

Featherton House Limited







Featherton House

Inspection report

Chapel Square
Deddington
Banbury
Oxfordshire
OX15 0SG
Tel: 01869 338259
Website: [www.montreuxliving.co.uk/
featherton-house](http://www.montreuxliving.co.uk/featherton-house)

Date of inspection visit: 21 September 2015
Date of publication: 13/11/2015

Ratings

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

Overall summary

We inspected this service on 21 September 2015. This was an unannounced inspection. We previously inspected the service in September 2013. The service was meeting the requirements of the regulations at that time.

Featherton House is registered to provide accommodation for up to 25 older people who require personal care. At the time of the inspection there were 23 people living at the service.

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, their relatives and staff felt the service was very well led and were highly complimentary about the registered manager and staff team.

Summary of findings

There was a calm, warm and friendly atmosphere at the service. Every member of staff we spoke with was highly motivated and inspired to give kind and compassionate care. People enjoyed living at the service and told us it felt like home. People described their relationship with staff and each other as a family. People felt valued as individuals and told us staff went 'the extra mile' to make them feel they mattered. Staff knew the people they cared for and what was important to them. Staff appreciated people's unique life histories and understood how these could influence the way people wanted to be cared for. People's choices and wishes were respected and recorded in their care records. Staff offered support in a way that promoted people's independence.

People had been involved in reviewing their care. People had a range of individualised risk assessments in place to keep them safe and to help them maintain their independence. People were assessed regularly and care plans were detailed. Staff followed guidance in care plans and risk assessments to ensure people were safe and their needs were met. Where required staff involved a range of other professionals in people's care. Staff were quick to identify and alert other professionals when people's needs changed.

People were supported to have their nutritional needs met. People were highly complimentary about the food

and were given choice and variety. The menu was flexible to ensure people were able to have what they wanted at each mealtime. Mealtimes were flexible according to people's choice and preference.

Where people had received end of life care, staff had taken actions to ensure people would have as dignified and comfortable death as possible. End of life care was provided in a compassionate way and families appreciated the support they had been given at a difficult time.

People felt supported by competent staff. Staff were motivated to improve the quality of care provided to people and benefitted from regular supervision, team meetings and training to help them meet the needs of the people they were caring for.

Staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions. There were no restrictions placed on people at the time of our inspection.

People felt involved in the running of the service. The manager was continually striving to improve the quality of care provided to people.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People told us they felt safe. Staff followed guidance in risk assessments and were knowledgeable about the procedures in place to recognise and respond to abuse.

Medicines were stored and administered safely. There was enough staff to meet people needs.

Good



Is the service effective?

The service was effective.

Staff had the skills and knowledge needed to care for people.

People were involved in the planning of their care and were supported by staff who acted within the requirements of the law in relation to the Mental Capacity Act 2005.

People were supported to maintain their independence. Other health and social care professionals were involved in supporting people to ensure their needs were met.

Good



Is the service caring?

The service was caring.

People, relatives, visitors to the service and visiting professionals spoke very highly of the staff and the care delivered.

Staff encouraged positive caring relationships amongst people, staff and their relatives and went the extra mile to ensure people were given a sense of worth and made to feel like they mattered.

Staff understood people's individual needs and people were cared for in a kind, caring and respectful way.

Compassionate end of life care was provided. Staff took action to ensure people received as comfortable and dignified death as possible.

Outstanding



Is the service responsive?

The service was responsive to people's needs.

People benefited from regular activities.

People were involved in the planning of their care. Care records contained detailed information about people's health needs.

People knew how to make a complaint if required.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

There was a positive and open culture where people, relatives and staff felt able to raise any concerns or suggestions for improvements to the service.

The registered manager had developed positive working relationships with the staff team, relatives and people who lived at Featherton House.

The quality of the service was regularly reviewed. The registered manager continually strived to improve the quality of service offered.

Featherton House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 September 2015 and was unannounced. The inspection team consisted of three inspectors 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 visit we reviewed the information we held about the service. The registered 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 looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We also spoke with three health and social care professionals who regularly visited people living in the home. This was to obtain their views on the quality of the service provided to people and how the home was being managed.

During the inspection we spent time with people. We looked around the home and observed the way staff interacted with people. We spoke with eight people and four of their relatives/visitors. Before and following the inspection we had received feedback from 24 people's friends and relatives. During the inspection we spoke with 9 members of staff including care staff, ancillary staff, and the chef. Following the inspection we received feedback from a further nine staff members. We looked at records, which included seven people's care records, the medication administration records (MAR) for all people at the home and six staff files. We also looked at records relating to the management of the service.

Is the service safe?

Our findings

People told us they felt safe and supported by staff. One person told us they were, “Absolutely safe”. Another person said, “Yes safe because there is nothing to worry about”. A relative said “Safe oh yes, she is amazingly well looked after”.

People told us there were enough staff to meet their needs. One person said, “There are plenty of staff”. People told us they felt safe because they knew staff would come quickly when they needed them. Call bells were answered promptly and people were offered assistance in a timely way. One person told us, “I rarely need to use the bell, there is always someone around; they check I’m alright when I’m in my room”. The registered manager reviewed staffing levels on a continuous basis. Numbers of staff on each shift varied according to people’s levels of need, to accommodate healthcare appointments or attend activities and days out.

Risks to people’s personal safety had been assessed and people had plans in place to minimise the risks. Risk assessments were reviewed and updated promptly when people’s needs changed. Staff were aware of the risks to people and used the risk assessments to inform care delivery and to support people to be independent. Risk assessments included areas such as using the stairs, falls, and moving and handling. Ways of reducing the risks to people had been documented and staff described the action they would take to keep people safe. For example, one staff member told us “I make sure call bells and drinks are within reach. This is to prevent things like falling over whilst trying to reach for a drink or call bell”.

There were risk assessments in place to address the risks associated with some people’s choices or preferences. For example, one person who remained in bed had expressed a wish not to have their position changed. The person had been assessed as at high risk of pressure damage. Staff had ensured appropriate pressure relieving equipment was in place. Staff had worked with other health care professionals and made sure the person was aware of and understood all of the risks associated with not having their position changed. Conversations and decisions had been documented. Care plans and risk assessments gave staff directions on how to care for this person and what action

to take if the person’s pressure areas deteriorated. Staff told us they still encouraged the person to change their position and move around the bed when visiting the person in their room.

People were supported by staff who were knowledgeable about the procedures in place to keep them safe from abuse. For example, staff had attended training in safeguarding vulnerable people and had good knowledge of the services whistleblowing and safeguarding procedures. Staff were aware of types and signs of possible abuse and their responsibility to report and record any concerns promptly. People, relatives and staff told us there was a culture of openness within the service and they would have no hesitation in raising concerns about people’s care and welfare. One relative said, “Whoever (staff) comes to the front door knows how my mum is and there is nothing untoward going on here”.

Medicines were stored and administered safely. People told us they were given their medicines when they needed them. People had lockable medicine cabinets in their rooms. People were encouraged and supported to be independent with administering their own medicines. Staff had involved the GP in risk assessments to ensure people were able to take their medicines safely. We observed staff administering medicines to people who did not self-medicate; staff supported people to take their medicines in line with their prescription. There was accurate recording of the administration of medicines. Medicine administration records (MAR) were completed to show when medication had been given or if not taken the reason why.

Safe recruitment procedures were followed before new staff were appointed to work with people. Appropriate checks were undertaken to ensure staff were of good character and suitable for their role.

People and their relatives complimented the cleanliness and maintenance of the service. One person told us “It (the building) is well maintained”. The environment was clean and tidy whilst maintaining a homely feel. Staff were aware of and adhered to the provider’s infection control policies. A relative told us “They are very good about safety, they put a note on the door to stop visiting if there are any bugs going around”. Equipment used to support people’s care, for example, hoists, stand aids and specialised baths were

Is the service safe?

clean, stored appropriately and had been properly maintained. The service kept a range of records which showed equipment was serviced and maintained in line with nationally recommended schedules.

Is the service effective?

Our findings

People felt supported by competent staff. One person said staff were “Well trained”. Staff were knowledgeable and skilled to effectively carry out their roles and responsibilities. One staff member told us they sometimes struggled with completing training where written work was required. They described how the manager had found alternative practical ways of helping them to do the training and ensuring their competencies. They said “I feel fully supported doing training. The manager goes an extra mile towards my development”. Staff had completed the providers initial and refresher mandatory training in areas such as, manual handling and infection control. Staff were supported to attend other training courses to ensure they were skilled in caring for people. For example, training in dementia care. One staff member told us, “I have never had so much training in a workplace, it is outstanding, my knowledge grows everyday with the support of my manager, training coordinator and my colleagues”.

Newly appointed care staff went through an induction period. This included training for their role and shadowing an experienced member of staff. This induction plan was designed to ensure staff were safe and sufficiently skilled to carry out their roles before working independently. One member of staff told us, “When I started working here, I had a long induction before I could care for residents. I also had to shadow other members of staff”.

Staff were supported to improve the quality of care they delivered to people through the supervision and appraisal process. Staff told us they received regular supervision where they were able to discuss their roles and responsibilities. Staff also received an annual appraisal and these were used to identify staff development needs and plan training.

Staff supported people to stay healthy and people’s care records described the support they required to manage their health needs. People had access to healthcare services and ongoing healthcare support. Staff accompanied people to specialist appointments such as dentists and opticians.

Health and social care professionals were complimentary about the service and told us “The staff have been able to demonstrate an understanding of individual needs and given a high standard of care”. Professionals also told us

staff communicated well with them and peoples’ changing needs were identified to them promptly. Details of professional visits were seen in each person’s care record, with information on outcomes and changes to treatment if needed.

People told us they enjoyed their food. One person said, “Food is wonderful”. Another person said, “The food is very good and we always get a choice, they are prepared to cook what we want”. A relative told us, “There is plenty of drinks and food”. People chose where they wanted to eat their meal. There was no fixed time for breakfast and people could eat at a time that best suited them. One person told us, “I can come down for breakfast anytime and still have a choice for a cooked breakfast. I love the food here”. If people chose to eat in the dining room meals were served at the table. This meant people could see what was on offer before they made a choice. Staff told us, “Meal options are varied to accommodate personal preferences and there is always a backup option for people who change their minds”. We observed one person did not want what was offered. They were asked if there was anything else they would like. They requested an alternative meal and this was provided.

People with specific dietary requirements had their needs met. Where people were at risk of losing weight there was a plan in place to ensure they received adequate food and drink. For example, one person had been identified as at risk of losing weight. They required assistance with eating and drinking. Staff had involved the GP and dietician in the person’s assessment and incorporated their advice in the persons care plan. Staff followed the actions and kept a detailed record of food and drink intake and weighed the person to monitor their weight. We observed this person regularly being encouraged and supported to eat and drink during the inspection. Health professionals told us staff were aware of other risks to people, for example, becoming dehydrated especially in hot weather. They told us during these times staff encouraged people to have cold drinks and ice lollies.

People told us their consent was always sought before any care or treatment was given. One member of staff said “I always ask for permission before I give any type of care”. Staff understood their responsibilities under the Mental Capacity Act 2005. Where people lacked capacity to consent or make decisions, staff were aware of how to

Is the service effective?

perform mental capacity assessments and followed good practice guidance in ensuring best interest decisions were made that included other professionals and people who knew the person well.

Staff also had a good understanding of their responsibilities under the Deprivation of Liberty Safeguards

(DoLS). These provide legal safeguards for people who may be restricted of their liberty for their safety. No one was restricted of their liberty at the time of the inspection but staff were able to describe the actions they would take if an authorisation to deprive someone of their liberty was needed.



Is the service caring?

Our findings

People felt cared for and were complimentary about the staff. Prior to, during and following our inspection we received many positive comments from people and their relatives. Comments included “I have been astounded at the level of care and compassion she (relative) has received. The staff go above and beyond their normal duties and treat her with dignity”, “I am continually impressed with the outstanding quality of care and compassion given to my mother by all members of staff at Featherton House”, “The carers are so genuinely caring, they never say I am too busy”, “The staff are incomparable; they will do anything at all for you” and “The carers are first class, every one of them. They give person centred care and show great dignity and respect all the time”.

People described the service as their home. One person told us, “The best way of describing it is home from home”. Another person said, “You hear me now refer to this as my home, because it is, and that’s how I feel about it”. A relative told us, “Its wonderfully homely, caring, efficient and a great place to live”.

There was a calm, warm and friendly atmosphere at the service. Every member of staff we spoke with was highly motivated and inspired to give kind and compassionate care. For example, staff told us during supervisions and staff meetings they were asked to consider and reflect on care delivered from people’s point of view. For example, they were asked to consider and discuss how they would feel if they were going to a care home for the first time. A staff member told us, “This really helps you understand what a resident might be feeling, they might be frightened”. People felt staff were patient and understood them. Throughout the inspection we saw many examples of people being supported by staff who were patient kind and respectful. One person said, “I am amazed at the patience of the staff; day after day”.

People were given a sense of worth and made to feel like they mattered. For example, when one staff member was getting married they arranged for wedding dresses to be brought to the service. The staff member modelled the dresses and asked for people’s opinion of them. People were supported and encouraged to continue with their individual hobbies such as painting and needlework. Some people had recently been encouraged to enter their work into competitions outside of the service and four people

had been awarded top prizes in the categories they had entered. People also chose the national charities they wanted to support and arranged and ran their own fundraising activities.

People valued their relationships with each other and the staff and described them as a ‘family’. People and staff knew each other well. At each residents meeting people took turns to share their life stories and experiences. This created a culture of support and understanding of the things that were important to people as well as what people liked or disliked. Staff shared information about their own personal lives and family during meetings and in the services monthly newsletter. People told us they appreciated this. One person said, “We know about their families and what they are doing. It’s wonderful, it makes us feel like we are part of their family and not just someone they are paid to look after”. A staff member told us, “I have had the pleasure of working with some wonderful residents who have become to me like Grandparents. I think of Featherton as my second home. I hope I can work at Featherton for many years to come and have the privilege of meeting many more elderly people and taking care of them as they deserve to be cared for”. Another staff member told us, “I am privileged to be caring for such lovely residents” and “They are my family”.

People described how staff had been caring in their approach to help them settle in when they first came to live at the service. They had been invited into the service and introduced to people to help them make friends. One person told us they had been nervous about moving into the service. They had sat in the office and the registered manager had brought all the staff into the office individually to be introduced. The person said “One lady (staff member) went down on her knees until she was at eye level with me and she looked at me and I thought if this lady is here I will be happy. It was absolutely marvellous; it was an unconscious gesture on her behalf. I have thought the world of her ever since she is an absolute delight. She then put me in a wheelchair and took me round to show me the village”.

People told us they were treated with respect. One person said, “They (staff) respect us and our dignity”. A relative said “They treat mum with dignity and respect; I have never heard anyone be rude about anyone, its outstanding, it’s just great”. Staff talked about people in a respectful way and knew the preferences and needs of the people they



Is the service caring?

cared for. For example, A relative told us, “They never force him to have a bath or something he doesn’t want to do”. Staff were respectful in their approach to ensure people were not distressed or worried by having a team of Care Quality Commission inspectors in their home. We were introduced to people throughout the day. Staff took time to explain the purpose of our visit to people and sought people's consent for us to speak with them.

Staff were aware of people’s unique ways of communicating. Care plans contained information about how best to communicate with people who had sensory impairments or other barriers to their communication. This was useful in helping staff build positive relationships with people by communicating in ways that were appropriate to them. For example, one person was partially sighted but had some vision out of the corner of their eye. Staff ensured they were in the persons line of vision and stood to the side of the person when speaking with them or showing them items from which to make choices. Another person used hand squeezing to communicate their preferences. Staff also followed good practice guidance when communicating with people who were living with dementia. For example, one person would hit the table. Staff understood this was the person’s way of telling them they did not like something or needed assistance. Staff described how they would take the time to find out what the person needed by going through a simple list of choices until the person indicated that was what they wanted by using a ‘thumbs up’ signal. Staff also used flashcards and pictures to help people make choices about food or activities.

The registered manager actively engaged people in the running of the service. For example, people told us how they had been involved in choosing the colour of the staff uniforms. People told us how this had made them feel valued. All people at the service had been able to share their views on their preferred choice because staff were aware of and used people’s unique ways of communicating to gain their views. For example, Staff had modelled the different uniforms at the same time and went to each person for them to comment or point at the preferred option. Where people were visually impaired staff described the colours such as peacock blue.

People were supported to be independent and were encouraged to do as much for themselves as possible. For example, one person told us their mobility had improved

since moving into the home and they were becoming more independent and their quality of life had improved. They told us, “They have brought me round, I’m so much better now”. Another person’s relative said, “They are so good with my father. Dad was in a state when he came in and they have pulled him round”. Staff ensured people had the equipment they needed to maintain their independence. For example, one person lived in a part of the service that was exclusive to them and only accessible by using a private staircase. The person was upset by the thought of moving to another room when their mobility level changed so a chairlift was installed for the persons sole use. Another person had adapted cutlery and plates which meant they were able to be independent with eating at mealtimes.

People told us their friends and relatives could visit whenever they wanted to. People were able to meet their relatives in the communal areas or in the privacy of their rooms. Visitors told us they enjoyed coming to the service and felt supported, valued and included. One said, “I can’t think of a better place I would want to be; it is home from home, you don’t feel like a visitor”. Relatives were encouraged to be involved in the provision of the service if they wanted to be. For example, one relative told us, they were part of a hand bell ringing group and gave a concert to people at Christmas. Another relative had arranged an afternoon tea and garden party at their house and invited people who lived at the service, their relatives and staff. A mini bus and other transport had been arranged to ensure all people living at the service could attend if they wanted to. We saw feedback and photographs of the event which showed people had enjoyed themselves. Another relative told us, “There is fun here; we all go out in my Austin 7, staff as well”.

The service organised regular meetings for people and their relatives to discuss the running of the service. Feedback on the meeting was provided by means of a bound notebook style newsletter which was distributed individually to everybody living in the service and displayed in communal areas of the service. This recorded how people were encouraged to provide feedback and how the service had responded to any suggestions. The service had recognised individual needs of people, for example the visually impaired and ensured large print versions were provided to those who needed it. Staff also took the time to read and discuss the newsletter with people.



Is the service caring?

People were involved in decisions about their end of life care and this was recorded in their care records. People and their relatives told us end of life care was provided in a compassionate and supportive way. Staff described the importance of keeping people as comfortable as possible as they approached the end of their life. They talked about how they would maintain people's dignity and comfort and involve specialist nurses in the persons care.

When people were at the end of their life extra staff were allocated to work so that one to one care was offered. People and their relatives told us when people were unwell or at the end of their lives staff came in on their days off to visit people and sit with them. One staff member told us, "I give my own time as do others, to sit with those who are poorly or on palliative care. I do hospital visits and I also attend funerals, as care is about the whole journey and knowing that they have felt cared for and loved until the end".

The registered manager and deputy worked to provide 24 hour cover during the times when people were very unwell or were receiving end of life care to assist with providing care, support families and ensure staff were well supported. One relative told us how they had valued this support. They said, "My mum died here and she (registered manager) and one particular carer make a good team and they were wonderful with my mum when she was dying. She held onto my mum and said 'we are all here' and gave her the confidence to die. You could not have had more

secure way to die. It made my mother's death much more bearable. I know that everything that could have been done was done. She told us to talk to her and that although she did not answer back she could hear us and everyone had an opportunity to say goodbye to her". One relative told us, "My husband was here and the staff were absolutely wonderful with him. After he died I came in and it was the best thing I ever did". People and relatives told us the registered manager and staff attended people's funerals even if it was their day off. One family member told us they had appreciated it when the registered manager had spoken at their relative's funeral.

Professionals involved in the provision of end of life care were very complimentary about the high level of care people and their families received. Comments included, "I have always found the staff aware of changes in client's needs and also willing to learn and talk about their concerns regarding a client's needs or what to expect as they deteriorate", "The staff have been able to demonstrate an understanding of individual needs and given a high standard of care and have also managed difficult end of life situations well", "I have been impressed by the attention to detail and care given by all staff and the understanding regarding quality of life in the terminal phase" and "I have been very impressed by the care and support residents and their families have been offered during the end of life phase and also how supportive the team are with the work we do and each other during these difficult episodes".

Is the service responsive?

Our findings

Before people came to live at the service they had an assessment which included an extensive pre-admission questionnaire. These assessments were used to create a person centred plan of care which included people's preferences, choices, needs, interests and rights. People spoke positively about the personalised care they received at the service. One person told us, "I have and do whatever I want. They (staff) are very flexible and accommodating. Whatever it is they will make it happen". A health professional told us, "Staff provide a very high standard of person centred care". People's care records contained detailed information about their health and social care needs and how to maintain people's independence. Care records gave guidance to staff on how to care for people and reflected how each person wished to receive their care. For example, whether people preferred a bath or a shower and what time of day it would best suit them to receive their personal care. For one person this was in the late afternoon because having a bath in the morning tired them out for the rest of the day.

Care plans and risk assessments were reviewed to reflect people's changing needs. People and their relatives told us they had been involved in developing care plans and reviewing care. One person said "I have assessments but it's just like a lovely chat really. We decide what I need and what I can do then it's all written down so everyone knows and I don't have to tell them how to look after me". A relative was complimentary about the care records. They said "I like the style, very efficient; everything is documented on mum's care plan".

Staff completed other records that supported the delivery of care. For example, food and fluid charts and charts to record how people's position was being changed to reduce the risk of pressure ulcers. These were up to date and there was a clear record of the staff input and care being carried out.

People's care records included detailed information about their life histories. This included information such as the colour of their school uniform, their biggest accomplishment at school as well as a range of information about people's family and work history. Staff told us this

information was used to plan activities of interest and to get to know people a little better. One staff member told us, "It's so interesting. It's lovely to sit and chat and hear all about it".

People were encouraged and supported to maintain links with the community to help ensure they were not socially isolated. People told us they had enjoyed shopping trips, outings to concerts and visits to the local pub. There had recently been a remembrance celebration in the village and people had been supported to attend the church service, watch the parade and take part in the street parties. One person told us the day had been "Absolutely marvellous".

The service had an activities coordinator who organised a wide range of individual and group activities both within the home and in the wider community. All staff saw it as part of their role to ensure people were not socially isolated and spent time engaging with people, joining in with the activities and carrying out planned activity if the coordinator was away from work. People told us they helped to choose and plan the activities. One person told us "They are prepared to do anything that we like to do". A relative said, "When we go on visits they make an effort to encourage people to go, even though it might be a little bit of a challenge and they all enjoy it". People also told us staff respected their choice when they declined activities or wanted to spend some time alone in their room. A relative told us, "Activities are pitched at the right level because a lot of the residents want a quiet time".

People who were unable to leave their rooms were protected from the risk of social isolation. For example, one person was too unwell to get up. We observed staff regularly visited this person in their room to see if they needed anything and took the time to chat to the person or to read a book or a magazine with them.

People knew how to make a complaint and the provider had a complaints policy in place. This was given to people and clearly displayed on the services notice boards. Staff were clear about their responsibility and the action they would take if people made a complaint. People and their relatives were very complimentary about the service and told us they had no reason to complain. If they had any comments or suggestions these were taken on board and immediately actioned. Since our last inspection there had been many compliments and positive feedback received about the staff and the care people had received.

Is the service well-led?

Our findings

People and their relatives told us they thought the service was well run and the registered manager and staff were open and honest. People told us, “The manager runs it beautifully we couldn’t manage without her; she is welcoming to visitors, she is very on the ball and immediately takes notice of your requests”, “I think the manager is a great leader and sets a great example”, “There is not a great turnover of staff, all a sign of good management and she knows what is going on”, “The manager is dedicated she is always in here and tries to make sure that staff are up to speed” and “I think she’s very special and does a wonderful job”.

The registered manager promoted a positive culture. The registered manager said, “Residents play a main part in all we do here, it is just like one big family”. Before the inspection the registered manager sent us some information about the service. They told us the values of the service were to ‘promote family values, a purpose and a true sense of belonging, safety, security, happiness and contentment. A home where equality counts, where resident’s, staff and families are valued and respected and have voices that are listened to, heard and acted upon’. The values of the service were demonstrated clearly in what we saw throughout the day as well as from the feedback we received from people, relatives, other visitors, staff and health and social care professionals. Staff showed respect for people as individuals and supported them to continue their chosen lifestyles. People told us they were listened to and felt they had a say in the way the service was run.

The registered manager had an open door policy, was always visible around the service and regularly worked alongside staff to deliver care. People, their relatives and other visitors to the service were encouraged to provide feedback about the quality of the service. For example, drop in sessions with the manager were available, residents and relatives meetings were held, there was a suggestion box where comments were welcomed and could be named or anonymous. Quality assurance questionnaires were sent

out and also regularly given to visitors to the home. Feedback and results were audited to ensure any required improvements could be made promptly. The manager told us they were continually striving to make improvements and any complaints, concerns or feedback was seen as constructive criticism, with opportunities to learn from them.

Staff described a culture that was open with good communication systems in place. Staff were confident the management team and organisation would support them if they used the whistleblowing policy. Staff told us, “We have good systems for handover and team meetings” and “The manager is approachable and one of the best managers I have ever had”. We discussed staff’s positive attitudes and behaviour with the registered manager. The registered manager said, “This cannot come from training alone, it starts at the interview, as they walk through the door with a smile and good body language. Those are the biggest qualities, everything else I can give training for”. The registered manager also told us their aim was to have staff that were empowered, encouraged, supported, trained and developed, competent and capable. This was to ensure care delivered was of the best quality and because staff were the future deputies and managers of care homes.

Offices were organised and documents required in relation to the management or running of the service were easily located and well presented. There was a range of quality monitoring systems in place to review the care offered at the home. These included a range of clinical and health and safety audits which were completed on a monthly basis. Results of audits were discussed in staff meetings and individual areas for improvement were addressed with staff during their supervisions.

There was a clear procedure for recording incidents and accidents. Any accidents or incidents relating to people who used the service were documented and actions were recorded. Incident forms were checked and audited to identify any trends and risks or what changes might be required to make improvements for people who used the service.