Countrywide Care Homes Limited

Clumber Court Care Centre

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 3rd and 4th February 2016 and was unannounced.

Clumber Court Care Centre is situated on the outskirts of the market town of Retford and is registered to provide accommodation for persons who require nursing or personal care. At the time of inspection 54 people were using the service.

When we last inspected the service in December 2014, we were concerned that there were not sufficient staff, that staff were not always fully trained and supported in their work and that there were not effective systems in place to monitor the quality of the service. During this inspection we found that significant improvements had been made and the legal requirements were met.

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.

There were enough staff with the right skills and experience to meet people's needs. These staff understood their role in keeping people safe. People who used the service and those supporting them knew who to report any concerns to if they felt they or others had been the victim of abuse. Risks were assessed and any accidents and incidents were investigated so that steps could be put in place to avoid reoccurrence. Medicines were stored, administered and handled safely and People received their medicines as prescribed.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The DoLS are part of the MCA. They aim to make sure that people are looked after in a way that does not restrict their freedom. The safeguards should ensure that a person is only deprived of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to look after them. The registered manager had applied the principles of the MCA and DoLS appropriately.

People were cared for by staff who received appropriate training and support. People were able to choose what they ate and spoke positively about the food they received. When needed, people's food and fluid intake was monitored so they could be assured that they had enough to eat and drink. People had regular access to their GP and other health care professionals when required.

People were supported by staff who were caring and treated them with kindness, respect and dignity. Where people showed signs of distress or discomfort, staff responded to them quickly. There were no restrictions on friends and relatives visiting their family members. People could have privacy when needed. People were supported to access an independent advocate if they wanted to.

People and their relatives were involved with the planning of the care and support provided. Care plans were written in a way that focused on people's choices and preferences. Regular monitoring of people's assessed needs was conducted to ensure staff responded appropriately. People were able to access the activities and hobbies that interested them. A complaints procedure was in place and people felt comfortable in making a complaint if needed.

Robust auditing and quality monitoring processes were in place. There was a positive atmosphere within the home and people were encouraged to contribute to decisions to improve and develop the service. People spoke highly of the registered manager and the improvements that they had brought about since their appointment. The registered manager had clear processes in place to manage the risks to people and the service and continually strived to improve the quality of the service that people received. The service had recently won two awards acknowledging this.

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.

People were supported by staff who could identify the different types of abuse and knew who to report concerns to.

Risks to people's safety were assessed and any accidents and incidents were thoroughly investigated.

People were supported by a sufficient number of staff who had been appropriately recruited.

People's medicines were stored, managed and handled safely.

Is the service effective?

Good

The service was effective.

People received support from staff who had the appropriate skills, training and experience.

People were able to choose what they ate and were supported to eat independently.

Staff applied the principles of the Mental Capacity Act 2005 appropriately when providing care for people.

People were supported to access external healthcare professionals when needed.

Is the service caring?

Good

The service was caring.

People were supported by staff in a respectful, kind and caring way.

People's dignity was maintained and staff responded to people quickly when they showed signs of distress or discomfort.

People could have privacy when needed.

Is the service responsive?

Good

The service was responsive.

People were involved in decisions about their care and were able to access activities they enjoyed.

A complaints procedure was in place, people felt confident in making a complaint and felt it would be acted on.

Is the service well-led?

Good

The service was well-led.

There was an open culture and a positive, friendly atmosphere at the home.

People were supported by a registered manager and staff who had a clear understanding of their role.

There was a process in place to check on the quality of the service.

Clumber Court Care Centre

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 3rd and 4th February 2016 and was unannounced. The inspection team consisted of one inspector.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. 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 took this into account when we made the judgements in this report. We also contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During our inspection we spoke with eleven people who were using the service, five family members visitors, ten members of the staff team, the registered manager and two visiting healthcare professionals. We also observed the way staff cared for people in the communal areas of the building.

We looked in detail at the care records of three people who used the service, as well as a range of records relating to the running of the service including three staff files, medication records and quality audits carried out at the service.

Good

Is the service safe?

Our findings

At our inspection in December 2014 we had concerns that there were not enough qualified, skilled and experienced staff to meet people's needs. During this inspection, we found that improvements had been made. People told us there were enough staff to keep them safe. One person told us, "There's enough staff for all my needs." Another said, "Whenever I push my buzzer the staff will come quickly to check on me. I might have to wait my turn if I want something that is not urgent, but it never takes them long to get round to me." Relatives we spoke to told us there were enough staff to keep people safe and meet their needs. One relative told us, "An extra staff member would be nice, but there are enough staff, yes, just about."

The staff we spoke with told us they thought there were enough staff available to keep people safe and were clear how they could maximise their efforts. They told us, "We have enough staff to keep people safe, and if we work as a team it seems like we have more staff than there actually are on duty." Another staff member confirmed this saying, "It is not just about having enough staff it is about working as a team - and we are good at that."

On admission to Clumber Court, people's needs were assessed so that their support needs could be identified to make sure there was enough staff. Each person's needs were also regularly reviewed so that if more staff were required they could be provided. The registered manager told that a 'core of hours' were set on the rota some time in advance. This meant that staff could arrange their lives outside of work which minimised the need to change and swap shifts which helped to maintain a good skill mix of staff on duty. Additional staff were brought in as required to meet any anticipated need, for instance someone new moving into the home or a social event taking place.

We looked at the recruitment files for four members of staff. These files had the appropriate records in place including, references, details of previous employment and proof of identity documents. The provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in maker safer recruitment decisions.

The people we spoke with told us they felt safe living at Clumber Court. We spoke with one person who told us, "I am safe, and I should think everyone here is safe." "Without a doubt," said another. Relatives we spoke with agreed. They told us how much safer they felt the home was since the new registered manger took over. One relative told us, "I've no concerns that my [family member] would be harmed here." Another relative said, "If I didn't think it was safe, I certainly would not be telling other people that they should think about here for their relatives."

Staff could describe the different types of abuse which may occur and told us they would act to protect people if they suspected any abuse had occurred. They told us, "People are safe because we have a manager who makes sure that we look after the service users properly." Another staff member stated that, "If I have any concerns about abuse, I can report it to the manager or go straight to CQC if I want." Staff

described how they kept people safe saying, "We know people – and if something is different you ask yourself why and report it." They showed us how they would record any observations or concerns in people's care planning records, for example using body maps to record any bruises.

The atmosphere in the home was calm and relaxed and people were interacting confidently with one another and with staff. Staff told us they were able to manage situations where people may become distressed or affected by the behaviours of other people. There was information in people's care plans about how to support them to reduce the risk of harm to themselves and others which staff were aware of. We saw one situation where someone became upset. Staff intervened quickly, supporting each other to diffuse the situation and ensuring that the person had the support and reassurance they needed to remain calm. Information about safeguarding was available in the home and a safeguarding adults' policy was in place. Where required, information had been shared with the local authority about incidents which had occurred in the home and staff had responded to any recommendations made.

People were protected and their freedom was supported and respected because risks were assessed and managed. We spoke with one person who told us, "They fill out their forms so they know how to keep us safe." Another person explained to us that they could not always do the things that they wanted to as they would come to harm saying, "Staff remind me why and offer me alternatives - they don't just say no." One relative told us, "Staff know what they need to do to keep [my family member] and themselves safe." They described how new equipment had been purchased to ensure that people were safe. They told us, "Staff saw that [my family member] could be at risk of falling out of their chair so they bought a specialist chair for them." Another relative told us how staff had spoken to them about their relatives safety, and told us, "They were ever so kind when they had to speak to me because I was doing something that put [my family member] at risk and needed to do things differently."

Staff told us, "It's good team work and communication that keep people safe here." They could describe what they had to do to keep people safe, for example never leaving any trolley unattended, whatever it had on it or drying a floor when it had been mopped. Staff explained how they had to be aware of everyone around them and not just the person they were supporting at the time, saying, "You have to be aware of the equipment you are using. Some people have poor vision and may trip over anything that is out of place."

The care records that we looked at showed that risks to people's safety had been appropriately assessed and any accidents and incidents were investigated so that steps could be put in place to avoid reoccurrence. Plans had been put in place for staff to follow to assist them in maintaining people's safety, and we saw staff following these during our inspection. For example whenever anyone was being assisted using a hoist, two staff were present and gave the person reassurance during the lifting process.

People's safety was protected because checks were carried out to ensure that the premises and equipment were well maintained. Our observations of the equipment used within the home supported this. Records showed that external contractors were used when checks on equipment such as fire detectors or gas appliances were needed.

People's medicines were stored and handled safely. The people we spoke with told us they got their medicines as prescribed and in a timely fashion. One person told us, "I know when I should have my tablets, and they always come on time." Another person said, "I can ask for more tablets when I am in pain." A relative told us, "I've seen them give [my family member] their tablets; staff take their time and a make sure they are taken."

We observed staff administer medicines in a safe way. They ensured people knew they were taking their

medicine and had the time they needed to take all of their medicines. An electronic system had recently been introduced to assist with the administration and recording of medicines. Staff told us how, "It seemed daunting, but we've had our training, and the system is quite easy to follow and will be much better for people; you can't forget anything – they system reminds you." The computerised system was used to record whether people took or declined their medicines and showed that the arrangements for administering medicines were working reliably. We saw that medicines were stored securely in a locked trolley and kept at an appropriate temperature. Controlled medicines were stored and recorded correctly.

Some people had medicines which were to be given 'as needed.' These 'as needed' medicines are not administered as part of a regular daily dose or at specific times but are given only when they are needed. While the computerised system contained dispensing and recording arrangements for 'as needed', there were not always clear protocols in place for staff to follow before they administered these medicines. We raised this with the registered manager during our visit and they undertook to ensure that these were put in place.

Good

Is the service effective?

Our findings

At our inspection in December 2014 we found that staff had not always had the training and supervision they needed to meet people's needs effectively. During this inspection, we found that improvements had been made. The people we spoke with felt that staff were competent and provided effective care. One person said, "I would give them 10 out of 10, the whole lot of them." Another person told us, "They all know what they are doing." Relatives also felt that the staff had the knowledge and skills they needed to carry out their roles and responsibilities and told us, "The staff have the skills they need to cope with all of the different needs here." Another relative reflected on some of the newer staff, saying "It's not just the older staff that are good, the younger ones are too – [the registered manager] has put together a good team."

The staff we spoke with told us they had excellent support and training. They told us, "The training is good, and it is compulsory – everyone has to do all of it, you can't work if your training is out of date." We were also told, "The training is more than just the basics, we are getting training now to stretch our skills." Another staff member we spoke with said, "It is about making every day a learning curve and discovering something new every day not only on a training day." The records we looked at showed that staff were up to date with their training. Records were stored on an electronic system which generated a monthly report which identified any training due to be updated so that this could be arranged by the registered manager in a timely fashion.

The staff we spoke with felt well supported. They told us they received regular supervision and an annual appraisal of their work. The records we looked at confirmed this. In turn the registered manager also told us that they felt well supported by their line manager and received regular supervision and appraisal. Nursing staff stated that they received clinical supervision to ensure that they practiced safely.

The people we spoke with confirmed they had agreed to the content of their care plans and staff always asked for their consent before providing care and support to them. One person said, "They always ask me before they do anything." Another person told us that they had been involved in talking with staff about how they wanted to be cared for and the writing of their care plan, and told us, "We spoke all about it, but I wasn't bothered about signing my papers, so I had [my relative] do that." Relatives explained to us how staff ensured that people consented to the care they received. One relative told us "Whenever [my relative] refuses something staff always stop and then try again after a few minutes."

Staff we spoke with described how they made sure they had people's consent and told us, "I always ask someone. They might refuse, so I leave it a while and try again when they are ready." Another staff member said, "We will ask someone, explain, or maybe hold our hand out, they might walk with us, they might not. If not, we go back again later." Staff also explained to us that people's mental capacity to make decisions was recorded in care plans, saying, "We have MCA assessments so we don't have to guess, we know how people make decisions. Another staff member said, "We can ask people, check their MCA assessment and sometimes check with the family too."

Records showed that the principles of the Mental Capacity Act 2005 (MCA) had been considered when

determining a person's ability to consent to decisions about their care. 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. People were not unlawfully restricted as authorisations under DoLS were being applied for by the registered manager when needed. The staff we spoke with and the records we saw showed that staff had received training in DoLS, and understood the requirements of these arrangements.

People were supported to eat and drink enough to keep them healthy. People we spoke with told us, "The food is always good. They show me what is on offer and I choose what I want." Another person told us, "Chef came and saw me when I first moved in to find out what I like to eat." We spoke with another person who told us how they had been able to speak to staff about what foods would be best for them, considering their health needs. They told us how they were able to make better decisions about their diet because of this and said, "I can have whatever I ask for at breakfast. The poached eggs here are great, second to none, but the porridge is better for me."

We spoke with several relatives who visited each day to support their family members at lunchtime. One relative told us, "I come in each day and the food is always good." Another relative said, "The food is good and there is always choice." At lunchtime, people were able to make their choice of food at the table. Staff explained to us that they had found this to be the best way of assisting people to make their choice as they could see the options and choose the one they wanted there and then. Drinks were offered during the meal and drinks and snacks throughout the day. We saw that records were kept of what people ate and drank when they first moved into Clumber Court. After that initial period, records were only kept of what a person ate or drank if there was need for their diet to be monitored.

We spoke with the chef who told us how they purchased food using on line shopping from a local supermarket several times each week so that the food was fresh. The chef spoke about the importance of using quality produce and confirmed that there was sufficient budget for good quality produce to be purchased as well as enough time allocated to prepare the food well. The chef also told us how important it was for them to go to speak with people when they moved into Clumber Court and told us, "I find about people, their life histories and what they have liked to eat – I make sure that it is on the menu for them." The chef also talk to us about the importance of being aware of people's food allergies to ensure that they are not given food that they may be intolerant of.

People had access to the healthcare professionals they needed at the right time. One person told us, "I see the doctor when I need to." Another person told us about their various healthcare needs and said, "The staff make the arrangements for me to see who ever I need to see – they might come here or staff will take me to my appointment." Relatives we spoke to were confident that people had access to any support they needed to maintain their health. One relative we spoke with said, "[My relative] does not like seeing the doctor, but the staff make sure they see them when they need to."

Staff explained to us that a number of different GP practices were used so that people could remain with

their usual doctor when they moved into the home. During our inspection we saw a number of visiting healthcare professionals come into Clumber Court to see people. They told us they were confident that they were called when needed and the advice they gave was adhered to by staff. One visiting professional told us, "We make planned calls and they call us in between if they need to, there's no worry there." The care planning records have very recently been transferred to an electronic system. The care planning records we looked at confirmed that people received regular input from visiting healthcare professionals, such as their GP and district nurse, on a regular basis. Staff noted any advice given and where changes to a person's care were required, these were put into place. Staff also contacted specialist services for people such as a physiotherapist, the falls team and the dementia outreach team. Staff we spoke to were aware of the different role these professionals had and how they could be called upon if required.

Where there was concern around people's skin integrity deteriorating, they received the support they needed from the staff at Clumber Court who liaised with local healthcare professionals. The staff team had recently received an award from the local Clinical Commissioning Group to acknowledge the work of the team supporting people whose skin was at risk of breaking down.

Good

Is the service caring?

Our findings

People told us that staff were caring and they had formed positive relationships with them. One person said, "All the staff are very nice." Another person told us, "I enjoy having some banter with the staff. They are all grand." Relatives told us, "You can't fault the care here - the carers are just so caring." Another relative said, "They are all lovely with [my relative]." We were also told about the way staff supported people who were out of sorts, a relative told us, "They look after [my family member] so well – even when [my family member] is having a bad day "

Staff explained to us how each person was unique and how important it was to get to know each person. They told us, "Knowing people's hobbies and interests is important. You can talk to them about the things that interest them rather than just talking about the care you are giving them." Several of the staff we spoke to also told us how important it was for staff to work as a team and look after each other as it was to work as a team to look after the residents.

We saw that staff were attentive and supportive, speaking with people in a way that made them feel like they mattered. When people showed any signs of distress or discomfort, we observed staff respond quickly. One person had moved into Clumber Court the day before our inspection and we were told about the additional support which was being provided to assist them to settle in. We saw one person being brought back from hospital by the ambulance service and they were greeted warmly by the staff that passed them and smiled broadly. A little while later, we saw the person sitting in the lounge enjoying a drink with other staff talking to them about their stay in hospital.

People were supported to make day to day choices such as whether they wanted to join in with activities and where they wanted to sit. One person told us, "They ask me about how I want them to care for me and I can tell them." Another person told us how staff had helped them to understand their condition and told us, "[The staff] spent some time with me and got me some books so I could understand what my condition means and how I can help myself." They went on to explain how they had made different decisions about their care and treatment as a result of this research. Relatives we spoke with said that their views were sought when their family member's care plans were being written or reviewed and told us, "When they are writing in the care plan they always ask me what I think."

Staff we spoke with explained to us that everyone had their own preferences as to how they received their support and said, "We have to find this out and write it in their care plan." They described to us how important it was to find out from people's family about the person's life and preferences before coming to live at Clumber Court, so that they could receive the support that they might want. During our inspection we saw a member of staff sit with the family member of a person who had only recently moved into the home to find out about their life and how they might want to be supported. Some people had their photograph on their bedroom door and some pictures of their hobbies and interests. Each person's bedroom had been set out according to their wishes and tastes, with personal belongings displayed if they wished.

People were provided with information about how to access an advocacy service; however no-one was using this at the time of our inspection. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up.

People were treated in a dignified and respectful manner by staff. One person said, "They (the staff) keep me independent by making sure I walk as much as I can." Another person told us, "The staff will always pull the curtains if I need to change so no one can see in – they don't need reminding." Relatives also felt that people's dignity was respected. One relative we spoke with said, "[My family member's] room, clothes and bedding is always so clean, the staff make sure of this." Another relative told us how the staff supported their family member sensitively and in a dignified fashion, making sure that family visitors always felt welcome even when they asked them to leave the room if personal care was needed during their visit.

Staff we spoke with described what they did to promote people's dignity. One staff member described how they supported a married couple and ensured that they respected the husband's dignity and acknowledged his input, balancing them with his wife's rights and the staff role in caring for his wife. Another staff member described enthusiastically their role as a 'Dignity Champion'. A dignity champion is someone who believes passionately that being treated with dignity is a basic human right, not an optional extra. We saw staff encourage people to remain as independent as possible, for example we saw one person being encouraged to mobilise themselves independently in their wheelchair. Staff gave encouragement and observed their progress.

Personal details for people were kept electronically and secured so that they could only be accessed by those who needed them. This protected people's personal details. Where people required support around personal issues, this information was written in their care plans sensitively and respectfully. Staff spoke with people discreetly when they needed to. People had access to their bedrooms when they wished should they require some private time. Visitors were able to come to the home at any time and many people visited during the inspection. There was access to several smaller, quieter areas should people not wish to sit in the main lounges.

Good

Is the service responsive?

Our findings

People felt that they received the care and support they required and that it was responsive to their needs. One person we spoke with said, "There is something to do or watch most days." Another person told us about the activities that were available and told us, "I know what is going on and can join in if I want or stay in my room if I want and they will stop by to make sure I am okay." Someone else told us how they were able to choose a room that had a window overlooking the main entrance so that they knew who was coming and going and related this to their career before retirement. A relative we spoke with explained, "We have family pictures around the room, and bird feeders outside. The staff always have something to talk to [my family member] about while they are caring for them to keep them in touch with the world."

We spoke with staff who described how they made sure that people got a personalised service. One staff member told us, "It's all in the care plans – we have to read them, add to them, and always ask the person themselves. As we hear about people's life stories so we try to create their life around them to maybe dancing or trains; perhaps buying the right ornaments for them." Another staff member told us how someone living at Clumber Court used to be a cleaner and liked to get involved around the home, dusting pictures and using a dustpan and brush when it was safe for them to do so.

We observed that staff were responsive to people's needs and requests for help. There was always a member of staff present in communal areas. Staff responded quickly when call bells were pressed in other areas of the home. Some people had pressure mats to alert staff if they were moving around their rooms so that staff could ensure that they received the support they needed.

Information about people's care needs was provided to staff in care plans, which were reviewed and updated when required. Staff told us that they had the time to read people's care plans and were kept informed where there had been changes. It was evident that staff had an understanding of people's care needs and how they had changed over time. The care planning records had just moved over to an electronic system. Staff were able to navigate the system and locate the information they needed. Where information was not readily available, due to the recent introduction of the system, staff took action to ensure that it was added quickly.

People felt able to raise concerns and complaints and told us they knew how to do so. While one person said, "I've no complaints," another person told us, "You've only got to say if you are not happy. You tell them; they sort it out. Simple." One of the relatives we spoke with told us, "If you speak to anyone they always listen and act." Another relative told us," You only have to tell the staff and it's sorted – there's never a need to speak to the manager but I know I could if I wanted to."

We spoke with staff who described how they tried to listen and learn from people's experiences as part of their work. For example, one staff member told us, "Relatives come and go all the time, I try to say 'hi' and find out how their family member was today and pick up the little things that might need seeing to."

People had access to the complaints procedure which was displayed in a prominent place and also given to people on admission to the home. We reviewed the records of the complaints received since our last inspection. The complaints had been investigated quickly and the complainant had been informed of the outcome. Complaints had been resolved to the satisfaction of the complainant and appropriate responses were sent. Outcomes of the complaints were well documented and this included any lessons that had been learned to improve future practice.

Good

Is the service well-led?

Our findings

At our inspection in December 2014 we found that effective systems were not in place to effectively monitor the quality of the service and mitigate risks to people. During this inspection we found that improvements had been made and these systems were now being operated effectively. Relatives we spoke with were confident in the quality of the service that was provided at the home. A staff member explained that they felt they had the skills they needed to deliver high quality care and that Clumber Court was going to continue to improve. They told us," [The registered manager] has so many ideas for of things we need to improve – we're going to be busy for a while yet."

People's care planning records and other records relevant to the running of the service were well maintained and the registered manager had appropriate systems in place that ensured they continued to be. A system of electronic record keeping had very recently been introduced at Clumber Court. All staff told us that they had received good training before they system 'went live' and were comfortable and confident in using the system. Any areas of improvement within the system or documentation were being identified and addressed and support was forthcoming from the provider to enable this.

There was a system of quality assurance audits in place covering areas such as medicines and the environment of the home. These audits had action plans to show how the registered manager was planning to address the improvements identified as being required. The provider also made regular visits to the service and gave details feedback on their findings. Any areas identified for improvement were added to an action plan which showed when and how the necessary improvement had been made.

People were encouraged to give feedback on the quality of the service provided. The views of those using the service were sought through the service user meetings and relative meetings, which were held bi-monthly. This information was used to inform the planning of the service that was provided. An example of this was discussion around people being able to access the local community due to the location of the care home. This had been discussed with the provider and a minibus had been purchased which was due for imminent delivery.

People benefitted from the positive and open culture in the home, which was widely attributed to the registered manager. We saw people felt comfortable and confident to speak with the staff that were supporting them. One person told us, "It's not living in a home, its home from home, because they make it be like that." Relatives also spoke positively about the home saying, "I've every confidence – the staff will always tell me what has happened, good or bad."

Staff we spoke to during our visit were friendly and approachable. They understood their roles and responsibilities and their interaction with those using the service was good. They said they felt there was an open and transparent culture in the home and they were comfortable raising concerns or saying if they had made a mistake, saying, "Things happen – and it is okay to speak up." Without exception, all staff we spoke with were clear that the registered manager was very approachable, knew their job and were not afraid of

making a tough decision in the interests of those living in the home. One staff member said, "Any problems – you can talk to [the registered manager]. Problems are always sorted out without bad feelings."
Clear communication structures were in place within the service. There were regular team meetings held. These were well attended and gave the registered manager an opportunity to deliver clear and consistent messages to staff, and for staff to discuss issues as a group.

The position of the offices within the service meant that the leadership was visible and accessible to those using, visiting or working in the service. Staff commented that the manager was visible in all parts of the home and they saw them every day when they were on duty. During our inspection the owner of the provider organisation made an unannounced visit as they were passing in the area which enabled them to see life at Clumber Court and gave those living and working in the home an opportunity to speak with them

There was good management and leadership at Clumber Court. One person we spoke with reflected, "I was a manager when I was working, but I don't think I could have been as good as [the registered manager]." Relatives we spoke with told us how they had not always had confidence in the service in the past. One relative told us, "The new manager has got it all back on track." Another said, "The service has been so much improved in the last year," and went on to describe that this improvement was in the delivery of care as well as the physical environment within the building.

Staff we spoke with told us, "The manager makes sure they talk to residents, relatives and staff. She is very knowledgeable." They explained to us, "It's not just what [the registered manager] does, it is how they do things," and spoke about some of the difficult decisions that they had seen made over the last year, and the positive improvements that these decisions had brought about. For example, the staff team had recently received an award from the local Clinical Commissioning Group to acknowledge their work in improving the service.

There was a clear staffing structure in place and the manager appropriately delegated key responsibilities to staff that they felt confident and able to carry out. For example, sixteen key areas of practice had been identified and 'champion roles' for staff had been identified in these areas to build staff skills and share best practice. A leadership team had been established who met regularly so that priorities could be shared and understood. An on-going programme of redecoration and refurbishment to the building including some bedrooms was in place. We saw how options and choices were being discussed with those living and working in the home.

The conditions of registration with CQC were met. The service had a registered manager who understood their responsibilities. They had a good understanding of their responsibilities and also of the political and economic climate in which the service functioned. The registered manager was supported at the service by a leadership team comprising the 'heads of' various departments, and also by the provider organisation who made regular visits to support and monitor the service. There was good delegation of tasks with each of the team leaders knowing what was required of their department, and staff knowing who was responsible for what. Providers are required by law to notify us of certain events in the service. Records we looked at showed that CQC had received all the required notifications in a timely way.