having breakfast on Darwin unit. It was a very relaxed meal, people came in at a time to suit themselves, had a choice of cooked food, cereals, toast and porridge. We saw people making drinks and being supported when required. Staff told us breakfast was served from around 8:30 to 10:00am and could be later if someone wanted to stay in bed. We spoke with the catering manager who told us they had changed the main meal to the evening, following consultation with people who used the service. We saw the menus were varied and nutritious. Staff told us that if people didn't want what was on the menu, they could request an alternative from the kitchen. People who used the service were consulted with regarding the food and drinks they would like to see on the menu. People were able to help themselves to snacks and drinks at any time during the day and night. Staff were aware of people's needs including any special diets and if people were at risk of choking. There were guidelines and assessments in care and support records from relevant professionals to support this and to ensure people's needs were met. Food and fluid charts were in place, completed well and monitored for people who were at risk of becoming nutritionally compromised.

People's care records showed that their day to day health needs were being met. People had access to healthcare professionals including their GP, community psychiatric nurses and other specialist services such as chiropody and dental services.

Care records evidenced that people were involved in their care and support and, when required, relevant healthcare professionals were contacted and involved within appropriate timescales, when people's care needs had changed.

Is the service caring?

Our findings

People we spoke with who used the service all told us staff were kind, caring and thoughtful. One person said; "The staff are ok, they treat you with respect." One relative we spoke with after our inspection visit to the home told us; "My [relative] is really happy. She has freedom to do what she likes, she loves going in the garden. I'm happy with [relative's] care too, she's safe, well looked after and cared about."

We spoke with health care professionals who praised the staff. They told us staff were very caring and understood how to care and support people appropriately. One health care worker told us; "The staff really care, people really come on here with the excellent support provided." Another worker said, "I can't praised the staff enough, they take time to get to know people and ensure they are well cared for." We spoke with a Relevant Persons Representative (RPR). An RPR safeguards a person's interests and represents a person who has been deprived of their liberty, by maintaining contact with, representing and supporting the relevant person in all matters relating to deprivation of liberty safeguards. The visiting RPR told us; "I have a good opinion of this service, for me, it is an excellent home. My client is very happy here. She wants to stay and you don't usually find that in mental health services."

People's needs and preferences were recorded in their care records. Staff were able to describe the ways in which people preferred to be supported, and were aware of information in the support plans, which included information about people's likes, dislikes and life history. Staff were passionate about ensuring people's needs were met in a way they wished to be cared for and supported. One staff member told us; "We all care, we don't always get thing right but we have strong foundations and are always looking at ways to improve the care provided." Another staff member said; "I wouldn't hesitate to place my family member here if I needed to."

Our observations during the inspection demonstrated to us that people were treated with kindness, dignity and respect. People who used the service had built positive caring relationships with other people who used the service and staff alike. We saw that, when a person displayed behaviours that challenge, staff spoke kindly and were able to reassure the person and diffuse the situation.

In the care and support plans we looked at, there were clear records demonstrating people had been involved in their care and support planning. People who used the service were asked to sign records to demonstrate that they agreed with the content of the plans. If a person did not want to discuss their care and support plans, staff would ask again every two or three days to try and encourage their involvement.

Information was available for people who used the service regarding advocacy services available. An advocate is a person who speaks on behalf of someone, when they are unable to do so for themselves.

Staff understood the need to respect people's confidentiality and not to discuss issues in public, or disclose information to people who did not need to know. Information that was required to be passed on about people was discussed at staff handovers, which were conducted in private.

People had their own bedrooms, where they were able to have the privacy they needed. We observed staff knocking on people's doors and waiting for an answer before entering, to ensure that people's privacy, respect and dignity was not compromised.

We found that people's bedrooms were well-decorated and personalised, with photographs and items of importance and interest to the person using the service. The environment was being upgraded at the time of our visit. We saw some en-suite facilities had been replaced and the unit manager told us all would eventually be completed. We were also told the communal shower rooms were going to be refitted.

Is the service responsive?

Our findings

A relative we spoke with following our inspection visit told us; "The home meets my [relative's] needs. It is a good place. The activities are great – my [relative] goes out on social outings all the time. They has just moved [relative] downstairs – she asked to move because she gets on better with people downstairs and has easy access to the garden. Fairwinds are taking her on holiday soon too." The same relative also told us; "Staff have a lot of time for my [relative] – and for me. If [relative] or me have any issues, problems, concerns or even just questions, staff do their best to sort it and give answers. They respond to whatever we need, definitely."

One comment on a survey sent out by the home and returned by a person who used the service said; "Warm friendly staff. I always feel important I am always listened to."

One visiting professional we spoke with on the day of inspection told us; "[The home] is focussed on person-centred care. They make sure my client has everything they want and need and they get good results. They're always looking to improve my client's quality of life". Another visiting professional we spoke with said; "They are excellent. More than accommodating when I visit and always have [people who use the service] at the heart of what they do. They are very good. They contact my team with questions or if they need advice on different ways to get views and preferences. I can't praise [the home] enough really." A Community Psychiatric Nurse who we spoke with following our inspection said; "From referral through assessment to placement, communications were excellent." They also said; "[There was] appropriate professional detail but more crucially, [it was] service user-centred." They continued with; "My initial findings from commencement of placement demonstrate a flexible but clear and informed plan and implementation of care to meet assessed needs."

Following our inspection, a team manager from the National Health Service told us; "Myself and the team members involved in [person's] care at that time always reported back positively with regards to the level of care & support [person] received. The environment was homely & friendly, appeared clean & well maintained. I recall a safeguarding issue during his stay & the staff in Fairwinds dealt with it timely and supportively, and our general feeling was that it was well managed. The [person using the services] feedback was positive with regards to the social inclusion element of the care they provided".

We spoke with a commissioner from the Clinical Commissioning Group (CCG). The CCG finds and funds health service placements for people and their needs. The commissioner told us; "Fairwinds manage [people who use the service] very well. They're flexible, very client-focussed and very good at communicating. Whenever [staff] contact me, they give me updates on how things are going." They also told us that, one person who used the service that they had placed there had a severe, long-term mental health condition, resulting in the person often experiencing episodes of psychosis. The commissioner told us; "Fairwinds and the staff there manage [the person] outstandingly. They play the behaviour down so that attention isn't drawn and they are innovative and creative in the way they support [the person] and manage this behaviour. It is an excellent service." The commissioner continued with; "Fairwinds deal with the more complex of people who have extreme mental health conditions and needs but that doesn't concern the

home or the staff, they manage very well. I know my clients are well supported there. There's a good management team and they deal with any issues well. I think it is an outstanding service." The commissioner went on to tell us that Fairwinds works well with the CCG in their area, but also with CCG's in other areas. They told us that the service was excellent at communicating and that they have good working relationships with other professionals.

The home were in the process of developing a 'Welcome to' pack that summarised information that people who used the service may need to know. This included information about finances, food, menus and special dietary needs, smoking and where to smoke, shopping, local amenities and activities. It contained information about a fully utilised kitchen, where people could cook their own meals and make their own drinks in order to encourage independence and improve life skills. This meant the home provided information to people to ensure that their move into the service was as comfortable and smooth as possible.

In care records we looked at, we saw personalised information was recorded, with the involvement of people who used the service and their families, where appropriate and possible. Each person had care plans that were tailored to meet their individual needs. These were reviewed on a regular basis. Information contained in care records included the person's life history, interests, favourite activities and preferences, including their preferred gender of care and support assistant. We read information about people's favourite bathing products, the clothing they preferred to wear indoors and outdoors, how they liked their hair styled, if they liked a daily paper (and which one) and what their favourite activities are. There was ample information regarding the person's childhood, their personality, their career and any events or goals they wanted to achieve. Special occasions were also recorded in care files that included birthdays of family, friends and people who were special to them. This meant the home ensured ample information was available in care records so that staff knew people well and were able to cater care and support to people's own individual needs and preferences.

Staff told us the activities were very good. There were three activity co-ordinators, who organised activities every day; some group activities and many one to one activities. People told us they accessed the community regularly and took part in many activities. We were also informed everyone had at least one holiday each year. This year's holidays were arranged and people were looking forward to them. People who used the service were involved in deciding the activities that were available and what they would like to take part in.

Information in care and support records demonstrated the service supported people to follow their interests and develop and maintain relationships with people who matter to them. Staff ensured that people's care and support was planned in a proactive way and in partnership with the person who used the service. In one support plan, we read that the person liked to go to the shops every day. They also visited their family each weekend, leaving on a Friday and returning to the home on a Sunday evening. There were details about what the person liked to do with their family, which included going to the pub. The service were not risk averse and actively encouraged the person to socialise with family and friends, and to take appropriate risks to ensure their life was as socially stimulating and meaningful as they liked. These care and support plans were reviewed on a monthly basis to ensure the person's needs and wishes were still relevant and up to date. This meant the home ensured that there were meaningful activities to take part in to encourage social relationships and stimulating interactions with others.

We saw that staff listened to people when they asked about certain activities taking place and were innovative in suggesting additional ideas that people hadn't thought of themselves. For example, one person who used the service wanted to visit their relative in Grimsby. Staff suggested a minibus be allocated

so that more people who used the service could take the journey. The person would be dropped off at their relative's home in Grimsby and the minibus would continue with the other people on the minibus to have a few hours at the coast, in Cleethorpes, picking the person up from their relative's house on the return journey. This meant that the arrangements for social activities were innovative to meet people's individual needs and to ensure people lived as full a life as possible. It also meant that people who used the service were able to take part in activities and maintain relationships, giving them an enhanced sense of wellbeing and good quality of life.

Staff used innovative and individual ways of communicating with and involving people who used the service to ensure they were empowered, listened to and valued. For example, in one care record, we read that, on many occasions, the person did not respond well to external stimuli and often presented with varying levels of distress, usually in the form of auditory hallucinations. At these times, the person found it difficult to communicate. Support plans in place recorded that the person would require the intervention of one staff member at a time and that the staff member should speak in simple sentences and give ample time for the person to respond. Records also stated that, if the person did not respond, the staff member should wait for 15 minutes before approaching and speaking with the person again. This demonstrated that the service ensured communication methods were relevant and suitable for people, even during times of crisis or distress.

The service was following the Accessible Information Standards, to ensure people received the communication support that they needed and information that they could access and understand. The implementation of the Accessible Information Standards has led to improved outcomes and experiences for people who used the service and has provided safer and more personalised care and services. People who used the service confirmed to us that they received information in a way and format that they could understand.

People and their relatives confirmed they knew how to complain and who to complain to, should they need to. We saw through meeting minutes that people were actively encouraged to give feedback and raise any concerns or complaints. We looked at the complaints folder kept at the home and saw that there were very few complaints made. Any complaints received were addressed, comprehensively investigated and fully responded to. People who had made a complaint said they felt comfortable in making the complaint, that they were listened to and that the complaint was answered to their satisfaction. Complaints were used by the home as an opportunity for improvement and learning and people who used the service confirmed that, when they gave suggestions or made complaints, they were addressed and acted on.

There were arrangements in place to encourage feedback from people and their relatives. The home regularly held 'service user meetings', which were led by people who used the service. These meetings addressed any concerns, requests and suggestions made. Minutes of one meeting we looked at showed that people had asked for garden furniture, to have a cabaret singer visit the home as an activity, to visit the coast and to arrange trips to football matches. Minutes of other meetings showed people had asked for a large coffee table for the lounge area, to attend vintage car rallies and to go swimming. We saw that action had been taken to address these requests. This demonstrated the home sought people's views and met people's wishes, where possible.

Annual satisfaction surveys were sent out to people using the service which asked questions about the home. Results showed; 100% felt they were kept informed and updated on any changes, 100% felt staff were friendly and respectful and 100% were satisfied with care provided. People also said they were supported to follow their religion and beliefs. The survey also asked if there were any suggested improvements or anything that people would like to see differently in the home. The results from these surveys were collated

and actions identified. This demonstrated arrangements were in place to encourage feedback from people and that the home responded to feedback received.

A food forum meeting had taken place, where items discussed included; menus, protected mealtimes and the comments book. Actions required were recorded in an action plan and signed off when complete. This demonstrated that the home looked into the food and dining experience and took account of comments that people had made to make improvements for people who used the service.

Through observations carried out during the inspection, and through care and support records looked at, we found the service responded to people's wishes and changing needs. For example, one person who lived on the first floor of the home requested that they be moved to the ground floor so that they could access the garden area more easily and to be on the same floor as people who they were more friendly with. The home met this person's request by moving them into a room downstairs, which, in turn, enabled the person to partake in activities, encouraging social interaction and developing and maintaining meaningful relationships much easier. This demonstrated the home was responsive to people's changing needs and took action to ensure people's wishes were met, where possible.

The service is located next to two properties, registered with the Care Quality Commission as separate locations, but managed by the registered manager from Fairwinds. These properties were used as a 'step-down service' for people who were able to live more independently, to give more responsibility, whilst still having access to care and support from the home. This meant the home encouraged people to be as independent as they wanted to be and prepared people for a more independent and full life.

Is the service well-led?

Our findings

People we spoke with and their relatives told us they felt able to speak with the registered manager and other staff about anything they wished, whether it be a complaint or just a chat. People said they felt involved in decisions made about their care and relatives we spoke with confirmed this was the case, and that they were also involved. People who used the service said they were kept informed of any changes at the home, including details about the current refurbishment plan. Everyone who was booked onto the holiday arranged by the home said they were looking forward to the trip.

Staff told us they worked well as a team and supported each other. They said the registered manager was always approachable and listened. Staff told us communication was very good, they attended regular team meetings and were kept informed of any changes. Staff told us they were well supported. One staff member said, "We are a very good team, support each other and work well to ensure people receive the care and support they deserve."

Other healthcare professionals we spoke with told us they felt the home was managed well and that staff and the registered manager were all approachable, knowledgeable and passionate about their work.

We saw minutes from 'heads of department' staff meetings that addressed areas including, but not limited to; dietary issues, laundry, activities, dignity, manager updates, quality assurance, staffing and the environment. Action plans were developed following these meetings and actions were signed off when complete. Other meetings took place for qualified staff and team leaders, domestic assistants and general staff meetings. Any actions identified were put into an action plan and signed off when addressed and completed. This demonstrated that the home ensured regular meetings were held to measure and review delivery and quality of care and support and to develop action plans for continuous improvement.

Staff supervision records showed us that staff were given constructive feedback in a motivating way so that they knew what actions they needed to take. Staff we spoke with all told us that both the registered manager and their direct line manager were open, transparent and approachable. We saw that 98% of staff had received training in equality, diversity, inclusion, bullying and harassment within the last 12 months, in line with equality, diversity and human rights good practice.

Throughout the day, we observed the registered manager to be walking around the home, speaking with people and being present and available for people, staff and other professionals. We also saw the clinical nurse manager, nurses and care assistants throughout the home the whole day. The level of visibility of management in the home inspired staff to continue in providing a quality service for people who lived there. One staff member we spoke with told us; "[The registered manager] is always walking around the home, speaking with people and making sure we (staff) are ok. If there's anything we need to know, we can ask her or [the clinical nurse manager] for help." Another staff member we spoke with told us; "[The regional manager] comes (to the home) regularly. We all know her and she's very approachable."

It is a condition of registration with the Care Quality Commission (CQC) that the home have a registered

manager in place. 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. The registered manager was present on the day of our inspection. We spoke with the registered manager throughout the day and they were able to explain to us their responsibilities to deliver what was required. The registered manager understood the challenges, achievements, concerns and risks and shared these with other staff, as appropriate.

Audits were regularly carried out in areas including, but not limited to; care records, medicines, mattresses, hand hygiene, equipment and safeguarding. A separate 'unit manager checklist' audit was carried out monthly that looked at areas including, but not limited to; care records, action plans from previous audits, medicines, treatment room checks where medicines were stored, charts such as body maps and weight monitoring charts, first aid equipment and supervisions, to check they were carried out and up to date. An ongoing 'home action plan' was used by the registered manager. This was a live document that could be updated with required actions or when actions were completed. When completed, actions on the home action plan were signed off by the registered manager.

We saw the local authority commissioning team last conducted a rating compliance inspection in July 2015. The service received the highest local authority rating of excellent. Another separate audit by the local authority, carried out in January 2017 demonstrated the service was compliant in all sections audited. There were recommendations made for some staff to undertake refresher training in certain areas. The home addressed these actions and ensured staff training was up to date in all areas, including the ones identified by the audit.

The home had audits carried out by an external auditor, twice yearly. These audits looked at all aspects of the home including; care planning, care delivery, nutrition, infection control, medicines, the environment, cleaning, fire readiness, staff development and complaints. At the last audit carried out in January 2017, the home scored an overall 90%. We saw that, where audits had identified actions to be undertaken, plans were put in place to address the issues and updated when these had been completed. This demonstrated regular audits took place at the home and, where issues or actions were identified, these were addressed and resolved.