

Mrs Anita Lewis

Half Acre House

Inspection report

Roch Valley Way
Rochdale
Lancashire
OL11 4DB

Tel: 01706861098

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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 was an unannounced inspection which took place on 10 March 2017. The service had previously been inspected in December 2014 when we found it to be meeting all the regulations we reviewed.

Half Acre House is a large detached house which provides accommodation for up to 25 older people in single en-suite bedrooms. At the time of this inspection there were 24 people living in the home.

The service had two registered managers in post who shared the responsibility for managing the service. 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.

During this inspection we identified one breach of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. This was because risk assessments and risk management plans had not always been updated to reflect people's changing needs, particularly in relation to their risk of falls.

People were very happy with the care and support they received. They told us staff were exceptionally kind and caring and that nothing was too much trouble for them. We saw the service placed great emphasis on the importance of treating people with dignity and respect; this was confirmed by our observations throughout the inspection. We noted a Dignity Action Day had recently been held in the service. During this day a 'Dignity Tree' had been developed with people who used the service to record what they considered was important to ensure their dignity was always promoted and respected; this was displayed prominently in the home as a constant reminder for staff.

Staff had received training in safeguarding adults from abuse. They were able to demonstrate their understanding of the correct action to take if an allegation of abuse was made to them or if they suspected that abuse had occurred. Staff told us they would be confident to use the whistleblowing policy that was in place should they witness poor practice in the service.

We found people were cared for by sufficient numbers of suitably skilled and experienced staff. We saw that staff received the essential training and support necessary to enable them to carry out their role effectively and care for people safely.

We found the system for managing medicines was safe. Records we reviewed showed staff worked in cooperation with health professionals to help ensure that people received appropriate care and treatment. A visiting GP told us the service was in their opinion the best in the local area and they would be happy to be cared for there if they required residential care in the future.

People were cared for in a safe and clean environment. Procedures were in place to prevent and control the

spread of infection. Systems were in place to deal with any emergency that could affect the provision of care.

People's care records contained enough information to guide staff on the care and support required. Care records had been regularly reviewed with people who used the service and, where appropriate their families, being involved in the review process.

Systems were in place to help ensure people's health and nutritional needs were met. People who used the service told us the quality of the food was very good. We observed that, where necessary, staff offered people gentle support and encouragement to eat.

Staff told us they enjoyed working in Half Acre House. They told us the provider and managers set high standards for the care people should receive in the home. We noted there was a focus on ensuring people's health and well-being was promoted through the provision of meaningful activities, including creative therapies and engagement with the local community.

Staff told us the registered provider and managers in the service were approachable and supportive. Regular staff meetings meant that staff were able to make suggestions about how the service could be improved. Staff told us their views were always listened to.

Systems were in place to monitor the quality of the service provided. The provider and managers demonstrated a commitment to driving forward continuous improvements in the service. Regular checks were undertaken on all aspects of the running of the home and there were opportunities, such as questionnaires and meetings, for people to comment on the facilities of the service and the quality of the care provided. All the people we spoke with told us they would feel confident to make a complaint although they had not had a reason to do so.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Risk assessments and risk management plans needed to be updated to ensure they accurately reflected people's needs.

People were cared for by sufficient numbers of staff who had been safely recruited. Staff we spoke with knew the correct action to take if they witnessed or suspected abuse.

People were cared for in a safe and clean environment. A safe system of medicines management was in place.

Is the service effective?

Good ●

The service was effective.

Staff received the induction, training and supervision required to enable them to carry out their roles effectively. A visiting GP told us staff were very knowledgeable about people's needs. They told us they would be happy to be cared for in the service in the future.

Staff understood the principles of the Mental Capacity Act (2005). Arrangements were in place to ensure people's rights were protected when they were unable to consent to their care and treatment in the service.

Systems were in place to help ensure people's health and nutritional needs were met. People told us the quality of food was very good.

Is the service caring?

Good ●

The service was caring.

People we spoke with told us staff were always extremely kind and caring; this was confirmed by our observations throughout the inspection. We saw that the service placed a strong emphasis on treating people with dignity and respect. A recent Dignity Action Day organised in the service gave people the opportunity to discuss with staff what was important to them when receiving

care and support.

Staff demonstrated a commitment to providing high quality care which promoted people to be as independent as possible. They had an excellent understanding of the care needs of people who used the service.

Is the service responsive?

Good ●

The service was responsive.

Care records contained sufficient information to guide staff on the support people required.

The service placed an emphasis on ensuring a range of activities, including creative therapies, were provided to help maintain the well-being of people who used the service.

Systems were in place to ensure people were able to provide feedback on the care they received in Half Acre House.

Is the service well-led?

Good ●

The service was well-led.

The service had two managers who were registered with the Care Quality Commission in order to provide a seven day service at the home. The provider was instrumental in setting the high standards expected in the service.

The managers demonstrated a commitment to driving forward improvements in the service. Quality assurance systems in place were used to help ensure people always received high quality care.

Staff told us they enjoyed working in the service and felt well supported by their colleagues and the managers in the service.

Half Acre 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 10 March 2017 and was unannounced. The inspection team consisted of one adult social care inspector.

Before our inspection we reviewed the information we held about the service including notifications the provider had sent to us; a notification is information about important events, which the provider is required to send us by law. We had requested the service to complete a provider information return (PIR); this is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We received this prior to our inspection and used the information to help with planning. We contacted the local authority safeguarding team, the local Healthwatch organisation and the local authority contract monitoring team to obtain their views about the service.

During the inspection we spoke with six people who used the service and four relatives. We also spoke with the registered provider, the registered manager on duty, the business manager, two members of care staff, the cook and the maintenance person. In addition we spoke with a local GP who visited the service during our inspection.

We carried out observations in the public areas of the service. We reviewed the care records for five people and the medication records for all people living in the home. In addition we looked at a range of records relating to how the service was managed; these included three staff personnel files, training records, quality assurance systems and policies and procedures.

Is the service safe?

Our findings

All the people we spoke with who used the service told us they felt very safe in the home and had no concerns about the care they received; this view was confirmed by the relatives we spoke with. Comments people made to us included, "I definitely feel safe; there is always someone to go to if we need anything", "Staff make sure I'm safe when walking", "We're definitely not neglected" and "I think [name of relative] is definitely safe here; I don't leave here and worry about her." However when we looked at the care records we found that risk assessments and risk management plans had not been fully updated when people's needs had changed, particularly when they had experienced falls in the service. Although staff were able to tell us about the support people required to mobilise safely in the home, the lack of accurate risk assessments meant there was a risk people would not always receive safe and appropriate care. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that suitable arrangements were in place for safeguarding people who used the service from abuse. Policies and procedures for safeguarding people from harm were in place; these provided staff with guidance on identifying and responding to signs and allegations of abuse. Staff we spoke with told us they had received training in safeguarding and knew the correct action to take if they witnessed or suspected abuse. Staff told us they would also feel confident to use the whistleblowing policy to report any poor practice they observed. They told us they were certain that the registered managers and senior staff would listen to and act upon any concerns they might raise. One staff member told us, "I would report any concerns to the manager or the safeguarding team if necessary."

We looked at the systems in place to ensure staff were safely recruited. We reviewed the personnel files for three staff and found these contained an application form with full employment history, at least two references and confirmation of the person's identity. Checks had also been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. We noted that the provider had carried out risk assessments regarding the suitability of people to work in Half Acre House where the DBS checks had highlighted past offences.

When we reviewed the recruitment policy and procedure for the service it did not make it clear that the provider was required to make additional checks where applicants had worked previously with vulnerable adults or children; this was not relevant for any of the staff whose files we reviewed. We discussed this legal requirement with the registered manager and business manager. They agreed to ensure the policy and procedure was updated to include the details required before any new staff were recruited. They told us they would also review the records for staff recently recruited and ensure any required checks were made; this should help to protect people who used the service from unsuitable staff.

We looked at the staff rosters and noted that sufficient numbers of staff were in place on each shift to meet the needs of people who used the service. Comments people made to us about staffing levels included, "There's always enough staff on", "Staff come straight away; they can't get to her quick enough" and "I feel there are enough staff. Whenever we buzz they are here; often two or three [staff] turn up."

The business manager told us they had taken the decision to employ a kitchen assistant to help at busy mealtimes and to relieve care staff from duties such as clearing tables. Staff we spoke with confirmed this had made a difference to their role and meant they had more time to spend with people who used the service. However they told us the kitchen assistant was only in place five days a week and it was more difficult to manage on the other two days. We discussed these comments with the business manager who told us they would review the situation with the provider.

During the inspection we noted there was a relaxed atmosphere and staff regularly took the time to sit and chat with people. Staff we spoke with told us this was why they particularly enjoyed working in the home. We noted all call bells were answered promptly throughout the inspection.

We reviewed the systems in place to ensure the safe administration of medicines. We saw that there was a policy and procedure in place to guide staff regarding the safe handling of medicines. There was also a self-medication policy in place, and we saw how this was used to support people to manage their own medicines where appropriate. We saw that written protocols were in place for 'as required' medicines. These protocols provided information for staff to help ensure people always received the medicines they needed. We noted all staff responsible for administering medicines had received training for this task. There was also a system in place to assess the competence of staff to administer medicines safely.

All the people who used the service told us they always received the medicines they needed. Comments people made to us included, "I'm in pain at times but staff always give me painkillers when I need them" and "Staff give me my tablets on the dot." During the inspection we observed the staff member responsible for administering medicines spent time with people to check they had taken their prescribed medicines, that they understood what the medicines were for and that they were not in any pain.

We reviewed the medication administration record (MAR) charts for all the people who used the service. We found the MAR charts contained the photograph of each individual and a list of their allergies; this reduces the risk of medicines being given to the wrong person or to someone with an allergy and is in line with current guidance. We noted that all of the MAR charts were fully completed to confirm people had received their medicines as prescribed. There was a system of regular medication audits in place in order to ensure people had been given their medicines as prescribed.

We reviewed the systems in place to help ensure people were protected by the prevention and control of infection. We looked around all areas of the home and saw the bedrooms, dining room, lounge, bathrooms and toilets were clean. Our observations during the inspection showed staff used appropriate personal protective equipment (PPE) when carrying out tasks. Staff we spoke with demonstrated their awareness of their responsibilities to protect people from the risk of cross infection.

People we spoke with told us they considered the home was clean. Comments included, "[Name of relative]'s room is always clean and well aired", "The rooms are warm and clean" and "I like it because there are never any nasty smells."

Records we looked at showed us risk management policies and procedures were in place; these were designed to protect people who used the service and staff from risks including those associated with cross infection, the handling of medicines and the use of equipment. Records we looked at showed us all equipment used in the service was maintained and regularly serviced to help ensure the safety of people in the home.

Inspection of records showed that a fire risk assessment was in place and regular fire safety checks had been

carried out to ensure that the fire alarm, emergency lighting and fire extinguishers were in good working order and the fire exits were kept clear.

Records were kept of the support people who lived at Half Acre House would need to evacuate the building safely in the event of an emergency. We also noted a business continuity plan was in place to provide information for staff about the action they should take in the event of an emergency. We were told that there was always an on call manager in place for staff to contact in the event of any emergency and that the provider and senior managers in the service all lived within a short distance of the home so were able to attend to support staff if necessary.

Is the service effective?

Our findings

We looked at what consideration the provider gave to the Mental Capacity Act (MCA) 2005. 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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The service had a policy which explained to staff what the MCA and DoLS were and guided staff on their responsibilities. The registered manager demonstrated a good understanding of MCA and DoLS. We saw that assessments had been completed of individual's capacity to consent to their care in the service. One person's records stated, "[Name of person] has capacity to agree to the key pads on doors. They do not mind that these are on the doors and does not feel restricted in any way." Records we reviewed showed they had made the necessary applications to the local authority to ensure any restrictions placed individuals who could not consent to their care in Half Acre House were legally authorised. At the time of this inspection eight people were subject to DoLS.

Records showed that all staff had completed training in the MCA and DoLS. Staff told us they understood the principles of the MCA and would always seek consent from people before they provided any care or support; this was confirmed by our observations during the inspection. Staff were observed to encourage people to make their own decisions. We heard a staff member advise a person, "It's up to you not me". Staff also regularly asked people if they wanted any assistance or support.

Staff told us they had an excellent understanding of both the verbal and non-verbal communication used by people who used the service. Records we reviewed provided information for staff about the day-to-day decisions people were able to make and who they wanted to be involved to support them should they need to make more complex decisions.

Care records we reviewed contained guidance for staff about how they should promote people's rights to make their own choices. One person's record stated, "Encourage [name of person] to decide herself when she gets up and goes to bed." Another record advised staff to acknowledge a person's rights and choices, "By asking [name of person] what she wants to do, where she wants to sit etc."

We looked to see how staff were supported to develop their knowledge and skills. Records we reviewed showed that staff employed in the service received an induction to the service which included a review of policies and procedures as well as shadow shifts during which they were paired with experienced staff. We

saw that all staff had received training to help ensure they were able to safely care for and support people. This included areas such as infection control, moving and handling, first aid and fire safety.

Staff we spoke with were positive about the training they had received and considered it had prepared them well for their role. One staff member told us, "We do online training for updates which are good." We were told that staff were expected to complete a knowledge check at the end of training courses they had undertaken to ensure they understood the content of the training.

Records we reviewed showed all staff had received regular supervision. Supervision meetings provide staff with an opportunity to speak in private about their training and support needs as well as being able to discuss any issues in relation to their work. Staff who had worked at the service for over a year had also received an annual appraisal of their performance; this provided staff with the opportunity to discuss how they wished to progress within the organisation.

We looked at the systems in place to ensure people's nutritional needs were met. All of the care records we reviewed contained information about each person's needs and risks in relation to their nutritional intake. We saw that people were weighed regularly and that, where necessary, staff took appropriate action such as making a referral to a dietician for advice and support.

We spoke with the cook at the service who told us they were aware of the likes, dislikes and any allergies people who used the service might have. They told us people were asked about their meal choices on a daily basis and that if they did not want what was on the menu alternatives were always available. We were also told that food was always available out of hours so that people could have snacks and drinks when they wished.

People gave us positive feedback about the quality of food provided in the service. Comments people made to us included, "The food is very good and well presented" and "The meals are always really good."

During the inspection we observed the lunchtime meal. We saw that tables were set with tablecloths and condiments and people were encouraged to sit together for their meals; this helped to make the mealtimes a sociable and enjoyable experience. The food was well presented, with three choices being offered for the main course and we saw that people clearly enjoyed the food. We noted staff offered gentle support and reassurance to people to encourage them to eat as much as possible.

We found the kitchen was clean and tidy. The service had received a 'Good' rating from the national food hygiene rating scheme in June 2016 which meant they generally followed safe food storage and preparation practices.

We asked staff how they kept up to date with people's changing needs to ensure they provided safe and effective care. All the staff told us they attended handover meetings at the start of each shift. We saw that each person's care record contained a summary of the care they had received throughout each day.

People who used the service had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from and appointments with district nurses and GPs. All the relatives we spoke with told us staff were very proactive in requesting visits from their family member's GP in order to ensure they received the best care. One person commented, "They are very switched on to ring for a doctor if they feel it's necessary; they wouldn't hesitate."

A visiting GP we spoke with told us they were very impressed by the care provided in Half Acre House and

considered that it was the best home in the area. They told us staff were always well organised and had an excellent understanding of people's health needs. The GP told us they had recommended the home to a number of their patients and commented, "If I was old I would want to come here."

Is the service caring?

Our findings

Without exception people who used the service told us staff were extremely kind, caring and respectful. Comments people made to us included, "Staff are brilliant, very caring and attentive", "The staff here are wonderful. The care they give is excellent" and "They have time for everyone. Nothing is too much trouble." These views were confirmed by our conversations with relatives. One relative told us, "Staff are just lovely. They do their utmost to make [name of family member] happy." Another relative commented, "It is fantastic care here. Nothing is too much trouble for anyone."

During the inspection we observed extremely warm and friendly interactions between staff and people who used the service. Staff took the time to engage people in conversation and listen to people's responses. A person who was cared for in bed also told us how much they appreciated that staff had spent time with them during the night in order to provide reassurance when they were feeling unsettled. We noted that staff knocked and waited for an answer before entering people's bedrooms. This was to ensure people had their privacy and dignity respected.

We saw that there was a strong emphasis on treating people with dignity in the home. We were told that one person was in the process of completing the 'Daisy Mark' training. This is an accredited programme which aims to ensure that organisations value the principles of dignity and go above and beyond to ensure that the standards of dignity are upheld every day. The home had recently held a 'Dignity Action Day' in which people who used the service, their relatives and students from local colleges were invited to contribute to discussions and create a dignity tree which recorded what people felt was important to ensure their dignity was always promoted and respected. The tree was displayed on the door to the main lounge area so that it could be seen by everyone in the home. The provider told us they intended to analyse comments people had made during the day and make any changes necessary to add to the dignified lifestyles of people who lived in the home.

We saw that a number of relatives visited the service during the inspection. Relatives we spoke with confirmed they were able to visit without any restrictions and that staff always made them very welcome in the home. One relative told us, "They are great with us as a family. They look after us as well as [name of family member]. Another relative commented, "They have really helped me through this difficult time of [name of family member] needing residential care. Nothing is too much trouble. There are lots of little things they do to help and reassure her."

Care records we reviewed contained information about people's likes and dislikes as well as recording details about their social history and important relationships and interests. This information helps staff to develop caring and meaningful relationships with people. The managers and staff we spoke with clearly demonstrated they knew people who used the service extremely well. They were able to tell us about people's likes and dislikes, their care needs and also about what support they required. They spoke about people affectionately and compassionately. Staff also demonstrated a commitment to providing high quality, personalised care. All the staff we spoke with told us they would be happy for a relative to be cared for at Half Acre House and had recommended the service to people they knew. One staff member

commented, "I definitely feel people get good care here."

During the inspection we observed staff encouraged people to be as independent as possible. They were discreet in the support they offered and careful to ensure they did not do things for people which they were able to do for themselves. We heard staff ask on numerous occasions during the inspection, "Do you want any help with that?" Care records we reviewed also provided information for staff about how they could encourage people to be as independent as possible. One person's record advised staff that they, "Should encourage [name of person] to do as much as she can for herself." Another person's record stated, "Encourage [name of person] to do things for herself and prompt her." In the records we reviewed we noted a visitor had commented how they had observed staff promote a person's safety whilst maintaining their independence when mobilising in the home.

We saw that a number of staff were in the process of completing the 'Six Steps' end of life training. This programme aims to equip staff with the skills to facilitate a private, comfortable, dignified and pain free death for people receiving care. We saw that care records included some details about the care people wished to receive at the end of their life. The managers told us this was because people who used the service had been generally reluctant to discuss end of life care. However they considered the training staff were currently completing would further encourage them to discuss these sensitive matters with people.

The managers maintained a log of both verbal and written compliments received at the home. We saw that all the compliments included comments about the kindness and caring nature of staff and the high standard of care people had received, particularly at the end of their lives. One person had commented, "Your patience, kindness and efficiency were in evidence at all times." Another person had written, "I would like to give my heartfelt thanks to all of you for care of [name of person] and the care and tenderness you all gave to her during her final week."

We found that care records were stored securely. Policies and procedures we looked at showed the service placed importance on protecting people's confidential information.

Is the service responsive?

Our findings

We asked the registered manager to tell us how they ensured people received care and treatment that met their individual needs. The registered manager told us they always completed a detailed assessment of the support people required before they were admitted to the home. This was to help the service decide if the placement would be suitable and also to ensure the person's individual needs could be met by staff. Care records we reviewed confirmed this assessment had taken place.

All of the people we spoke with who used the service told us they always received the care and support they required. Comments people made to us included, "I am very happy and comfortable here; I always get the care I need" and "I'm quite content here. There is nothing else I need."

The registered provider told us they were committed to promoting people's health and well-being through a range of social activities. We noted that the service was a member of the National Activity Providers Association (NAPA). This organisation aims to improve the quality of life for older people in residential care by promoting person-centred activities which are delivered by skilled staff. The provider told us they were currently focusing on improving people's level of independence through exercise, including helping people to develop their flexibility in order to avoid falls.

In the entrance of the home we saw a celebration of activities completed by people who used the service during 2016. This included a number of collaborations with local community and school groups to provide creative therapies; the art work completed by people during these activity sessions were on display in communal areas of the home. A newsletter produced by the home at the end of 2016 also documented a wide range of activities offered to people which included an operatic singing group, a demonstration by a dance school, an active minds group, a visit from a local nursery school and a Christmas party.

People we spoke with during the inspection told us they were very happy with the range of activities available to them. One person commented, "There's enough to do if you want to." A relative also told us, "[Name of family member] loves the singing and the reminiscence." During the inspection we saw an armchair activity session and reminiscence discussions took place.

We saw there was a process in place to review care plans on a regular basis. A staff member told us, "I'm always updating care plans, for instance if a GP visits and changes a person's medication. We always sit down with people and their families to make sure things are ok." We noted that at the most recent resident/relative meeting in March 2017 people had been invited to input into the review process. One relative confirmed they had been involved in review meetings. They told us, "The care plan has been reviewed a couple of times due to changes in [name of family member]'s needs."

We looked at the systems in place to enable people to provide feedback on the care they received in Half Acre House. We noted the complaints procedure was included in the service user handbook which was available in each person's bedroom. This contained information about how people could make a complaint if they were not happy with the service they received and the timescales for a response to be made.

We looked at the complaints log and saw that any complaints had been fully investigated and a response given to the complainant. We saw that the lessons learned from complaints were shared with staff in order to help prevent future concerns being raised. There had been no complaints received since April 2016.

All the people we spoke with told us they would speak with any of the staff or managers in the service if they had any concerns or complaints about their care. They told us they were confident any concerns they raised would be taken seriously although no one had had any cause to make a complaint. One person commented, "There's nothing I would change here. It's never entered my head about needing to make a complaint."

Is the service well-led?

Our findings

The service had two registered managers in place who shared the responsibility for the running of the service over a seven day period. A business manager was also in place to oversee the quality of the service provided.

During our inspection our checks confirmed that the provider was meeting the requirement to display their most recent CQC rating.

The registered provider was present for part of the inspection and told us they were closely involved in monitoring the service. They told us they regularly completed spot checks to ensure people were receiving the high quality care they expected staff to provide. They commented, "I come to see with my own eyes that standards are maintained. It's a challenge but I enjoy doing it."

Staff we spoke with confirmed the provider always set high standards. One staff member told us, "[Name of provider] expects things to be spot on. She is strong on dignity and helping people to make their own choices." Another staff member commented, "We get a lot of support from [name of provider]. She is approachable and knows everything that goes on."

All the staff we spoke with told us they enjoyed working at Half Acre House. They told us the registered managers, senior staff and colleagues were all approachable and supportive. They told us all staff worked well as a team to help ensure people received high quality care. One staff member commented, "It's homely like a family. We are a good team."

We saw that regular staff meetings had been held within the service which usually included attendance by the provider. Staff meetings are a valuable means of motivating staff, keeping them informed of any developments within the service and giving them an opportunity to discuss good practice. Staff we spoke with told us they were encouraged to contribute to discussions at staff meetings and that their ideas were always listened to. The provider told us, "It's a team effort. Each has their own part to play in it." Records we reviewed showed staff suggestions had been actioned, for example the request that night care records be amended so that staff could record when people had been given a drink.

Before the inspection we checked records we held about the service and saw incidents that CQC needed to be informed about had been notified to us by the registered provider. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.

We saw that the service had a range of policies and procedures to help guide staff on good practice. The policies we looked at included complaints, safeguarding, whistleblowing, infection control, medicines management, health and safety, MCA and DoLS.

There were a number of quality assurance systems in place in the service including regular audits of medicines, the environment, equipment and infection control. We also saw records from the regular spot

checks completed by the provider. Actions taken to address issues identified were documented on the audits we reviewed.

The provider had completed regular quality assurance surveys with people who used the service, their relatives, and visiting professionals. We saw that all responses from the most recent surveys conducted with these groups in January 2017 were very positive. Comments seen included, "Very well run establishment, safe and friendly environment", "Excellent staff and relaxed atmosphere" and "Without exception staff are excellent, thoughtful and caring."

When we looked at the results from the most recent staff survey, also conducted in January 2017, we noted some of the responses were less positive although comments indicated there had been recent improvements in the running of the service, particularly on the night shifts. One person had commented, "The business manager had put positive changes into effect. I feel that if I have a problem the business manager always makes sure problems are sorted. Standards are good at Half Acre House." We also noted that the registered manager had taken on board comments about staff not seeing a manager on the night shift. Records we reviewed showed the registered manager had attended the service the night before our inspection to complete a supervision and appraisal session with a member of night staff.

Our discussions with the provider and managers showed there was a drive for continuous improvement in the service. We were told there were plans to continue the refurbishment of the premises and garden areas to improve the experience of people who lived in the home.

Information received from the local authority commissioning team confirmed there were no concerns about how the home was being managed. The feedback we received included the comment that, "Half Acre and has a reputation of being one of the better homes in the Borough."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not taken the necessary action to ensure risk assessments and risk management plans were updated so that they were an accurate reflection of people's needs.</p>