

Wislington House Limited

# Wislington House Limited

## Inspection report

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Date of inspection visit:  
15 December 2016

Date of publication:  
17 January 2017

## 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 15 December 2016.

Wislington House Limited is situated in the village of Saxilby in Lincolnshire. The home provides residential care and support for up to 26 older people, some of whom live with memory loss associated with conditions such as dementia. There were 24 people living in the home at the time of this inspection.

There was a registered manager in place at the home. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

People were safe living at the home. Staff understood how to identify, report and manage any concerns related to people's safety and welfare.

The registered provider had robust recruitment processes in place and background checks had been completed before new staff were appointed to ensure they were safe to work at the home.

Staff were well supported and had received training in order to enable them to provide care in a way which ensured people's individual needs were met.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of this inspection two people who lived in the home had their freedom restricted and a further seven people were awaiting the outcomes of their assessments for a DoLS authorisation. The registered persons had acted in accordance with the MCA and DoLS guidance to ensure people had their rights protected.

There was a warm, friendly and caring atmosphere in the home throughout the visit. People were treated with kindness and compassion. Staff recognised people's right to privacy, respected confidential information and promoted people's dignity.

Staff knew how to manage and minimise any identified risks and provided the care needed as described in each person's care record. Care was supported through staff having access to a range of visiting health and social care professionals when they required both routine and more specialist help. Clear arrangements were also in place for ordering, storing, administering and disposing of any unused medicines which were no longer needed.

Staff worked closely with people and their families to ensure each person was supported to maintain and

further develop their individual interests and hobbies and to have a meaningful and enjoyable life. In addition staff provided a varied programme of communal activities for those who wished to participate in them.

People also received a range of nutritious foods and drinks that met their assessed needs as well as their choices and preferences.

There was a positive culture within the home which was based on openness and inclusion. People, their relatives and staff members were encouraged to express their views. The provider and registered manager listened and took action to resolve any issues or concerns identified. More formal systems were also in place for handling and resolving complaints.

The provider and registered manager worked together consistently and maintained regular communication in order to regularly assess and monitor the quality of all the services provided. This approach ensured that any shortfalls in quality could be quickly identified and actions taken to keep improving and developing the service.

## 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.

Staff knew how to keep people safe from harm.

There were enough staff on duty to give people the care they needed and background checks had been completed before new staff were employed.

The arrangements in place to support people to take their medicines were managed safely and people were supported to take their medicines at the times they needed them.

### Is the service effective?

Good ●

The service was effective.

Staff had received training and guidance to enable them to care for people in the right way.

People were assisted to regularly eat and drink enough to maintain a varied and healthy diet. They also had access to visiting health and social care professionals when they needed any additional support.

People were helped to make decisions for themselves. When this was not possible legal safeguards were followed to ensure that decisions were made in people's best interests.

### Is the service caring?

Good ●

The service was caring.

People were treated with respect and their dignity was maintained.

People's right to privacy was upheld and staff recognised the importance of keeping people's personal information in a confidential manner.

### Is the service responsive?

Good ●

The service was responsive.

People had been consulted about the care they wanted to receive and staff had provided people with all the care they needed.

People had been supported to pursue a wide range of meaningful activities and to maintain and further develop their individual interests.

There was a system in place to make sure any concerns or complaints raised with the provider could be responded to in the right way.

### **Is the service well-led?**

The service was well-led.

The provider had a range of quality checks in place which ensured that any issues related to the running of the service were quickly resolved.

People, their relatives, staff and visiting professionals had been consistently invited to contribute to the development of the service.

Staff were well supported and the provider and registered manager promoted good team working. Through this approach they had developed and maintained an open culture based on clear communication and continuous improvement.

**Good** ●

# Wispington House Limited

## 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 was 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.

The home changed ownership in October 2015. This was the first unannounced inspection we had undertaken since the new owners purchased the home. We undertook the inspection on 15 December 2016. There were 24 people living in the home at the time and the inspection team consisted of a single inspector.

Before we undertook our inspection, the registered persons completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the home, what the home does well and improvements they plan to make. We also reviewed other information we held about the home. This included information that had been sent to us by other organisations and agencies such as the local authority who commissioned services from the registered provider and notifications of incidents that the registered persons had sent us since they were registered. These are events that happened in the home that the registered persons are required to tell us about.

During our inspection we spoke with seven people who lived at the home and four visiting relatives. In addition we spoke with two healthcare professionals who visited the home and received written feedback from a social care professional who had recently worked with the home. We also spoke with the registered manager, the deputy manager, seven care staff, one of the homes activity co-ordinators, the homes maintenance staff member and the cook. We also spoke with the registered provider by telephone.

In addition, we spent some of our time observing how staff provided care for people. In order to do this we used the Short Observational Framework for Inspection (SOFI). This was to help us better understand people's experiences of care and because some people, for example those who lived with dementia were unable to tell us about their experience direct.

We also reviewed the information available in five care plan records. A care plan provides staff with detailed

information and guidance on how to meet a person's assessed social and health care needs. Other information we looked at as part of our inspection included; three staff recruitment files, staff duty rotas, staff training and supervision arrangements and information and records about the activities provided. We also looked at the process the provider and the registered manager had in place for continually assessing and monitoring the quality of services provided at the home.

# Is the service safe?

## Our findings

People we spoke with said they felt safe living at Wislington House. One person told us, "I know I am safe here. I moved in to make sure I would be safe and that's what I have been." A relative commented that, "The staff are safety conscious and they show by always being about that they are committed to making sure residents safety is a priority for them."

Staff told us and the registered manager showed us records which confirmed that they had received training in how to keep people safe from harm. Staff said they were confident that if required, any concerns or allegations would be investigated fully by the registered manager and provider. In addition to raising any safety issues direct with the registered manager staff were clear about external agencies they needed to report any concerns to. This included the local authority safeguarding team, the police and the Care Quality Commission (CQC).

A social care professional who sent feedback to us described how the registered manager and staff had recently taken positive action to ensure people were protected from harm. They told us they had, "Encountered a high level of safeguarding alertness and good practice. The registered manager's alertness continues to this day to be vigilant around the needs of safety, reassurance, kindness and proactively supporting the person."

Care records showed a range of additional information that staff referred to and kept up to date. The information demonstrated they worked in ways which kept people safe. For example, we saw people had records to show when they needed help to move or turn over in bed to reduce the risk of them becoming sore. A relative told us, "The staff are regular in their timings to support [my family member]. They make sure the records they fill in to show when things are done are up to date so I know what is happening and we can discuss any issues or changes."

We observed care staff correctly using equipment such as mobile hoists and working together in pairs when it had been identified to help people to move safely. Staff were vigilant in communal areas and noticed and took action to assist people when they chose to be mobile. We observed staff worked together well and had the time to speak with people and to notice and respond quickly when people called for help or assistance with anything which had not been planned for.

The registered manager had safe systems in place in order to recruit new staff. We looked at the staff recruitment information for three staff members who had recently been recruited. The information included confirmation of the applicants identity, their previous employment and appropriate references. The provider had also completed checks with the Disclosure and Barring Service (DBS). These checks helped ensure new staff would be suitable and safe to work with people who may be vulnerable.

People, relatives and staff we spoke with told us that they felt there were enough staff on duty to meet people's support needs both during the day and at night time. A social care professional told us, "When I visit there are always staff available, there has never appeared to be a shortage of staff both engaging, and



working with the clients and also able to assist myself. Staff are very courteous."

The registered manager had an established staff team and was supported by the provider to maintain and when needed increase staffing levels to meet any new needs identified in order to keep people safe. Staff rota information showed the registered manager had established how many staff needed to be on duty for each shift and that this had been decided by assessing the level of care each person needed.

The registered manager told us they planned rotas in advance and kept them under regular review together with the deputy manager to make sure there was the right level of skill mix and staff experience required for each shift. Advanced planning of shifts and rotas by the registered manager ensured routine shift arrangements were being filled consistently and records showed any changes in staff at short notice had been covered from within the staff team. The registered manager told us if they experienced any difficulties in maintaining the right staffing levels the staff worked together and covered additional shifts to support their colleagues. The registered manager said if needed they would always be supported by the provider to use agency staff, although they had not had to do this. This meant the required cover was in place and the staffing levels and care remained consistent.

The provider and registered manager had a range of checks in place in order to ensure the home environment was being safely maintained. We spoke with the member of staff responsible for carrying out routine checks environment checks and any maintenance work needed. A maintenance book was used to confirm when any work required had been completed. This included changing light bulbs, updating the decoration in the home and ensuring safety checks were completed relating to the utilities in place. The staff member also confirmed they checked the equipment used by staff to provide care to people and when needed carried out any repair work to ensure it was always safe to use.

Fire drills were carried out regularly at the home and care records included personal evacuation plans so staff would know the help each person needed to have if they needed to leave the home quickly to keep them safe from danger in the event of a fire. The provider and registered manager told us they had followed up on recommendations made by a recent local fire officer visit and had completed all the actions required of them including a review of their existing fire risk assessment.

The registered manager and deputy manager told us and records confirmed, the staff who had the responsibility to help people take their medication had received training to make sure they did this safely. The deputy manager showed us how they ordered, recorded, stored and disposed of medicines, including those which required special control measures for storage and recording. We saw this was in line with national guidance. People's care records showed how and when they were supported to take their prescribed medicines. We observed staff carried out medicines administration in line with good practice and the registered manager and their deputy carried out regular audit checks to identify and address any issues related to the processes in place. When any issues related to the support given to people had been identified the registered manager had undertaken appropriate action. This included additional audit checks, supervision and if required support through additional training for staff. This meant that people's individual medicines were always available for them when needed and that they were managed in a safe and consistent way.

The registered manager told us where people had needed any additional support in managing their overall finances this was done through the arrangements they had chosen to have in place with their individual families and or legal representatives. The registered manager told us some people had asked them to look after their day to day money for them for safekeeping. People who had asked for this arrangement told us they could access their money easily and were assured it was being kept safe for them. We saw records were

maintained to show how much money was being held for each person. We checked the arrangements in place for three people and found the amount of money being held matched that contained in the records. We also saw the records had been counter signed to show they had been witnessed and were accurate.

## Is the service effective?

### Our findings

People and relatives we spoke with told us they felt the staff team were skilled and had the experience needed to provide effective care. One person said, "The staff are skilled. Not in ways which are obvious but through being subtle, caring and gentle in how they help me. Its no good having the training but not being able to do the job. I think the staff here are good at doing the job." A relative told us, "The staff here are competent. There is a good mix of established and new carers and I think that helps staff learn from each other and the manager not just through training."

Staff told us they received a good induction when they started to work at the home. One staff member told us about their induction and that it involved shadowing other colleagues and completing training to enable them to build their confidence. They told us, "I had not worked in this field before but the induction was really helpful in giving me the training I needed to feel okay about working on my own. As well as the manager the experienced staff are patient and they have given me the help I have needed." The staff member also told us "I have just completed all of the 15 units for the Care Certificate which has been a good foundation for the job. "The Care Certificate sets out the key common induction standards for social care staff. They and other staff we spoke with also told us all of the care staff team had obtained or were working toward achieving nationally recognised vocational care qualifications.

Staff told us they received regular supervision sessions with the manager which gave them the opportunity to discuss working practices and identify any additional support needs. We also saw staff had an annual appraisal so they had an opportunity to reflect on their role, recognise their achievements and discuss any future development needs.

Information was available about the training staff had received and the future training the registered manager had planned for staff. The training plan in place was kept updated by the registered manager and any gaps in training for new staff were being planned for completion. The information showed staff skills were reviewed regularly and developed in line with the needs of the people who lived at the home. For example, training had focused on subjects such as keeping people safe and supporting people who lived with dementia, person centred care, helping people to move around safely, infection control and fire safety. We observed staff applying their skills in the right way when they did things like helping people with their personal hygiene needs and to move around safely. This was through the use of equipment and staff working in co-ordinated ways together.

People had been supported to have access to a range of community healthcare services. This included their local doctor and when it had been needed, they were supported to attend hospital appointments regarding any specific health needs they had which required further assessment. During our inspection we noted one person was being supported to go out to attend a dental appointment together with a staff member. The registered manager confirmed they had booked the appointment in advance with the person so they could prepare for it. We also spoke with two community healthcare professional who visited the home. The told us the registered manager and staff worked well with them. One of the healthcare professionals said, "We have a good relationship with the staff here. They are good at contacting us when they need to and we manage

patients healthcare needs through the way we work. The staff here do let us know quickly if there is any deterioration in needs for any of the people who live here."

People and their relatives told us they were involved in decision making about care needs and that staff always respected their views. We observed staff checked and asked people for their consent before they provided any kind of support. Staff explained the support they were going to give in a way that people understood. We saw that one person was at risk of falling when they were mobile. The registered manager had discussed the risks with the person and their family and showed us they had consented to have a sensor system in their room so that staff would be alerted and could respond quickly when they got up, for example at night.

Where people had difficulty in making decisions their care records had been updated to show any decisions made in the person's best interests so it was clear about why they had been made and that the person and any other people involved had been consulted as part of this process.

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. The registered manager and staff were aware of the legal requirements of the MCA and demonstrated their understanding of how to support people who lacked capacity to make decisions for themselves. They knew about how they should also support people who were able to make their own decisions and the processes for making decisions in people's best interests.

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). Staff had received training and demonstrated their understanding of DoLS guidelines. The registered manager knew how to make an application for DoLS authorisations where necessary and at the time of this inspection two people living in the home had a DoLS authorisation in place and a further seven applications had been made by the registered manager in order to keep people safe.

People told us they had access to all the foods and drinks they needed and that their individual tastes were well catered for. One person said, "We can more or less have what we want for breakfast. There is a good choice and it includes things like egg an bacon, cereals and toast. You can have a light one or a big one which is good to start the day."

We saw drinks were readily available and offered to people throughout the day. We also saw a water station was located in an easy to access communal area in the home so that people and visitors could help themselves to any additional drinks they wanted at any time.

Care records showed that where people were at risk of poor nutritional intake, their weight was checked regularly to ensure it was being maintained. The registered manager and staff told us they knew how to make any referrals to specialist services such as dieticians in order to request additional support and advice when required.

We spoke with the cook who showed us they planned the menus together with people, which ensured their individual dietary needs and preferences were included and met. People said that at lunch time there was one main meal but that staff checked with them and provided an alternative for them. Menus were kept

under regular review and the cook said she used feedback from people to adapt these in line with any changes requested. The cook maintained a file with information about any allergies people had and confirmed this was available to the kitchen staff to check at any time. People told us the meals were always a social occasion but we saw staff also respected those people who chose to be more private and had their meals in their rooms. One person commented, "Tomorrow we have fish and chips from the local chip shop. I really look forward to it."

## Is the service caring?

### Our findings

People told us staff were caring toward them. One person said, "I know the staff well and feel well cared for. The staff and the manager including the home owners are respectful and it feels homely because of the way they care." A relative told us, "We are encouraged to get involved if we want to. I am always made to feel welcome. I help [my family member] with all their meals. The staff know me very well and me them. We have good banter and I feel valued."

We saw staff knew people's individual names, how they liked to communicate and how and where they liked to spend their time. Staff used this knowledge to ensure people received the care people wanted and needed. The registered manager showed us they had a board containing photographs of all the staff team and their names. So that visitors to the home would know the names of any staff member they wished to speak with.

We saw care staff were always careful to ensure people were able to make their own decisions about their daily lives and when staff gave people choices they listened for the response people gave so they were clear about carrying out individual requests and wishes in the way people wanted.

At lunch time we spent some time observing the support staff gave to people. Staff were careful to sensitively encourage people to be as independent as they wanted to and could be in eating their meals. We saw lunch was very much a social occasion with people enjoying their meals and talking freely together and with staff about their day. When people changed their minds about their meal choices care staff were quick to follow up with any action needed. For example, one person decided they did not want the main meal when it was presented to them and chose to have an alternative saying, "I think I will have eggs instead." This was fully respected. When another person said, "I don't want any more. I don't want this pudding." It was clear the staff member knew the person well. Rather than just removing the meal the staff member lowered themselves to the person's level, called them by their first name and touched their hand. They then gently said they would leave it for the person just in case they changed their mind. After a few minutes the person commenced eating and enjoying their pudding.

A social care professional told us, "On visits it appears a very relaxed and a homely atmosphere, service users always appear to be happy and relaxed. On one unannounced visit to the home the registered manager was herself helping one person with their drink and when I have visited my service user, they love the time and gentleness that registered manager clearly gives to them. The registered manager takes time and listens."

All of the people we spoke with said they liked their private rooms and that they had control over when they wanted their doors shut. One person said, "I have a thumb type lock on my door. It can be opened by staff in an emergency but I can lock it myself when I do not want to be disturbed." Another person told us how they had chosen to have a keypad lock on their door. They said, "Staff know the combination and I can open the door from inside. I would have had this at home so why not here. I feel like it is my room and my home. I like my privacy and staff have listened to how I wanted it respected. This is important to me and as you can see

in my care records I have approved it all."

Where people had chosen to share their room with another person, screening was in place which staff used to make sure people's privacy and dignity was respected. The registered manager told us how they had supported a married couple to maintain their privacy together through the use of a shared room and that the couple were happy to have their own space. However, we also saw the room was located near an area staff used to take their breaks. We discussed this with the registered manager as the arrangements may have presented a risk to the privacy of the couple. The registered manager undertook immediate action to review the arrangements for staff and after we completed our inspection visit they confirmed the staff room location had been changed to eliminate any risk in regard to compromising privacy.

People also told us how they had been given the choice to bring their own furniture and any personal belongings, including pictures in to the home if they chose to. One person told us, "I brought my parrot in with me when I moved here. He is part of my family and the staff have been so supportive in helping with this." A relative told us, "When [my family member] moved into the home we didn't like the curtains provided. We raised this and we were supported to change them and we have now got matching bedding."

When people had chosen to be in their rooms we saw staff knocked on the doors to the rooms and waited for a response before going in to provide care for people. We saw staff always ensured the doors to rooms and communal toilets were closed when people needed any additional help with their personal care. We saw staff also used signage which they placed on the doors outside peoples rooms when they gave care. The sign said, "Care in progress." Staff said when they saw the sign they knew not to disturb the person or staff."

The registered manager showed us the home had its own hairdressing room. A professional hairdresser visited the home each week to provide services for both men and women who lived at the home. People told us they enjoyed getting their hair done in the room and one person said, "Its away from the other things going on and its private. I like that and the chats we have together while I am getting my hair done." The registered manager told us the facilities had been used to enable one person to prepare for a family wedding they were going to and that the family were invited to use the facility so it was more of a family activity and occasion.

For people who might have needed additional support in communicating their wishes the registered manager was aware that advocacy services were available and knew how to make contact with them. They told us how they had supported one person to receive assistance in making contact and liaising with advocacy services and that this had ensured the person could make their own decision about the way their future care needs would be met. The information about how to contact advocacy services was not readily on display for people to access them independently if they chose to. When we discussed this with the registered manager they undertook immediate action to make sure the information was accessible. Advocates are people who are independent of the service and who support people to make their own decisions and communicate their wishes.

Care records included a section to enable people to record any decisions or wishes they wanted carried out at the end of the lives. The information in the providers PIR highlighted the importance of staff supporting people with sensitive care when people reached the end of their life. They described how they worked together with healthcare professionals including the local hospice to ensure any final wishes people had would be carried out. The registered manager gave an example of how they had worked to ensure one person had their final wishes respected and carried out in the way they had wanted and that this was done in a timely way.

The provider had a clear policy statement in place regarding confidentiality and the expectations of staff in managing confidential information. This was linked to more detailed guidance for staff to follow regarding areas such as sharing information with other professionals and communication. The registered manager and staff understood the importance of respecting confidential information. Written records containing personal and private information were stored securely and the registered manager confirmed computer records were password protected. Throughout our inspection we saw that any discussions needed about personal care for people were undertaken in private and staff were careful in ensuring they did not discuss information relating to any of the people who lived in the service if another person who lived there was present.



## Is the service responsive?

### Our findings

Before people had moved into the home assessments had been completed by the registered manager and senior staff, who wherever possible met together with people and their relatives as part of the process. This was so both parties could be assured their care and support needs could be met in advance of any move taking place. The assessments completed had been developed into individual care plan records which described the support people needed and wanted to receive. The information contained in the records showed people had been involved in giving information about how they wanted their care to be delivered. Care records were kept updated by care staff and reviews had been completed regularly with people with updates recorded to show any changes made. When it was needed, relatives had been involved in the reviews. A social care professional who had recently been working closely with the home told us, "The recording is always precise and up to date when I have visited."

Through our discussions with care staff it was clear they knew about people's needs and how they should be met. The registered manager showed us staff completed daily records sheets which were added to the care plan records on a regular basis. The registered manager had a keyworker system in place and staff said this helped to ensure staff kept care records updated for the people they supported. During our inspection we joined a handover meeting between the morning and the afternoon care staff team. The meeting included four care staff and it was led by a senior staff member. The daily record sheets completed by staff to share and discuss information about how people were feeling, any additional changes in people's needs and any information they had needed to share with the community health services. The information also included any updates on activities people had undertaken including if they had been out into the community.

People told us they had access to a wide range of activities both in the home and the wider community. One person told us how they had a keen interest in gardening and that the registered manager and staff were helping them maintain and further develop this interest. The person said, "I went on a bit of a course yesterday with the manager. It gave advice on safety and how gardening can be therapeutic for people. I have always loved gardening so I am going to do some here and get others who are interested involved." There was an activity timetable available for people to access which showed the activities planned and undertaken by the home activity co-ordinator. We spoke with the co-ordinator who said they worked together with another team member to plan activities in line with what people wanted to do. Group activities included; exercises, art therapy, games, cinema afternoons and quizzes. People told us they also received visits from entertainers and one person said, "It was great last week. We had a visit from a wildlife expert who brought some wild birds of prey in for us to look at and talk about. I really enjoyed it."

Activities were also planned to ensure they were inclusive to all of the people who lived in the home. For example during the afternoon of our inspection we saw the activity co-ordinator talking with people individually undertaking an activity called 'a Christmas memory tray.' People were responding to items on the tray the activity co-ordinator held and which triggered memories for them to share. One person looked at Christmas cracker on the tray and talked about their family and Christmas, naming their family members and remembering happy family times. The also said they were looking forward to their family visiting them. The activity co-ordinator also told us how they had introduced a further activity in liaison with the

Alzheimer's society called 'singing for the brain' the activity used singing to bring people together have fun and to express themselves. The activity co-ordinator said, "The activity really helps people who have memory difficulties because songs can be easier to remember and they can trigger positive memories."

The registered manager told us about the links they had developed with the local community making the care home more community focussed. Information in the providers PIR confirmed the home had liaised with the Alzheimer's Society and that through discussions with people and family carers a carer support group had been set up at the home. The registered manager confirmed the group was open to relatives of people who lived at the home and carers who lived in the village. We saw the meetings were to be held at the home on the first Tuesday in every month from January 2017.

People and their relatives told us they knew the provider had arrangements in place to respond to any complaints they had and there was a complaints policy and procedure available which people and relatives told us they could easily access. One person said, "Its very open here. If I have any worries of any kind I just say and the manager will sort it out." A relative commented that, "I know how to raise a complaint if I had any to raise but I don't. The fact that the manager and the owners are easy to reach is good and I go straight to them if there is anything I need to ask or check on."

The registered manager told us and records showed no formal complaints had been received by the provider. In addition to keeping a log for complaints the registered manager also showed us they had received a had received a number of compliments. These ranged from the caring attitude of the staff, the meals provided at the home and relatives saying 'thank you' for the care their family members had been given.

## Is the service well-led?

### Our findings

People knew who the registered manager was and said that they were accessible and always helpful. One person said, "The manager has been really supportive and understanding of my needs. It took me time to start to get used to living in a care situation but the manager has worked together with the staff to help me feel reassured. They haven't been distant."

Throughout our inspection we observed that staff were provided with the leadership they needed from the registered manager and senior staff to develop good team working practices. The registered manager's door was open to people, visitors and staff. We noted that the registered manager was actively involved in working alongside staff when it was needed and providing people with support. They and staff told us this approach helped ensure they had a very good knowledge of the help each person was receiving. They also knew about important points of detail such as which members of staff were on duty and which tasks they had been scheduled to complete. A care staff member we spoke with said, "The manager knows about the running of the home and is on hand to deal with any issues. They know what we know about people's needs which I think is important."

A social care professional told us, "The care home is always clean, refreshing and light in atmosphere, when having any concerns the registered manager will contact myself straight away to discuss and work through strategies for the client." When describing the registered manager's values the social care professional added, "The manager will challenge and act for the benefit of her clients from my experience."

The provider and registered manager had an up to date policy, information and guidance for all staff about areas including, safeguarding, infection control and understanding equality and diversity. Staff said the information helped them develop their skills and work together. One staff member said, "The information we have about our roles helps us as a team and so we are not all doing things differently." Staff also said they also had access to guidance related to whistle-blowing and that, although they felt well supported, if it was needed they felt confident in raising any concerns they had to external agencies including the local authority safeguarding team and the Care Quality Commission. Staff knew how they could access the information they needed to do this.

Meetings were held regularly between the provider, registered manager people and relatives so they could comment on and give any feedback or suggestions they had about the on-going development of the home. A relative we spoke with and records showed that meetings were held on average every six months and that the frequency of the meetings had been agreed together with people and their relatives. Areas discussed included the development of care plan records, activities, community links and environmental improvements.

Records showed staff meetings were arranged in advance and held at regular intervals. Staff said the meetings helped in ensuring information about how the home was being run was shared and that they had an opportunity to discuss any work and staff related issues together. We looked at the records from the last two team meetings and saw that topics discussed included, health and safety, staff rotas and deployment

and training. We also noted the provider attended some of the meetings and had attended the last one held in October 2016. Staff said they knew the provider well and one staff member said, "The home owners visit on average every two weeks. They know all the residents and us as staff. We all feel they are really easy to talk to and they are keen to see the home keep developing which is what we all want."

We saw there was a suggestion box for people and visitors to add any thoughts they had about the on-going development of services at the home. An additional suggestion box had been set up for staff to add any additional feedback they wanted to share with the provider in confidence. The provider confirmed that although they had not yet had any feedback through the box they checked this regularly and said they would respond to any suggestions or information they received.

In addition the provider had developed annual satisfaction surveys for people who lived at the home, their relatives, staff and visiting health and social care professionals. The last survey was completed in December 2015 and we saw the provider had completed a detailed analysis of the questionnaires returned in February 2016. Overall the feedback they had received was very positive. The provider had highlighted recommendations and actions resulting from the feedback they received. Any feedback given regarding suggested improvements had been acted on. For example, following comments from a small number of people about food choices the provider had ensured the menus were now reviewed regularly taking into account feedback from the residents and relatives meetings held at the home. The registered manager and provider confirmed they were in the process of sending out their next survey during December 2016 and would commence doing this at the homes Christmas party planned for 16 December 2016.

The registered manager told us and records showed the provider visited the home regularly to undertake audit checks together with the registered manager. These checks included areas such as the arrangements in place to support people and staff and those related to the environment. As part of the visits the provider produced a rolling action plan, which they kept updated and added to when any new areas for improvement had been identified.

For example, as part of the on-going development of the home the registered manager told us how they had considered care staff skills in relation to supporting people who lived with dementia. They confirmed that from January 2017 they were starting a staff exchange programme with another care home owned by the provider and located in the same village. They told us, "The aim is that on the third week of each month one staff member from each home will swap with a staff member from the other home for the week. At the end of the week we will be asking each staff member for feedback, positive and negative, what they have learnt and what they are taking back with them. We will also be asking if they think there is anything we could do better."

The registered manager and deputy manager also confirmed that they were both infection control link practitioners and attended meetings related to the management of infection control. They said the meetings helped them keep up to date with good practice and meeting outcomes were shared with staff.

The registered manager understood their role and their responsibilities under the Health and Social Care Act 2008 and associated Regulations. The registered manager informed CQC and other appropriate agencies of any untoward incidents or events which happened within the home. When any accidents or incidents had occurred they had been recorded by staff, discussed with and analysed by the registered manager. Any specific issues or changes needed to the care arrangements in place were quickly identified and steps taken to help prevent or reduce the risk of them from re-occurring.