

Runwood Homes Limited

Leawood Manor

Inspection report

Leawood Manor
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Nottinghamshire
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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

We carried out this unannounced inspection on 19 and 21 January 2016. Leawood Manor is run and managed by Runwood Homes Ltd. The service provides accommodation and personal care for up to 70 people in four units. Two units accommodated people living with varying stages of dementia and two units provided residential accommodation for people. On the day of our inspection 69 people were using the service.

The service had a registered manager in place at the time of our inspection. 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 and associated Regulations about how the service is run.

When we last inspected the service in June 2013 People's care and treatment was not always planned and delivered in a way that was intended to ensure people's safety and welfare. During this inspection we found people who lived at the home were supported by staff who understood their needs. The information required to assist staff with people's care was available in care plans. The risks people who lived in care homes faced were highlighted in their individual care plans and staff were aware of their responsibilities in protecting people from abuse.

The risks to people's safety were thoroughly assessed and reviewed on a regular basis. These risks were managed in such a way as to both protect people and allow them to retain their independence.

Staffing levels in the home were sufficient and the registered manager regularly reviewed and maintained safe staff levels dependant on the needs of the service. People received their medicines safely from suitably trained staff. Staff had a full understanding of people's care needs and received regular training and support to give them the skills and knowledge to meet these needs.

People were encouraged to make independent decisions and staff were aware of legislation to protect people who lacked capacity when decisions were made in their best interests. We also found staff were aware of the principles within the Mental Capacity Act 2005 (MCA) and had not deprived people of their liberty without applying for the required authorisation. The service was proactive in ensuring people's rights were respected.

People received the support they required to meet their nutritional needs. Staff showed an excellent knowledge of the specialist diets people required and gave appropriate support to people who required it. Referrals to and support from a range of health care professionals were managed in a timely way. The relationships with the health professionals were positive and led to improved outcomes for people.

People had positive relationships with the staff in the home and were treated in a caring and respectful manner. The staff delivered their support in a relaxed and considerate manner. People and their relatives

were actively encouraged to participate in the planning of their care. Staff were empathic when dealing with people's privacy and dignity.

People who used the service, or their relatives were able to express their opinions and views and felt they mattered to the staff. They were encouraged to maintain their independence and follow their interests. People and their relatives were activity encouraged to give feedback about the service they received and there systems were in place to monitor the quality of service provision. People also felt they could report any concerns to the management team and felt they would be taken seriously and acted upon promptly.

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 safe as the provider had systems in place to recognise and respond to allegations of abuse. The risks to people's safety were assessed appropriately so as not to unnecessarily restrict their freedom.

There were enough staff to meet people's needs and staff responded to people's needs in a timely manner. People received their medicines as prescribed and medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People were supported by a stable group of staff who had received training on mandatory and specialist subjects to ensure they could perform their roles and responsibilities effectively.

People were supported to make independent decisions and procedures were in place to protect people who lacked capacity to make decisions.

People were supported to maintain a nutritionally balanced dietary and fluid intake and effective partnerships with health professionals led to people's health needs being well managed.

Is the service caring?

Good ●

The service was caring.

People's choices, likes and dislikes were respected and people were treated in a kind and caring manner.

People's privacy and dignity was supported and staff were aware of the importance of promoting people's independence.

Is the service responsive?

Good ●

People who lived at the home, or those acting on their behalf,

were encouraged to be involved in the planning of their care. They participated in regular reviews of care as a result staff had the necessary information to promote people's well-being.

People were supported to pursue their interests and maintain their independence, with a varied range of social activities within the home and the broader community. People were supported to make complaints and concerns to the management team.

Is the service well-led?

The service was well led.

The management team were visible and approachable. The registered manager lead by example and gave a high level of supported to his staff.

People, their relatives and staff felt the management team were approachable and their opinions were taken into consideration. They felt could contribute to the running of the service.

There were robust systems in place to monitor the quality of the service.

Good ●

Leawood Manor

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 unannounced inspection took place on 19 and 21 January 2016. The inspection team consisted of two inspectors.

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 and the provider is required to send us this by law. We contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During the inspection we spoke with six people who were living at the service and six people who were visiting their relations. We spoke with five visiting health professionals, eight members of staff and the registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at the care records of six people who used the service, five staff files, as well as a range of records relating to the running of the service, which included audits carried out by the registered manager.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the home. One person said, "Yes there is always someone to help you." Another person told us, "Yes people do look after me well." Relatives we spoke with felt their relatives were safe, one relative told us, "Anything goes on they always let us know, they don't try to hide anything." Another relative said, "There is no question about safety, the staff are trustworthy."

People told us if they were concerned they would know who to speak to. They told us they would be happy to go to the registered manager or deputy manager if they had any concerns. Another person who lived at the home told us, "I would go to [registered manager] or any of the staff." Relatives we spoke with also told us they knew who to speak to if they had concerns. One relative said, "The manager is always about and we can email him."

Staff showed a good understanding of the different types of abuse people could be exposed to living in a care home. They were aware of their responsibilities in keeping people safe from harm and reporting any practices they felt uncomfortable with. There was information about safeguarding displayed in the home and procedures were in place for staff or the registered manager to act on any concerns about people's safety. Staff told us they received training on how to safeguard people in their care. They told us they received support from the registered manager who encouraged them to raise any concerns they had.

Staff were confident that the registered manager would deal with any issues they had and they were also aware they could contact the safeguarding team at the local authority should this be required. One staff member we spoke with told us they had not witnessed any abuse and told us, "I would report it straightaway. I have no doubt the senior staff would sort it straightaway."

People were supported to manage risks to their safety whilst not restricting their freedom. Risks to individuals were assessed when they were admitted to the home and reviewed regularly to ensure their safety. Some people in the home enjoyed going out independently for walks or to the local shops, we saw risk assessments in place to allow these activities to continue in a safe way for the people concerned.

People we spoke with told us they were encouraged to use aids to assist them with their independence. One person said, "Yes I have my frame which I certainly need. They [staff] make sure I use it." One relative we spoke with told us that their relation had fallen once recently. They told us the staff had informed them straight away and outlined the measures in place to help prevent a reoccurrence. They said, "I don't think that could happen again."

Staff we spoke with had a good understanding of how to manage risks to the people in their care but also allow them the freedom to manage as much of their day to day tasks as they could. One member of staff told us, "I always ask people what they want to do and just do what they can't."

Staff showed a good practical knowledge of the equipment needed to move individuals safely and during our visit we saw staff using moving and handling equipment safely and confidently. The environment people

lived in was designed in such a way as to keep people safe but still allow individuals freedom to move safely around the home. The registered manager and regional manager undertook regular environmental audits. We saw records of the audits with action plans relating to issues that had been raised and subsequently addressed. Throughout the inspection we saw there were no obvious trip hazards and corridors were clean and clutter free.

People could be assured that there were sufficient staff to meet their needs. One person told us "Yes there is always someone to help, we are very well cared for." Another person said, "Yes [enough staff] and they work very hard." Relatives we spoke with had confidence in the levels of staff, one relative said, "We feel there is enough staff." Another relative who visited most days told us, "Yes seems to be enough there always seems adequate staff for the needs of people."

Staff we spoke with told us that there were usually enough staff and sickness was covered so care wasn't compromised. One member of staff told us, "It's like everywhere sometimes illness means we have to ring round and get cover, but in general we are fine with staff numbers." A visiting health professional told us that in the previous couple of months the home had a number of people receiving end of life care. They told us the registered manager had increased the staff numbers over this period to ensure these people received the care they needed and their end of life care was managed very well.

The registered manager told us he looked at the needs of the service and would gather evidence to show the provider when the service required more staff to provide a safe standard of care. He had also recently looked at the staffing levels at a particular time of day and found there was a need to increase staff levels and this had been accommodated. He told us "I look at what people need and what the building needs in terms of safe staff [levels]."

People could be assured they were cared for by people who had undergone the necessary pre-employment checks. We examined six staff files and saw 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 making safer recruitment decisions.

People had their medicines administered by staff who had been appropriately trained in the safe handling of medicines. People told us they got their medicines when they needed them and relatives we spoke with told us they had been consulted if there been any changes to medicines. The staff at the home had been working with a pharmacist employed by the local authority and the home's GP to undertake regular assessments of people's medicines to ensure what was prescribed was appropriate for them. One relative told us a recent assessment of their relation's medicines had been discussed with them by the deputy manager.

We observed a medicines round and saw the staff member followed safe practices and ensured each person took their medicines. We saw medicines were stored correctly and records relating to administration and ordering were up to date. Senior care staff audited people's medicines records daily to ensure all medicines were given, as there were some medicines that were administered by visiting district nurses. The registered manager undertook regular medicines audits and we saw up to date records of these audits.

Is the service effective?

Our findings

People who lived at the home told us they received care appropriate to their needs, One person we spoke with told us, "Yes staff get the right training there are never any problems." Another person said, "Yes they know what to do." Relatives we spoke with had confidence in the skills of the staff who cared for their relations. One relative told us, "Yes I've watched the way they work, they are good."

Staff we spoke with told us they had training which enabled them to effectively carry out their roles and had regular updates in areas such as moving and handling, infection control, tissue viability and dementia care. One member of staff told us they had felt the company's induction period was not sufficient for some new staff especially if they were not experienced in care. The member of staff told us they had discussed this with the registered manager who had addressed the issue and offered some extra support to new members of staff who needed it.

Health care professionals we spoke with told us the registered manager was proactive in involving different agencies to assist with a range of training initiatives for staff. One health professional told us they had worked with staff groups to manage and prevent tissue damage for people at risk in the home, this had had a positive effect on the prevention of pressure ulcers. We saw information around the home designed to help early detection of tissue damage ensuring staff were well informed when looking for signs and symptoms. The registered manager told us he had worked with health professionals from different external agencies to assist with training sessions on a number of topics including Parkinson's disease and the correct use of respiratory inhalers. The manager told us he wanted to raise awareness among staff of the types of health conditions people who lived in the care home faced, so they were able to give effective care to the people in their care.

The Registered manager and one of the senior care staff had undertaken the 'Dementia care matters,' course. They had created a dementia care focus group to raise awareness among staff of the varied needs of people living with the different stages of dementia. They fed information back to staff over a period of time in a number of ways, each month there was a theme around a different aspect of dementia care. Staff meetings were used to highlight particular issues relating to care and the expertise of the dementia outreach team was used to help staff identify things that may trigger anxiety in people who were living with dementia. For example one person who was living with dementia had spent a lot of time picking things up which belonged to other residents. The staff had brought the person a special cushion which they walked around with held to their chest. Staff had found the person was calmer when they had the cushion with them

We saw there was a structured supervision and appraisal plan in place for staff, and staff members we spoke with told us they received supervision and yearly appraisals. One member of staff told us, "Yes I have had supervisions and I am due for another one soon." They told us it gave them constructive feedback on their performance. Another member of staff told us they had supervision and it allowed them to get things off their chest, they went on to say, "I don't always need it because I can talk to the senior care staff anytime."

People were supported to consent to their care. One person we spoke with told us, "They [staff] ask you if

you want something doing." Another person said "They [staff] don't just start doing things to you they talk to you and check what you want. Records we looked at showed that consent to care forms had been signed by the person or their chosen representative.

People could be assured that staff followed the principles of the Mental Capacity Act 2005 (MCA). The 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.

There were assessments of people's capacity to consent in their care plans. These assessments were detailed and individualised. There was information in place to highlight where people may need help in deciding what they wanted to do in relation to various aspects of their day to day care. The focus of the assessments were on what decisions people could make and how staff should assist them. Staff we spoke with showed a good knowledge of the MCA, one member of staff told us, "If someone struggles with decisions we make it simple so they can still make their own decisions." Another member of staff said, "Just because someone makes a bad decision it doesn't mean they haven't got capacity."

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 DoLS, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw a number of applications to the local authority awaiting assessments relating to DoLS in people's care plans. We saw one completed authorisation and noted the conditions of the authorisation were being met.

People we spoke with said they enjoyed the food served in the home one person told us, "Yes the food is good, I get as much as I want." Another person told us, "Oh yes the meals are very good, and we are offered snacks and drinks in between meals." Relatives we spoke with told us their relations got enough to eat and drink. Different sets of relatives told us their relations' appetites fluctuated and staff spent time encouraging them to eat. They told us staff also encouraged people to drink plenty.

We spoke to the chef who told us they always introduced themselves to the people who lived in the home and their relatives. They spent time with them to find out what food the person enjoyed and if there were any special dietary needs. They said, "It's important that people enjoy their food." The chef told us they or a member of their team oversaw all mealtimes and worked with care staff to ensure that people were encouraged to eat. On the day of our visit we witnessed the chef in different areas of the home during lunch working with care staff to ensure meal times ran smoothly.

People's nutritional needs were managed very well by the staff who cared for them. People who required assistance with their meals were helped in a discreet and unhurried manner. They received meals that were hot and well presented. The chef spoke to people asking if they had enjoyed their meals. They discussed the following day's menu with some people as they were preparing haggis as part of the choices for a Burn's night theme menu.

Staff worked together to ensure any changes to people's weight or dietary needs were acted upon swiftly. The chef told us that after people were weighed each month the senior care worker discussed changes and together they reviewed any issues to see what could be done to improve people's diets.

Staff we spoke with showed a good knowledge of people's diets. They told us through effective team working appropriate referrals to relevant health professionals were timely and instructions regarding diets were communicated and carried out appropriately.

People's health needs were dealt with proactively by the staff who cared for them. One person we spoke with told us, "Yes that's good, you only have to mention something and they (the doctor) are there." One relative we spoke with told us, "Yes the GP comes each week and they (staff) are quick to respond to [name's] health needs." The relative went on to give an example of a reoccurring health problem their relative had and how staff noted and escalated early symptoms to the home's G.P so treatment was timely. Another relative we spoke with told us, "The medical care is second to none. They keep us informed."

The registered manager explained the home used the services of one local GP surgery for the majority of people who lived in the home. The GP undertook visits to the home on a weekly basis which allowed the staff to raise routine health issues with them. On admission to the home people were offered the choice of using the home's GP or retain the services of their own. The registered manager told us it was important that people felt comfortable with the health professionals who managed their health needs.

On the day of our visit the home's GP and the local authority pharmacist had come to undertake a review of people's medicines with the deputy manager. They were working together to ensure the medicines people received were effective and appropriate to their needs. This was part of an ongoing programme of joint working between the home and health professionals who supported them. The pharmacist told us staff had been responsive when changes to people's medicines had been made, they gave an example of a change that had been made to a person's treatment plan following a blood test and spoke positively about the speed in which the team had instigated the changes that had been prescribed. The staff we spoke with told us the senior care workers were quick to respond to urgent or emergency health needs calling out the most appropriate health professional in a timely manner.

The staff at the home had developed strong links with other health professionals such as the local district nursing team who visited each day, the age concern team who visited each week and the chiropodist who visited approximately every six weeks. These links had resulted in good outcomes for the people who lived in the home. One health professional told us, "Staff here are really good at identifying issues early and getting things in place." They went on to tell us of how the registered manager had secured the purchase of a number air mattresses on their advice to help prevent tissue damage. They discussed how on going training with the staff had given them the confidence to identify, report and manage the signs of possible tissue damage early. The health professional told us by the time the staff had reported any concerns to them measures such as a pressure relieving regime and pressure relieving equipment would be in place.

Is the service caring?

Our findings

The people who lived at the home told us the staff who worked at the home were very caring. One person told us, "They [the staff] are all very kind." Another person said "They are kind, they don't take long to get to know you." All the relatives we spoke with were complimentary about the staff's attitude towards their loved ones. One relative told us the staff obviously cared for their relation, they said, "They [staff] are very dedicated, some have been here a lot of years." Another relative told us that the turnover of staff was very low so staff had got to know their relation very well.

Staff we spoke with enjoyed working at the home and they developed positive relationships with the people they cared for. They were able to discuss the different needs of the people in their care and clearly understood their needs and preferences. One member of staff told us, "I love my job I get pleasure out of doing the best I can." During our visit the registered manager and deputy manager were visible around the home and people who lived at the home and their relatives clearly knew who they were. Positive relationships had been developed between the registered manager and deputy manager and the people they cared for. The registered manager told us, "We [himself and the deputy manager] encourage staff to make a difference to people's lives."

Our observations supported what people had told us. Staff interacted with people in a relaxed and caring manner. We saw a member of staff serving lunches, then going and sitting to eat a desert with some people at a table and chatting with them. Staff responded to people's requests in a timely way chatting easily with them as they did things with them.

People had opportunities to follow their religious beliefs. There were regular religious services held in the home and arrangements were made for some people to attend their local place of worship.

People felt they were encouraged to express their views and felt their opinions were valued and respected. People were comfortable talking to staff and one person told us, "You can tell them [staff] how you feel and they respect that." People felt that staff listened to their decisions in respect of their daily care, and these were acted upon. People were able to get up when they wanted to and undertake their daily routine in the way they wanted.

The registered manager and a visiting health professional told us the home used the services of an advocate for a small number of people in the home. An advocate is a trained professional who supports, enables and empowers people to speak up. As well as supporting individuals the advocacy service provided "worry catcher" sessions that all people who lived in the home were able to attend. The sessions were used to support people to speak up and air their worries. The health professional we spoke with felt the sessions had positive outcomes for people as they had been able to identify people who needed extra support.

People we spoke with told us that staff respected their privacy and dignity. One person told us, "There are no problems there, they [staff] always knock [before coming into the bedroom] and keep me covered when helping me in the bath." Relatives we spoke with told us they felt that their relations' privacy and dignity was

respected. One relative told us, "I have peace of mind on that score."

Staff we spoke with showed a good understanding and were empathetic when discussing maintaining people's privacy. One member of staff told us it was about being discrete when talking to people regarding personal care and said, "We should treat them the way we want to be treated." The registered manager told us they had dignity champions in the home. They said there were regular discussions in staff meetings about people's privacy and dignity and the dignity champions' organised a theme of the month. This kept staff up to date with best practice and maintained their awareness of their role in promoting and protecting people's privacy and dignity

People were encouraged to remain as independent as possible, one person told us, "Yes we can do our own thing." The registered manager told us they, "Worked from the point that people can do something rather than not." They told us that independence meant different things to different people. The registered manager discussed how they had worked to help one person who had some slight sight loss but wanted to be able to go out to the local shops independently. The staff enabled them to manage the front door code, walked the journey with the person and introduced them to the shop keepers. The person informed staff when they went out, so they were aware of the length of time they were out.

Another person who lived on one of the residential units and was living with the early stages of dementia had been enabled to continue to access the local community as they wished to. The registered manager had taken steps to involve representatives from the community who may have contact with the person to support them if needed. As the person became less able to access the community independently they were accompanied by the activities coordinator.

Is the service responsive?

Our findings

When we last inspected the service people's care and treatment was not always planned and delivered in a way that was intended to ensure people's safety and welfare. During this inspection we found the information required to assist staff with people's care was available in their care plans. People or their relatives were able to contribute to the assessment and planning of their care. There were systems in place to involve people in the development of their care package and ongoing reviews of the care plans. People and their relatives told us they were encouraged to attend these reviews and felt the management team respected their contribution to the review process. One person we spoke with told us, "Yes I helped with my care plan." A relative we spoke with told us they had been involved with developing the care plan with their relative "As much as I wanted to." And went on to say "Yes I am listened to." Another relative told us, "I was asked if I wanted to help with a review. It was a meeting to talk about how things were going. I really liked it."

People who lived at the home received personalised care from staff who knew their needs. Each person had a range of assessments and care plans tailored to their individual support needs. The care plans we viewed gave good accounts of the daily issues people faced. The different aspects of care for each person was recorded clearly covering areas such as how to manage a person's short term memory problems and the level of help people required with personal care or managing nutritional needs. Staff we spoke with told us they got the chance to read the care plans. They told us they were very useful and were updated regularly.

Staff told us effective communication systems were in place to ensure they were aware of people's individual preferences and needs as soon as they were admitted to the service so person centred care could be provided. Staff told us they worked in teams and were allocated to one of the four areas in the home staying in particular areas to allow them to build a good knowledge of the needs of the people they cared for.

The environment people lived in was designed to mirror their interests and stimulate them. The service was organised into a number of separate living and seating areas. The long corridors were divided into different zones, with images and memorabilia on the walls. Some people had worked in particular shops and images of those types of shops which included a post office, bakery, hardware store, a hairdresser and haberdashery were painted on the walls outside their rooms. One 'street' included a bus stop with a bench for sitting. There were items of interest hung on the walls that people could touch and remove if they chose to.

A small snug was decorated with items of sporting interest. Another small seating area had books and memorabilia from the armed forces. These areas aimed to encourage people to remember past events and to be a point of interest and discussion for them.

The staff at the home worked to ensure there were a wide range of activities on offer to stimulate and meet the needs of people who lived in the home. The registered manager produced a newsletter for people and their relatives discussing the success of different events and advertising forthcoming events. There were two activity co-ordinators in post who facilitated activities to suit the needs of as many of the people who lived

at the home as they possibly could. These activities ranged from gardening projects to music therapy and there were organised trips that people could take part in.

People were supported to follow their interests and take part in social activities, during our visit people were able to take part in a number of activities such as a reminiscence session focusing on celebrations, and there was a chair based exercise session. During the afternoon a cinema afternoon session had been arranged with the activities co-ordinator and a person who lived at the home who had brought popcorn for those who attended. The activities co-ordinator told us the person enjoyed working with them to organise small activities in the home. People told us they could join in with any of the activities if they chose to. One person told us, "Yes I joined in the reminiscing this morning I enjoyed it." Relatives told us their relatives enjoyed different activities, one relative told us, "[Name] likes reading and watching the television, but they join in [with activities] if they want to." Another relative told us their relative enjoyed joining in with a lot of the activities on offer and got a lot out of them. Staff we spoke with told us they were encouraged to join in with different events on offer and enjoyed making a difference to the day to day lives of the people they cared for.

The staff were pro-active in involving their local community in projects to stimulate the people who lived in the home. For example some of the art work on the walls around the home had been undertaken with local schools. The registered manager had worked with the local council to facilitate a creative ipad course for people who lived in the home to help them learn new skills.

The people we spoke with told us they would be able to say if they had any concerns but none of them had needed to, one person told us, "It's that well run that everything is alright." Another person told us they had no concerns, but would be able to go the registered manager or any of the staff if they did. Relatives we spoke with told us any issues they raised with the staff were always dealt with quickly and to their satisfaction. Relatives were aware there was a complaints procedure and we saw a copy displayed in the home entrance. The registered manager was able to show us their complaints file and whilst there were very few complaints we saw the correct process for dealing with complaints were followed. The registered manager told us they deal with niggles that people had early and this avoided complaints.

Staff we spoke with told us they knew how to deal with any complaints or concerns raised with them. One member of staff told us, "I would talk to people to see if I could resolve it, if I needed more knowledge I would tell the senior, then I would record things and apologise."

The registered manager held monthly relatives' meetings, these were advertised in the monthly newsletters sent out to relatives and displayed on notice boards around the home. As well as these meetings the registered manager held an open door session each Wednesday. However relatives also approached him individually on a regular basis. The registered manager was confident issues of concern were raised and dealt with to the satisfaction of both people who lived in the home and their relatives.

Is the service well-led?

Our findings

Everyone we spoke with had a great deal of confidence in the registered manager and held him in high regard. One person who lived at the home told us, "We don't have many problems but you can go straight to [registered manager] if you want to." Another person said, "You can always go to [registered manager]." Relatives we spoke with told us, "The manager is rare. He is committed, approachable and has total commitment." Another relative said, "I like it that the manager is always around and you can speak to the home about anything, I have great confidence in him."

People were involved in developing different initiatives in the home the registered manager told us people had been involved in planning the decoration of the home. People voted on the names for the different units and one person was planning to set up a dancing group. People participated in surveys asking their opinions on items such as the food choices and menus. We saw the results of this survey and spoke to the chef who told us how they had incorporated people's opinions and choices into the development of the menus. Another survey included whether people wanted staff to wear uniforms.

One person who lived at the home had been very involved with the development of the garden. Prior to coming to the home gardening had been one of the person's main hobbies and their involvement in helping design the garden had given them a focus and sense of ownership. We saw a letter they had written to someone who had visited the garden thanking them for their contribution and had signed the letter 'head gardener.' The registered manager supported and facilitated this sense of ownership of projects around the home as they told us they considered this important to people's wellbeing.

People benefited from the links the home had made with their local community. The registered manager had ensured the shop keepers at the small local shopping centre were aware of how to contact the home so the people who enjoyed going out independently were safe. They had undertaken a number of initiatives involving local community groups including a befriending scheme with local students. The students were invited into the home to visit with people who might not get many visitors. The registered manager worked with a group called the creative paths organisation to facilitate a number of workshops throughout the year introducing people to different aspects of technology and creative projects.

People who lived in the home and their relatives benefited from an open and supportive culture in the home. The staff we spoke to were motivated and committed to their jobs. They felt very supported by the registered manager and his management team. One member of staff told us, "The support from the manager is excellent, He's always available and nothing is too much trouble." Another senior member of staff told us, "[Manager] very visible, hands on, he gives me autonomy, but he is the boss and I know where to find him if I need him."

Our observations supported the information we had been given. On the day of the inspection the registered manager was sitting at the reception desk on our arrival. Relatives and visiting health professionals told us the registered manager was always either sat at the front desk working where he could see and speak to people who entered the home or he was walking around the home. We observed very positive interactions

between the registered manager and the people who lived in the home, their relatives, staff and visiting health professionals.

A visiting health professional we spoke with told us, "The manager is an excellent role model he values his staff." Another visiting health professional told us the staff at the home were very helpful they told us they undertook a number of sessions to help people express their views, worries or concerns. They told us both the registered manager and the staff had been very supportive in facilitating the sessions, they said the staff were "Very welcoming and helpful." They told us they enjoyed coming to the home as a result.

Staff we spoke with were aware of the organisation's whistleblowing and complaints procedures. They felt confident in initiating the procedures. The provider complied with the condition of their registration to have a registered manager in post to manage the service who was aware of their responsibility for reporting significant events to the Care Quality Commission (CQC). We also contacted external agencies such as those that commission the care at the service and were informed they had not received any concerns about people residing at the service.

People benefited from interventions by staff who were effectively supported and supervised by the management team. Staff told us, and records showed, that staff had attended supervision sessions and annual appraisals. Staff told us the meetings provided them with the opportunity to discuss their personal development needs, training opportunities and any issues which could affect the quality of service provision.

The staff we spoke with and observed were confident and competent. They were aware of the staff structure and told us they always had someone to go to for help and support. The registered manager and the deputy manager undertook regular spot checks on the practice of their staff. He told us, he and deputy manager regularly came in weekends, in the evenings and on night duty to assure themselves the standards of care were being maintained. The registered manager told us he wanted to have confidence that his staff were aware of their responsibilities at all times.

People who lived at the home, their relations, and staff were given the opportunity to have a say in what they thought about the quality of the service. This was done by sending out surveys each year. The registered manager told us they used the information to either continue with particular improvement initiatives or develop the service based on the information from the surveys. The registered manager also took the opportunity to communicate with relatives about the quality of the service in a number of ways. This included by email, telephone or face to face conversations. It was clear positive relationships based on trust and openness had been formed with people who lived in the home, their relatives and health professionals

Internal systems were in place to monitor the quality of the service provided. These included audits of care plans and medicines management. They were undertaken by the registered manager and deputy manager on a monthly basis. The home manager and the regional director also performed environmental audits. Systems were in place to record and analyse adverse incidents, such as falls, with the aim of identifying strategies for minimising the risks.

The registered manager used the information from the audits and spot checks to ensure the staff at the home were able to maintain a high standard of care. When necessary using the information to show the need for particular changes in either staffing or the environment to the provider who had been responsive to particular needs. This showed that the provider was proactive in developing the quality of the service and recognising where improvements could be made.

