Mr & Mrs C G Thrower

St Clare Rest Home

Inspection report

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Ratings

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

Overall summary

We inspected St Clare Rest Home on 25 November 2015, our visit was unannounced. St Clare rest Home is a residential care home located in Southwick. It provides personal care for up to 18 older people with physical health needs. There were some people living with dementia. The home also provides respite services. The home is a detached property set within a garden. On the day of our visit there were thirteen people living at St Clare Rest Home.

There wasn't a registered manager in post as the previous registered manager had left. The current manager and staff member who was is a care consultant were in the process of making applications to share the registered manager role. 'A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

People who lived at St Clare Rest Home told us they were safe. One person said "I feel safe because there is always

Summary of findings

somebody around to see to things if they go wrong". A relative told us the home was "absolutely safe". People said they felt safe as they were cared for by staff that knew them well and were aware of the risks associated with their care needs. There were sufficient numbers of staff in place to keep people safe and staff were recruited in line with safe recruitment practices. Medicines were ordered, administered, recorded and disposed of safely. Staff had received training in safeguarding adults and knew who to report this to if needed.

People could choose what they wanted to eat from a daily menu or request an alternative if wanted. People were asked for their views about the food and were involved in planning the menu. They were encouraged and supported to eat and drink enough to maintain a balanced diet. One person said "The food is very good and there is always lots of it".

Staff were appropriately trained holding a Diploma in Health and Social Care and had received all essential training. Staff understood about people's capacity to consent to care and had a good understanding of the Mental Capacity Act 2005 (MCA) and associated legislation, which they put into practice.

Care plans provided detailed information about people and were personalised to reflect how they wanted to be cared for. Staff followed clinical guidance and ensured that best practice was followed in care delivery. Daily records showed how people had been cared for and what assistance had been given with their personal care. There was a range of social activities on offer at the home, which people could participate in if they chose. The home had a complaints policy in place and a procedure that ensured people's complaints were acknowledged and investigated promptly.

The home was well-led by the manager who felt supported by the provider and care consultant. A positive culture was promoted and staff were supported to provide a high quality of care. There was a range of audit tools and processes in place to monitor the care that was delivered, ensuring the quality of care was maintained. People could be involved in developing the home if they wished via questionnaires residents meetings and day to day contact. A GP praised the provider and said "They create a culture that is good, which empowers staff to do the right thing for people".

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The home was safe. People were supported by staff that recognised the potential signs of abuse and knew what action to take. They had received safeguarding adults at risk training.

People's risks were assessed and managed appropriately. There were comprehensive risk assessments in place and staff knew how to support people. Accidents and incidents were logged and dealt with appropriately.

Staffing levels were sufficient and safe recruitment practices were followed. Medicines were managed, stored and administered safely

Is the service effective?

Good

The home was effective.

People could choose what they wanted to eat and had sufficient amounts to maintain a balanced diet. They were asked for their views about the food. People had access to, and visits from, a range of healthcare professionals.

People's consent to their care and treatment was assessed. Staff followed legislative requirements and had a good understanding of the Mental Capacity Act 2005 (MCA).

Staff had access to a wide range of training and new staff completed a comprehensive induction programme.

Is the service caring?

Good

The home was caring.

Staff knew people well and friendly, caring relationships had been developed.

People were encouraged to express their views and how they were feeling and were involved in the planning of their care. People were treated with dignity and respect.

Is the service responsive?

Good

The home was responsive.

There was a range of activities available for people to engage in at the home.

Care plans provided detailed information about people so that staff knew how to care for them in a personalised way. Staff demonstrated that they followed current good practice.

Complaints and concerns were listened to, investigated and acted upon.

Is the service well-led?

Good

The home was well-led.

People were asked for their views about the home. Relatives were also asked for their feedback.

The registered manager had created a transparent open culture that placed the person at the centre of their care.

Summary of findings

Robust quality assurance systems were in place to enable the provider to continually monitor all aspects of the home.

St Clare Rest Home

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 home, and to provide a rating for the home under the Care Act 2014.

The inspection took place on 25th November and was unannounced. Two inspectors and an expert by experience visited the home to carry out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. At this inspection the expert by experience had knowledge of the needs of older people.

We checked the information that we held about the home and the provider. This included previous inspection reports and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the home. A notification is information about important events which the home is required to send to us by law. We looked at the Provider Information Return (PIR) that had been submitted. This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. We used all this information to decide which areas to focus on during our inspection.

On the day of our inspection, we spoke with nine people living at the home. We spoke with the manager, the care consultant, one senior carer, four carers, the chef and maintenance worker. We also spent time looking at records including four care records, four staff files and medical administration record (MAR) sheets. We looked at incidents and accidents forms, quality assurance audits and other records relating to the management of the home. Following the inspection we spoke with two relatives and two health professionals who have involvement with the home, to ask for their views. They were happy for us to quote them in our report.

Good

Is the service safe?

Our findings

People told us they felt safe and secure living at St Clare rest home. One person told us "I feel safe because there is always somebody around to see to things if they go wrong". Another person told us "I had an accident when I fell over my feet, but they looked after me and I am alright now.

Staff told us they knew how to identify possible signs of abuse and that they needed to discuss any incidents with a senior member of staff. One staff member said "I'd go and speak to the manager". Another staff member said "I would report it to the manager who would deal with it straight away". The manager knew who to contact in the event of identifying a safeguarding concern and had access to the local authority's multiagency policy and procedure. Staff had received recent training in safeguarding adults and the manager and care consultant had attended training with the local authority where they had updated their knowledge around recent changes in policy and practice around safeguarding adults. Staff also knew about the principles of whistleblowing and who to contact should they need to report concerns about the home.

Risks to individuals and the service were managed so that people were protected. Risk assessments were carried out for people and that these were reviewed monthly by their keyworker or more frequently if their needs changed. These included risk assessments for falls, skin integrity and nutrition and mental health. These assessments identified any areas of risk and then a plan to mitigate these had been devised. The home used recognised tools to identify risks. For example where people needed support with managing their skin integrity, a waterlow risk assessment had been completed. A waterlow risk assessment tool is used to determine if someone is at risk of getting a pressure sore. Referrals to community nurses had been made when people needed their input. Where someone was at risk of becoming agitated or distressed a plan was in place to support that person and minimise the impact on them of their distress. For example for one person it was recorded that "A kind smile" reassured the person.

We saw that staff used wheelchairs and walking frames to help people move around the building safely. We noted that they moved furniture and equipment to make sure there were no tripping hazards in their way and when they provided support with moving they described the steps which needed to be taken when using the equipment and checked people were settled and safe before they left them. Regular safety checks were carried out including those for fire alarms, the call system, portable electrical appliances, wheelchairs and walking frames.

Medicines were managed safely. Regularly prescribed medicine was delivered by the local pharmacist on a monthly cycle through a monitored dosage system. They also delivered medicines used on a temporary basis and those used 'as required'. We were told and saw evidence that all stocks of medicines received were checked in by the (deputy) manager and were stored safely. There were systems in place to dispose of medicines safely. We were told there were no medicines which required refrigeration at the time of the inspection but if this was required they were stored in a secure box in the fridge. We noted that the temperature of the fridge was monitored and recorded daily and had been maintained within safe limits.

We looked at the medication records and noted they included a completed signature sheet with the signatures of the staff responsible for administering medicines, instructions for administration and a list of the most commonly prescribed medicines with the reasons for their use. We looked at ten Medication Administration Records (MAR) and noted they included a recent photograph, information on any allergies and the name of their GP. Some people had medicines to be used as and when needed and we saw there were clear instructions for staff to follow when considering their use. The manager told us that they checked all MAR charts informally every week and also undertook an internal audit of them every two months to check their quality and accuracy. This was confirmed when we looked at the records. In addition the manager told us that any medication error was fully investigated and any issues identified were addressed with the staff involved and appropriate action including retraining was taken when necessary. This was confirmed when we looked at the management of the last medicine error.

Staff were trained to administer medicines and told us they were confident in carrying out this role. We observed a trained staff member administering medicines. We saw that they administered medicines to people in a discreet and respectful way and noted that they stayed with them until they had taken them safely. We noted that the carer recorded each administration before progressing to the next person.

Good

Is the service safe?

People told us that there were enough staff on duty. One person told us "There are always enough Staff to look after me but I am sure they must be short when someone is off sick. The owner and leaders are all 'hands on 'and will work at any job when necessary". Another person told us "There is a good, safe, compact team here". Staff told us there were enough of them to provide good quality, safe care. On staff member told us "We have enough staff and we never feel rushed. We cover internally if someone is off sick and don't use any agency staff". Another staff member said "We have enough staff. We are not rushed at all and have plenty of time to get them ready." We are encouraged to take our time with people. The manager told us that they had recently introduced a staffing dependency tool that analysed the needs of people at the home and calculated the number of staff needed to meet this need. We saw that this was calculated on a weekly basis. The manager told us that if they needed more staff the provider was receptive to these requests and they were currently recruiting to two vacant posts. The manager told us that "Staff are so flexible and nice" and that they always helped out if there were any shortages.

Staff were recruited following an interview with the manager and another member of senior staff where possible and started work after checks with the Disclosure and Barring Service (DBS) and other appropriate checks had been undertaken. Staff files contained a completed application form, interview record, checks on identity, a copy of criminal record checks, job description, terms and conditions of service and a contract. This meant the provider had undertaken appropriate recruitment checks to ensure staff were of suitable character to work with vulnerable people.

Good

Is the service effective?

Our findings

People unanimously told us that the food was very good. One person told us "The food is very good and there is always lots of it. There is always an alternative. I don't like curries but that doesn't matter". There was a six week rotating menu that people had been consulted on via the residents meetings. On the day of our visit We saw that there was a homemade chicken and mushroom pie for lunch with vegetables and a banana split for pudding. People were offered choices of different vegetables and gravy. For pudding there was banana split but some people chose to have ice cream instead. The atmosphere at lunch was relaxed, the tables were laid attractively with flowers, table cloths, table mats and salt and pepper. People chose who they liked to sit with. We saw that staff knew people's individual like and dislikes well. One person was asked if they wanted brown sauce as they liked to have this with most of their meals. In the evening there was a supper menu but people could choose what they wanted. We observed one person ordering a chicken and mayonnaise sandwich for tea when the chef came to the lounge to ensure everyone was aware of the lunchtime menu. The chef said "I will defrost the chicken now". She return to the lounge and let the person know what they had done "I have taken it out and if it isn't ready in time would you like corned beef and pickle?" The person replied "That's my favourite". A relative told us that their family member had been able to try new foods. They said the family member "Had never had a curry in their life and now thoroughly enjoys it!" A choice of hot and cold drinks was offered to everyone throughout the day and there was a ready supply of fresh fruit available to all in the lounge. People were able to choose whether to eat their meals alone in their rooms or with others in the dining room and we observed the atmosphere during lunch to be calm and relaxed.

The service used a Malnutrition Universal Screening Tool (MUST) to monitor people's nourishment and weight. MUST is a five-step screening tool that identifies adults who are malnourished or at risk of malnutrition. The tool includes guidelines which can be used to develop people's care plans. People's weights were monitored monthly but staff told us that if they were concerned about someone's nutritional intake they would introduce a food and fluid chart to monitor those aspects of their care more closely. For example they told us how recently they had been concerned that a person with memory problems was not eating enough. This was confirmed when they introduced a food and fluid chart to check their intake. As a result they were seen by their GP who prescribed some new medication and they are now eating well and gaining weight.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

On the day of our visit we saw that assessments of mental capacity had been carried out. For example an assessment had been carried out that determined that someone did not have capacity to consent to the need for certain medicines a best interests decision had been made to administer the medicine when needed. For another person as assessment had been carried out regarding their ability to understand the need for support with personal care. As they were assessed to not have capacity in this area a best interests decision had been made to encourage and prompt this person as much as possible and try and engage them with their personal care.

There was a DoLS authorisation in place for one person who lived at the home and the manager was in the process of referring other people. The management team and recently received training on MCA and DoLS delivered by the local authority and all staff had received training in this area. Staff were aware of their responsibilities under MCA and need to gain people's consent when offering care and support. People told us that staff always involved them in decisions about their care and support.

Staff told us they were well supported by the manager and other staff in the home and felt they worked well together as a team. People told us and records confirmed that the induction included a tour of the building, introduction to the residents, matters related to employment, roles and responsibilities and conduct required while at work, fire prevention, first aid, security, equality and diversity and the

Good

Is the service effective?

service user care plan. The management team had introduced The Care Certificate. The Care Certificate is a new training tool devised by Skills for Care that provides a benchmark for the training of staff in health and adult social care. It covers 15 standards of health and social care and records showed that the most recent recruit had just started standard one. New staff undertook a period of shadowing alongside an experienced member of staff and did not work alone until they had been assessed as competent to do so.

All staff undertook regular mandatory training which included infection control, manual handling, health and safety and safeguarding. In addition we saw that staff were provided with the opportunity to undertake specific training around the individual needs of people using the service. Staff told us "Any course you want to go on, the owner will arrange it" and "I wanted more in depth training on first aid so I could deal with any emergency and they organised for me to go on a full day course recently. It was very helpful". Training records that staff had completed courses in the last year that included dementia, an additional in depth course on medication and compassion awareness and communication skills provided by the local hospice. We noted that training on Mental Capacity was due in two weeks. Staff told us "The training is good. We do a lot and it's helpful. The dementia training yesterday was useful and I learnt things I didn't know before" and "The training is brilliant –spot on".

Staff told us they felt supported by the manager and found them approachable and helpful. Care staff received regular supervision every two months or more frequently if necessary. Staff said that they found this a useful forum for discussing their roles and identifying any learning needs. A staff member said "Supervision is useful and I can discuss my work and also anything that is bothering me"

Staff were knowledgeable about people's health care needs and were able to describe what signs could indicate a change in their well-being. For example one staff member told us how they would recognise that someone might have a urinary tract infection and what action they would take if required. Another told us how they had suspected that someone was having a stroke so called for the emergency services that confirmed their diagnosis and took the person to hospital. A third told us that if someone had a pressure ulcer on their heel the district nurse would come in to dress it regularly but they would encourage the person to keep their leg elevated as much as possible and the affected area free from pressure. The service worked closely with other health care professionals and from the records we noted that district nurses, GPs, the dentist, optician and chiropodist and the physiotherapy, audiology and continence services all visited the residents in the home to give advice and treatment. The GPs we spoke with praised the home and the fact that staff called on them appropriately and knew people's needs well. One GP said about staff "They know who I am and who I've come to see and a staff member will go with you". They said of staff "They go a long way to care for their patients".

Good

Is the service caring?

Our findings

People spoke highly of the staff and the relationships they had with them. One person told us "They care about everything, they do our laundry and anything else we want, I can't complain about anything". Another person said "The staff here are diamonds". Relatives said that they thought staff were kind and caring. One relative said of staff "I think they're all lovely". Another relative said of the caring nature of staff "The girls are all lovely".

Throughout our visit we observed that staff interacted with people in a warm and friendly manner and treated people with kindness and compassion. People and staff laughed together and staff used gentle touch to reassure and support people. Staff walked with people at their pace and when communicating with them they got down to their level and gave eye contact. They spent time listening to them and responding to their questions. At lunch time staff demonstrated that they knew people well; their likes, dislikes and preferences. There was some light hearted banter that showed us that people felt comfortable with staff and enjoyed their company. People living with dementia were given kind reassurance if they were confused and guided at lunch time. People with hearing loss were beckoned forward with smiles and hand gestures.

Staff explained what they were doing and offered reassurance when anyone appeared anxious. When staff discussed people's care needs they did so in a respectful and compassionate way. They showed an understanding of confidentiality and told us they would only break the confidence if the information shared put the person at risk. People told us that they were treated with respect and dignity. One person said of staff "They are caring and always treat me with dignity and respect." We observed staff were aware and mindful of people's privacy and dignity. Staff we spoke with were able to describe how they maintained people's privacy and dignity by knocking on doors and waiting to be invited in before entering. They made sure doors were closed and the person was covered when assisting them with personal care. One carer said "We always knock on their door and wait to be invited in, we cover them when doing personal care and if someone knocks we go to the door and ask them to come back later. We don't talk loudly with them". Relatives confirmed that staff treated their family members with respect and dignity. One relative said of staff "They give people a tremendous amount of respect". This relative gave us an example of when their family member had needed some discreet personal care following an accident and commented on how respectfully staff had managed the situation. The relative said they dealt with the accident "beautifully".

People were encouraged to be as independent as possible. One carer told us "We encourage them to be independent. If it takes and hour we let them do it. We give them time and encourage them to do things for themselves". Another staff member told us how staff would stay outside the bathroom to allow people privacy when they were having a bath, they said "We're there if they want us to stay, we stand outside the door and they can call us when they're ready". The staff member gave us other examples of encouraging people to carry out tasks they were able to do such as brushing teeth and hair. They saw their role as being "To keep people as independent as possible" Another staff member told us how one of the residents had just started attending the senior club in the sheltered housing next door by himself to play dominoes. The manager was aware of the need to consider and offer formal advocacy for people. Leaflets regarding a service that provided this were available in the entrance hall for people's information.

We observed that people were involved by staff in what was happening and offered choices about their care, meals and activities. People were involved in the running of the service and were invited to regular residents meetings. Questionnaires were also sent out to people and their relatives where they were asked for feedback about the home.

On the day of our visit no one was receiving end of life care but the manager told us that they had provided this for people where possible with the support of community nurses and saw this as part of the service they provided. The manager said "If we can facilitate that we do" The manager acknowledged that for people who lived at St Clare rest Home, "It's their home". They told us that families have been fully involved at these times and been able to stay with their family members.

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. People and relatives told us that staff knew them well and responded to their individual needs. One staff member told us "Person centred care is all about giving one to one attention, asking them what they like to do and encouraging them to get involved. I love listening to people's stories. I could sit there all day and listen to them". Another staff member said "We make sure the residents are happy, well looked after and everyone has what they want. It's more like a home here". A GP we spoke with commented on how well staff knew the individual needs of the people living there, they said "Staff know the patients well; they empower them where they can". Staff we spoke with knew the individual needs of the people they supported and could tell us about people's likes, dislikes, their care needs and how these were met.

People's care records were personalised and reflected their individual needs. The manger had been updating people files following taking on the manager's role. Part of their remit had been to update people's care records and make them personalised. We saw that most of these had been completed and gave an account of people's personal histories including their previous employment, family, hobbies, likes and dislikes. For someone we saw that they had had been in the air force during the second world war, they liked fish, melon and raspberries but disliked vegetables. This type of information enabled staff to initiate conversations about topics of interest for the person and make sure they received food they liked. There was a clear description of how to notice when this person became upset and anxious and then how to support them with this. The information said 'When I'm upset I tend to get anxious and not listen, when I am loud it means that I am worried'. The strategies used to help the person at these times were recorded 'just smile, write a note, stay with them'. The person found 'A kind smile' reassured them. Details of how people liked to received their person care and individual preferences around personal grooming were recorded. For another person with mental health needs there was a clear plan around how to support them with this. Professionals had been consulted and their advice incorporated into the care plan. Visits from professionals such as GPs and chiropodists were recorded and care plans updated as required.

People told us they enjoyed the activities on offer. One person told us "I do a crossword every day to keep my brain going. I also watch Chase on TV. I like the questions". A relative spoke of the entertainment on offer, "The entertainments are a bonus, its fun". There was a monthly programme of activities organised for people using the service supported by the staff and people from the local community who were employed to provide specific activities. The programme included keep fit, arts and crafts, musical entertainment, bingo and board games and jigsaws. In addition there was a well-stocked library which included large print books and people had the opportunity to go out in the summer on trips to places of local interest. We noted that a coffee morning was planned for the weekend to raise funds for a local charity and that the home's previous fund raising event in the summer had raised £285 for another local charitable organisation.

We observed an activity session in the afternoon attended by most of the residents and supported by care staff when people appeared fully engaged playing dominoes, doing jigsaws and colouring in pictures. We were told by one staff member that they bought the colouring books, pens and word search books as their treat. People living at St Clare visited the neighbouring sheltered housing scheme for activities and likewise people from there visited the home and joined in with activities there. Staff also spent time with people on a one to one basis having chats, doing people's nails, going out shopping and reading to them. As Christmas approached there were a range of activities planned including a show put on by children from a local stage school.

People were consulted about activities they enjoyed and asked for any ideas about these. A staff member told us "We regularly ask if people want anything new, it is their ideas we go from". This staff member told us about arranging for a PAT dog to visit the service following an expression of interest from people at the home. PAT (pets as therapy) give people the opportunity to stroke, hold and talk to a calm and friendly dog. Residents meetings were held monthly and these were an opportunity for people to be involved in what happened at St Clare Rest Home and for the provider and manager to respond to concerns and discuss any changes. Minutes we looked at showed us that the Christmas menu had been discussed, staff and people

Good

Is the service responsive?

leaving and arriving were talked about and new activities such as 'A day at the races'. This new activity which showed horse races on a screen and people placed bets had been very popular.

Staff gave us examples of how they included people and responded to people's needs. They told us that they used to bring in fish and chips from the local shop for lunch each Friday but following concerns expressed about its quality by the residents the chef had started cooking it on the premises. This change had proved very popular and was now a regular feature on the menu. A senior carer told us about an idea they had suggested to improve the well-being and experience of the people living in the home: - "I suggested we check people's blood pressure every month so we could have a baseline. We noticed one person had a high record so we contacted the GP, who put the person on blood pressure tablets and it's now much better".

People were made aware of the complaints system and we saw that the complaints policy was clearly displayed on the notice board in the entrance hall. There had been no formal complaints raised. People told us that they felt able to raise concerns but people told us that they had not had occasion to complain. One person said "If I had to complain I would tell the person concerned and if that didn't work I would see the owner, he is always about and very good, he wouldn't allow anything bad to happen". Another person said "The owner is my friend, I could tell him anything". Relatives we spoke with said that they were kept informed about their family members and contacted if there was any issue with the person's health and wellbeing. One relative said "I've never had cause to complain, any issues raised are dealt with quickly". Another relative told us about their family member, "If they're poorly they ring me and let me know, they're excellent".

Good

Is the service well-led?

Our findings

Following the previous registered manager leaving the home, the manager and care consultant were in the process of making applications to share the role of registered manager. The care consultant was a nurse and provided advice around good practice in providing care and support. They were both aware that it was a priority for the home to have a registered manager in post and were acting on it as a matter of urgency.

People told us that they thought St Clare Rest home was well led and that the management team were caring people. One person said "The owners and managers are very nice and approachable and that wears off on all the staff". Another person said "I came to St Clare on the recommendation of my next door neighbour's daughter. It's a good place to be". Relatives we spoke with also said that St Clare rest Home was well managed. One relative said that management were "brilliant" and another relative commented saying St Clare was "An amazing place". They felt that the homely caring culture was created by the provider and manger. They said that the provider was "On top of everything "and that the manager was "A good manager".

The manager told us that in managing the home their goal for people was "making sure they have everything they need in a homely environment as they would in their own home". People were supported by a manager who had a good knowledge of the people in the home. They were visible, spent time on the floor and staff said they were approachable and they would go to them if they had any queries or concerns. Staff comments included "The manager is very good. If anything is raised with them they respond very quickly": "The manager is lovely. She always listens and the home is now well run": "I can talk to our new manager. She is around more, acts more quickly and nips things in the bud": "The manager is definitely approachable" and "The manager is very supportive –even with personal things. We can approach her with anything. She cares".

Staff told us that the provider visited the home on a daily basis, knew all the residents well and was very supportive. One staff member told us. "The owner is really nice. If there is anything you need he is straight out to buy it –no questions asked. He is the best boss I have ever had". All staff we spoke with thought it was a good place to work. All felt supported by the manager, their colleagues and the provider. Comments included "This is by far the best home I have ever worked in. It has a lovely family atmosphere and the owners treat the residents and staff with so much respect" and "I love the residents and this is the happiest I have ever been in a job". Staff described the strengths of the home as "That the residents are cared for really well": "The care to residents from the care staff, cleaner, cook and the owners". "The residents and staff are all very friendly. We all get on well together and I can't find fault with the home" and "This is a 'home from home' care home. Its' small, homely and friendly and we give everyone the attention they want if they want it". We observed that the home had a friendly, open, homely atmosphere and that people and staff knew each other well.

Staff were aware of the whistle blowing policy and the need to raise any concerns about the quality of care provided or any wrong doing or suspected wrong doing with the manager so they could be investigated and appropriate action taken. However they all said they had no experience of doing this while working at St Clare Rest Home.

Over the past six months following the previous registered manager leaving the provider and manager had prioritised implementing a range of systems to assure the quality of the service they provided. They had used the support of an external consultant to assist them with training and developing these processes. These included updating care plans and ensuring these were reviewed regularly to accurately reflect people's care needs. Audits had been introduced and implemented in the areas of infection control and medicine management. A management quality audit was carried out every three to four months and we could see that actions had been taken as a result of this. For example it was noted on a certain day that the meal at lunchtime tasted good but was not very colourful and appealing. It was agreed that more colourful vegetables would be used the next time. We also saw an action to implement staff appraisals and for staff to attend First Aid training. There was plan to replace the carpet in the communal hallways as it was patterned and not conducive to supporting people living with dementia. Accidents and incidents were recorded and any theses or trends were analysed on a monthly basis. For example where someone had been identified as having a lot of falls this had been acted on and the appropriate support and referrals made for this person.

Good

Is the service well-led?

Questionnaires were sent out to people, relatives and staff to gather feedback regarding the care and support provided. Feedback was mainly positive but where an issue had been raised we saw that this had been addressed. For example where a relative had identified the presence of cooking smells in the home, this had been responded to and it was actioned that the door to the kitchen and dining room be closed to prevent smells from permeating in to the home. Questionnaire cards were also available in the entrance hall of the home and we saw that visiting professionals had written positive comments such as "Staff are always extremely friendly and helpful; the home is always clean and well maintained".

The provider and manager met weekly and discussed in detail the needs of people at the home and any issues that were current and needed addressing. The manager told us this was a supportive forum for ensuring the quality of the service. Staff meetings were held regularly and we saw the minutes from these included detailed discussions regarding people changed in need, infection control issues, safeguarding and training.

The manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). They were aware of the new requirements following the implementation of the Care Act 2014, for example, they were aware of the requirements under the Duty of Candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided. The manager told us about their commitment to having "open and honest culture" and the fact that they were "Open to constructive comments and working together with health professionals". By using an external consultant and training, attending the local care home forum, accessing training provided by the local authority the management team kept themselves up to date and ensured that proactive in providing care and support was up to date.