Leicestershire County Care Limited

Cooper House

Inspection report

Pasley Road
Leicester
Leicestershire
LE2 9BT

Tel: 01162782341

Date of inspection visit:
09 November 2016
10 November 2016

Date of publication:
23 December 2016

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 9 November 2016 and was unannounced. We returned on the 10 November 2016 announced to complete the inspection.

Cooper House is a care home that provides residential care without nursing for up to 32 people. At the time of our inspection there were 32 people in residence. The service is located within a residential area, which provides accommodation over two floors.

This was our first inspection of the service since they registered with us on 2 February 2015.

A registered manager was in post. 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's safety and welfare was promoted by the staff. The registered manager and staff were trained in safeguarding adults, understood their responsibility and were aware of the procedures to follow if they suspected that someone was at risk of harm.

People's needs were assessed and measures were in place to ensure risks could be managed safely. Care plans provided staff with clear information in order to support people safely. A pro-active approach to reviewing people's care and amending the care plan helped to ensure ongoing needs were met, whilst promoting peoples' independence.

People received their medicines at the right times. There were safe systems in place to store, manage and administer medicines safely were safe. People had access to health support and referrals were made to relevant health care professionals where there were concerns about people's health.

People told us they were provided with a choice of meals that met their dietary needs. People were asked for their views about the meals provided and their preferences were taken into account in the menu planning.

People's safety was promoted through the employment of sufficient numbers of staff to provide the support people required. Staff received training, support and guidance through supervision and meetings, which has increased their confidence and knowledge in the support of people.

The registered manager and staff were clear about their responsibilities around the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and were dedicated in their approach to supporting people to make informed decisions about their care. Assessments to determine people's capacity to make informed decisions about their care had been undertaken.

People told us staff were kind and caring towards them. Staff knew how to support people living with dementia and recognised when people used non-verbal communication to express themselves. People had developed positive relationships with staff and were confident that they would address any concerns or complaint they might have.

People were involved and made decisions about their care and support needs. Care plans were focused on the person and incorporated advice from health and social care professionals. People told us that the staff were responsive to their needs and requests for assistance. People's care records were organised and easily accessible. That meant in the event of a medical emergency people would be assured that staff knew would act in line with their care plan and wishes.

People's care was personalised and centred on their individual preferences and lifestyle choices. People were supported to maintain their independence and responsibilities, and take part in activities that were of interest to them, observe their faith and access the wider community.

People were confident in how the service was managed. People's views and opinions of their relatives and staff were sought in a number of ways including meetings and surveys.

The registered manager was committed to providing quality care by following the provider's procedures, an awareness of their legal responsibilities and supported staff. The provider's quality assurance systems were robust and the proactive approach to good governance meant information gathered through quality audits was used to continually develop 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.

People were protected from abuse because staff had an understanding of what abuse was and their responsibilities to act on concerns. Risks to people's health and wellbeing had been assessed and measures were in place to ensure staff supported people safely and promote their independence.

People received their medicines as prescribed. The management, storage and recording of medicines were safe.

Safe staff recruitment procedures were followed. There were sufficient numbers of staff available to provide care and support people to stay safe.

Is the service effective?

Good

The service was effective.

Staff were trained and supervised and supported in order to provide the care and support people required.

Staff were aware of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Staff sought people's consent. Care plans showed people were involved in making decisions about all aspects of their care and support.

People's nutritional needs were met and they were supported to access healthcare as required.

Is the service caring?

Good

The service was caring.

Staff had developed positive professional working relationships with people which was supportive and promoted people's wellbeing.

People were involved in making decisions about their daily care needs. Staff promoted people's rights, dignity and respected their individual wishes and lifestyle choices.

Is the service responsive?

Good

The service was responsive.

People's assessed needs were met. People were involved in the review of their care to ensure they received personalised care and support that ensured their preferences and lifestyle choices were respected. People maintained contact with family and friends, and participated in activities of interest to them.

People knew how to complain and were confident that their concerns would be addressed.

Is the service well-led?

Good

The service was well led.

A registered manager was in post and was committed to providing a good quality service. They and the staff team had a clear view as to the service they wished to provide which focused on quality care that promotes people's wellbeing.

The provider had a system in place to assess and monitor the quality of care provided. People, relatives and staff gave us positive feedback that the service was well-led.

Cooper 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 November 2016 and was unannounced. The inspection was carried out by an inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience for this inspection had experience of using health and social care services.

We returned on 10 November 2016, announced to complete the inspection. This was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the provider's statement of purpose. A statement of purpose is a document which includes a set of information about the service and the support people can expect to receive.
We reviewed the information that the provider had sent to us which included notifications of significant events that affect the health and safety of people who used the service. We contacted commissioners for health and social care responsible for the funding of some people's care that use the service and asked them for their views. We used this information to help us plan this inspection.

We spoke with 11 people who used the service, four visiting relatives. We also used the Short Observational Framework for Inspection (SOFI), which is a way of observing care to help us understand the experience of people who used the service. We used SOFI to observe people in the lounge during the morning and at the lunch time meal service.

We spoke with the registered manager, two senior carers and three staff involved in the care provided to

people. We observed handover meeting with five staff. We spoke with the cook and the maintenance person. We also spoke with the operations manager, acting on behalf of the provider and a health care professional visiting the service at the time of our inspection visit.

We looked at the records of four people, which included their risk assessments, care plans and medicine records. We also looked at the recruitment files of three members of staff, training records and a range of policies and procedures, maintenance records for the equipment and the building, audits, complaints and the minutes of meetings.

Good

Is the service safe?

Our findings

We asked people who used the service for their views about their safety at Cooper House. They told us, "I do feel safe. Being looked after by the carers makes me feel safe" "I feel quite protected" "I too feel safe, there's nothing to be afraid of" and "I think they [staff] pretty good. I wouldn't stand for any nonsense." A relative said, "[Person's name] use to fall at home but here she's safe, staff are always around and tell her to use the walking stick, so she's not had any falls and looking remarkable well." This was an example of someone safety and wellbeing being improved the way the staff supported them.

Staff were trained in safeguarding so they knew how to protect people for harm. Staff were knowledgeable about the safeguarding procedure; were confident to raise concerns with the management team and the role of external agencies. Staff training records we looked at confirmed the range of training staff completed. This covered health and safety, an awareness in dementia and other health conditions so that staff had a better understanding of the difficulties people may experience. This meant people could be confident that their welfare and safety was understood by staff.

The registered manager and staff referred safeguarding concerns to the local safeguarding authority and notified CQC, which they are required to do to meet their legal obligations. These were made in a timely manner. People's care records showed their safety was managed and where required specific healthcare needs was met by district nurses, as an example. This showed that people's safety because safeguarding procedures were followed effectively.

People looked after their own finances or were supported by the service. Procedures were in place and records were kept of people's expenditure and receipts, which were signed and audited regularly. That further assured people that their finances were safe.

One person told us that the risks to their physical health and safety were assessed and managed. They told us they were comfortable to walking short distances around the home but used a walking stick for support if they went out. Their relative said, "She's 100% safer here; she's had no falls since she's been here because there's always staff around to help if anything was to happen."

We found the registered manager and staff managed risks to people and continually supported people to stay safe whilst promoting their independence. We saw staff assisted people to move around the service safely. For instance, when someone got up to walk a member of staff reminded the person to use the walking frame, which they placed in front of them and walked with the person. A person said, "We have meetings and we're asked if we feel safe here." 'Residents' meetings' were held whereby people were informed about the role of staff in supporting people to stay safe. That showed that these meetings were used to promote people's safety.

People's care records included assessments where potential risks had been identified and were used to develop plans to promote people's safety. These centred on the person's individual needs such as falling, being unable to walk independently and to meet people's specific healthcare needs. Care plans were

developed using this information, which described the role of staff in supporting people to meet people's needs whilst promoting their safety and independence. An example being staff supporting someone with use of breathing equipment at night in order to sleep safely and regular checks were carried out throughout the night. Another care plan stated that staff were to use a positive distraction and conversation if someone living with dementia showed signs of becoming upset or agitated. We found care plans included the role of health care professionals such as the district nurses to meet people's ongoing health needs. That meant risks to people's health, safety and wellbeing were managed effectively.

The provider ensured the living environment was safe and the equipment used in the delivery of care such as hoists, standing aids and wheelchairs were serviced and safe to use. We saw the maintenance staff carrying out routine checks and repairs which staff had reported.

People had an individual personal emergency evacuation plan (PEEP). The information provided clear guidance for staff about any potential risks; how these risks were to be managed in order to promote people's safety and in case the service had to be evacuated. Records showed that fire and safety checks were carried out routinely to ensure staff knew what to do in an emergency. That showed people's safety was further assured.

Staff employed by the provider underwent a robust recruitment and interview process to minimise risks to people's safety and welfare. Staff recruitment records contained an enhanced Disclosure and Barring Service (DBS) check, at least two valid references and health screening. A DBS is a criminal record check which may affect their working with people and helps employers to make safer recruitment decisions.

People's care plans detailed the number staff people required in order to meet their care and support needs. A person said, "There's plenty of them [staff] in the day and night. They pop their heads through the door at night to see that I'm ok." Another person told us that the staff to support them to have a shower within 15 minutes of asking.

We saw there were sufficient numbers of staff on duty to provide care. Staff were spending time in a meaningful way with people. Staff rotas reflected the staff on duty. A staff member said, "I think we have the right number of staff here; if it gets busy or somethings happened usually [registered manager's name] is on the floor helping. I think we've got good staff and we work well together. Staff were able to access to additional support via the 24 hour 'on call' system, should it be required to promote people's support and safety. The 'on call' support was provided by the provider's management team for example, in the event of an emergency and outside the core business hours. That meant the information in the provider return was accurate and confirmed that staffing was planned to meet people's needs.

People received their medicines on time. A person said, "I know exactly what medicines I need to take. If I've got any pain I will ask to have my painkillers." Another person told us they received their prescribed medicines at the right time which helped to maintain their health. People's care plan and medicine administration records contained information about the medicines they were prescribed and the role of staff in its administration.

We observed the senior care administered and managed people's medicines safely. Medication records were signed to confirm medicines were taken. The senior carer had followed the correct procedure for administering medicine 'as required' such as pain relief and recorded the amount administered. This helped to ensure people's maintained health was monitored.

Information received in the provider information return stated the medicines were kept securely, we found

to be the case. Daily temperatures were monitored of the medicine room and medicine fridge. That helped to ensure the medicines remained effective when administered. Staff had undertaken training in medicine management and records showed their competency to administer medicine was assessed. Medicine audits were undertaken to ensure medicine was stored safely and administered correctly. This meant people received their medicines in a safe way.

Good

Is the service effective?

Our findings

People told us that they were happy with the staff that looked after them and felt their needs were met. One person, said, "Staff supported me to settle in. They know how to help me and they're always encouraging me to stay my independent." A relative said, "The staff are good to [person's name], they support her to be independent, will help her and spend time talking to her, which is good. They're more like friends than staff."

Staff spoke positively about the training and support provided as it had enabled them to provide effective care. New staff completed an induction programme, which included reading the policies and procedures, working alongside experienced staff to understand and provide care correctly in line with people's care plans.

The provider invested in the training and development of the staff team. Training and support was tailored to staff's learning needs in order to equip staff with the skills to carry out their role. A staff member found the visual impairment training had helped them to support someone with cataracts and highlighted the importance of where to place their choice of meal. Therefore in practice, once the meal was placed appropriately by staff the person knew instinctively. Another found the training in pressure care awareness meant they were able to support and advise the person in making good choices about their hygiene, eating and drinking and exercise. This showed how training enabled staff to provide effective care.

Staff had access to a range of training courses and e-learning. Records showed training completed by staff related to health, safety and well-being of people and covered specific health conditions that affected people who used the service such as dementia, sensory awareness and end of life care. Staff had attained or were completing professional qualifications in health and social care including the 'The Care Certificate'. This is a set of standards for staff that upon completion should provide staff with the necessary skills, knowledge and behaviours to provide good quality care and support.

Staff told us that they were kept up to date about people's needs and wellbeing which helped to provide effective care. The staff handover meeting we observed demonstrated this in practice. Staff felt supported by the registered manager. They told us they had regular supervision and appraisals which enabled staff to reflect on their work and consider the impact and effectiveness they had on people with regards their care needs and social interests. Staff meetings provided an opportunity to discuss quality of service and the development of the service. That meant people could be confident that the development of staff would enhance people's quality of life.

People told us that staff sought their consent before helping them. One person said, "They [staff] will ask me if they can help and I will tell them exactly what I need." A relative told us they had observed staff gaining consent and respected their family member's wishes to decline support until they were ready.

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 are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA were being met. Care records showed that people, where possible, were involved in making decisions about all aspects of their care, which was consistent with the MCA.

The registered manager and staff were trained on the MCA and DoLS and understood their role to meet the requirements. The registered manager had made referrals to the supervisory body when they had concerns about people's ability to make decisions. We found conditions on the authorisations to deprive people of their liberty were being met. For example, for someone to remain at Cooper House and to go out in the community with a member of staff in order to stay safe. This ensured people's human and legal rights were respected.

People told us that they were provided with a choice of meals and drinks that met their dietary needs. People's comments included, "The meals are very good, lunch is the main meal and there is always a choice," and "We get asked what we think of the meals and what we'd like to have." A relative said, "[Person's name] looks better and has put on weight because she's eating. She looks forward to her meals and the deserts."

At the lunchtime meal service we saw people were offered a choice of fruit cordial, water or shandy when they were seated. People were served the meal of their choice and an alternative. All the meals looked nutritious and balanced and second helpings were available if requested. We saw a staff member showed someone living with dementia the plated meals so they could choose the meal they liked to eat. This was an example of empowering people to make decisions.

People's needs and preferences with regards to nutrition were documented, which included the support people required to eat and drink. Kitchen staff were provided with information about people's dietary needs in order to provide meals that were nutritionally balanced and met individual preferences. Where people had specific health risks such as poor appetite or weight loss plans were in place to ensure their needs were met. Staff monitored people's weight and appetite, and any concerns were shared with the relevant health care professional to ensure the care provided remained effective.

People's care records showed they were supported to access a range of health care services for routine and ongoing health needs. Staff, and in some instances relative's accompanied people to appointments with their consent. A person said, "They [staff] called the doctor when I wasn't feeling well." Relatives told us that their family members' were supported to access healthcare services regularly and when required.

We saw people were having routine eye tests in the afternoon of our inspection. The optician told us that they carried out routine eye tests and hearing tests at Cooper House and provided prescription glasses and hearing aids in order to maintain people's health. Some people's healthcare needs were met by the community nurse. The optician and the community nurse were complimentary about the staff's knowledge of people's needs and confirmed that the staff sought advice when someone's health was of concern. That meant people's health needs were met.

Good

Is the service caring?

Our findings

People told us that they found staff to be 'kind and helpful'. A person said, "The staff are good to me and treat me as if I were their grandma. They help to shower me and are patient because I do forget things."

Relatives we spoke with praised the staff for their approach to looking after their family members'. Their comments included, "They [staff] seem very close and friendly, they chat with her [person using the service]", "She's still involved in the community; we go to the café and staff will take her to the church." A relative told us that the consistency of staff and their approach had had a positive impact on their family member's wellbeing who was living with dementia.

We saw people were confident to approach staff who spent time with them in a meaningful way. The lunchtime meal service was a pleasant experience for people. We saw staff conversing with people individually discussing the meal and what they had planned for the afternoon. People who needed support to eat were assisted by staff in a caring manner, recognised how people expressed themselves using non-verbal signs and gestures which staff responded to. We saw care was taken to maintain the person's dignity and an apron worn to protect people's clothing.

We observed that staff had developed positive relationships with people and their relatives. Staff addressed people by their preferred name and spoke openly about things that were important to them. For example, we heard a member of staff enquired about the wellbeing of a person's family member who was unwell and because it was of concern to the person they supported. We saw people receiving visitors and accessed the wider community with their relative or a member of staff. These observations showed the importance of positive relationships promoted people's well-being.

People told us that they were involved in making decisions about their care and support needs. Where required, people's main carer or family member were also involved in care decisions. This helped to ensure staff were made aware of people wishes and preferences with regards to how they wished to be care for. A person told us that their appearance was important to them and said, "I choose what I want to wear and [staff's name] also paints my nails every week so they look immaculate."

People's care records reflected people's decisions made about their care needs and had information about people's life histories, interests and their faith and spiritual needs. Records showed where the person was unable to make certain decisions about their care needs, their relative or health care professionals had been involved.

A relative told us that they supported their family member when their care plan was reviewed. That meant people could be assured that their needs would be met and daily lifestyle and wishes would be respected.

People told us that staff respected their dignity and privacy. One person said, "The staff respect my privacy. I have my own toilet and the bathroom right opposite me. I look after myself but I know when the time comes staff will help me." Another person said, "They knock first and said [person's name] are you alright" "They

don't make you feel uncomfortable and will draw the curtains before I get changed" and "I could get up when I want. I think to could stay in bed if I wanted to."

A relative said, "I think she gets exactly what she asks for. I support her in that." The relative told us they raised concerns about their family member's dignity being compromised by the time they arrived at the medical appoint. As a result of the concern their family member had been supported to go to the toilet before attending any medical appointment. This showed that action was taken in order to maintain the person's dignity.

Staff records showed that staff had received training in topics that were related to the promotion of people's privacy and dignity, equality, diversity and human rights, which also confirmed the information within the provider return. We found staff understood the importance of respecting people's privacy and dignity and put their training into practice. Staff told us they worked alongside experienced staff and spent time with people along with reading their care plan. That meant people could be confident that staff knew how people wished to be supported.

People's bedrooms were respected as their own space. People had a choice to keep their bedroom door locked. We saw staff knocked and sought permission before entering the person's room. The registered manager told us they had ordered decorative signage to be displayed on the bedroom door to indicate when someone was being supported their personal hygiene needs

Staff understood and respected people's confidentiality. We saw staff closed doors when discussing issues about people using the service, for instance at the daily handover meetings. People's personal records were kept secure within offices that could be locked.

People told us that they had contact with family and friends. Some people had regular visitors at the home, met with their family and friends in the wider community, whilst others told us that they spoke with their relatives on the telephone. This helped to promote people's wellbeing.

Good

Is the service responsive?

Our findings

People told us that they, or in some instances with support from their relative, had made a decision to live at Cooper House. One person said, "I'm quite independent and chose to move here, it's a home that's local to me and my family and I know staff would help me when the time comes." Another person told us they were moved to Cooper House from a hospital setting for a short stay before deciding it was the right place for them. Their needs had been assessed to ensure the move was as smooth as possible and involved in the development of their care plan. That meant they were assured that staff would know how to meet their needs and provide support to maintain their independence.

People's care records showed that people were involved in the development and review of their care plans. These focused on all aspects of people's lives, ranging from their daily care needs, their abilities, interests and their last wishes in the event of a medical emergency. Where appropriate people's relative and health care professionals were involved, which helped to ensure people received personalised care in order to maintain their health. This supported the information received in the provider information return and confirmed that people wished to be supported.

Records showed that people were involved in the review of their care needs with their keyworkers, and in some instances their relative. Issues raised and the outcome of discussions, were recorded which meant that care plans were amended when people's needs had changed.

People we spoke with including the visiting relatives told us that staff were responsive and respected their wishes. For instance, people told us that they could get up and go to bed when they felt like. A person told us that the staff checked on them throughout the night in line with their wishes. Another person said, "I only use my buzzer to have a shower, they usually come within 15 minutes." A relative told us that the registered manager was responsive to their concerns by making sure the call-bell was close to hand and that they used it to request assistance rather than attempting to walk to the toilet on their own.

We saw staff showed care towards people living with dementia. Staff took time to support and assured people if they became upset or their behaviour was challenging through conversation and used distraction techniques. We observed staff used a dignity blanket to maintain someone's dignity. The registered manager told us that a dignity blanket was kept in the office and easily accessible in an emergency. These were examples of a person centred approach to the care and support provided.

Health care professionals visiting people on the day of our inspection visit told us that the staff were responsive to people's health and care needs, and the support required to promote their independence. They told us that staff monitored people's health needs and sought advice if someone's health was of concern including ordering a replacement pair of glasses.

The information in the provider returned stated people were supported to access the wider community, observe their faith and take part individual activities and interests. Staff understood people's needs, interests and were able to describe what was important to people such as their faith, family members and

pets. For instance, people told us that their faith was important to them and had a positive impact on their wellbeing. One person said, "I go to St Johns Boscoes church, it's five minutes away. I go every Sunday, the carer takes me." This showed staff respected people's values and promoted their wellbeing.

A person told us about the budgerigars at the service. Whilst they moved to the service with their budgerigar, another belonged to the people who lived at the home. They told us they cared for them with the support of staff. This reflected the commitment by staff to promote people's well-being by recognising what was important to them.

People's care records were organised and information was readily available. Guidance from the health care professionals was included in people's care plans to help ensure their health could be managed. For example, people had a special diet instructed by the dietician where the person had swallowing difficulties.

Daily records showed that people received the support they needed and their health was monitored. For example, records showed people were provided with appropriate equipment and were re-positioned at regular intervals to prevent the risk of them developing pressure sores. That meant people could be sure that the support they received was personalised covering all aspects of their life.

The service had a complaints procedure and was displayed within the home. Although some people told us that the complaint procedure had not been fully explained they were confident to complain. For instance, one person said, "If somethings not right then I'll tell [registered manager's name]." A relative said, "I know [registered manager] will deal with things and I'd be the first to complain." The registered manager assured us that they would ensure people were made aware of the procedure to make a complaint.

The information in the provider information return stated that Cooper House received one complaint and that had been addressed. Records showed that the complaint procedure had been followed. The registered manager told us that they would analyse complaints to identify any themes and drive improvements by taking action. The registered manager told us they worked with health and social care professionals, when required to address issues raised by people who used the service and relatives. We asked the registered manager about the lessons learnt from the complaint. They told us that whilst there were no lessons to learn they were assured that the quality of care provided, staff's competency and record keeping met the required standard expected by the provider.

The service received cards, e-mails and letters of thanks and compliments about the care provided. We also received positive comments and feedback from people and the relatives we spoke. A relative said, "She's happy here. Staff are more like our friends. I can only praise everyone here for looking after my mother; thank you."

Good

Is the service well-led?

Our findings

People who used the service, relatives and health care professionals told us they were happy with the management of the service. One person said, "I like [registered manager's name], I didn't know she was the manager, but I know she's a good person and she cares about all of us." A relative said, "This home and the staff here are part of the community. There have been changes in management but the way they look after [person's name] is always good."

The service had a registered manager in post and they understood their legal responsibility. They were aware of the provider's expectation and showed their commitment to ensuring the quality care provided was centred on people's individual needs and safety. The registered manager was aware of the CQC approach and gave examples to support the information in the provider return answered the five key questions we ask about services, in that is the service safe, effective, caring, responsive and well-led. The registered manager had clear responsibilities and was accountable. They managed and supervised a team of senior carers, which helped to ensure that people's needs were met.

The registered manager was supported by an area manager who encouraged discussions about how the service could be developed. The area manager told us that they supervised and supported the registered manager in relation to guidance and advice, when required. They also monitored the service to ensure the provider's expectation of what good quality care looked like was provided. Records confirmed that the area manager monitored the improvements identified at the previous visit were made in a timely manner.

We found that the registered manager, staff and the area manager promoted a positive and open culture at Cooper House. The registered manager had an 'open door' policy and encouraged people to speak with them if they had any concerns or wished to talk about anything that affected them. Throughout the day we saw people speaking with the registered manager, sometimes to talk and on other occasions just to spend time with them.

People were provided with a range of opportunities to comment upon and influence the service they received. People were involved in the review of their care needs and amended the care plans when their needs changed. Meetings were held whereby people were asked for their views about the service, quality of meals and make suggestions about the social and seasonal events being planned. The provider had sought people's views through an annual questionnaire. The area manager told us that the information gathered from surveys would be shared with those using the service and an action plan to address any areas for improvement. This demonstrated that the information received in the provider return was accurate.

We looked at a sample of the provider's policies and procedures during our inspection visit and those which were sent to us following our visit. We found these were updated and provided staff with clear guidance as to their responsibilities in relation to their role.

The provider had a training department that managed and provided training for all new and existing staff. Training information was shared with administrator who confirmed staff were booked onto the relevant

training to ensure their knowledge, training and practices were kept up to date.

We found the provider's quality assurance systems used effectively. The registered manager and senior carers with lead roles such as medicine manager carried out regular audits and checks to ensure people's needs were met whilst promoting their independence. The registered manager audited people's care records to ensure their needs were reviewed and monitored by staff. They checked the content and the quality of the care plans to ensure staff had clear information to meet people's needs. That meant people's safety; health and wellbeing could be assured.

The provider had a system in place to analyse information such as accidents, incidents, complaints collated by the registered manager to establish any trends or pattern. For example, the analysis of the number of falls people had had queried the effectiveness of the risk management. Records showed people were referred to the dietician and a continence nurse in order to manage their specific health needs. This was an example of the provider's governance and monitoring system being used effectively to improve people's quality of life and wellbeing.

Staff were motivated and understood what was expected of them by the provider. They told us they felt supported by the registered manager who also worked alongside them. A staff member said, "[Registered manager name] is approachable and respected by all the staff. She makes a point of knowing all the residents and staff."

Staff told us that they were involved in how the service was run and had opportunities to make suggestions about how to improve the service. Staff spoke positively about the support and training they had received. Staff records showed that they received training to carry out their role and were supported through regular meetings and their work was appraised. The daily handover meetings between members of the staff team that we observed showed that the communication was clear and instructive, which promoted consistency in order to support people who used the service. That meant staff worked together to support people maintain a quality of life.

The registered manager worked with the local authority who had responsibility to fund people's care. Prior to our inspection visit we received positive feedback from the local authority commissioners. We also received positive comments about the registered manager, the staff and the quality of care provided from the health care professionals we spoke with during our inspection visit. That meant people using the service could be confident that the registered manager had access to support and guidance to ensure people's care was well managed.