Alba Rose Partnership

Alba Rose

Inspection report

KeldHead Hall, Middleton Road,
Pickering, North Yorkshire, YO18 8NR
Tel: 01751 472754
Website:

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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?	Outstanding
Is the service well-led?	Good

Overall summary

This inspection took place on 15 December 2014 and was unannounced.

Alba Rose is registered to provide residential care for up to 20 older people. There is a passenger lift to assist people to the upper floor and the home is set in spacious and pleasant grounds.

The home had a registered manager in place. 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 told us they felt safe at the home. Risks to people were managed well without placing undue restrictions upon them. Staff were trained in safeguarding and understood how to recognise and report any abuse. Staffing levels were appropriate which meant people were supported with their care and to pursue interests of their choice. People received the right medicines at the right time and medicines were handled safely.

People told us that staff understood their individual care needs. We found that people were supported by staff who were well trained. All staff received mandatory

Summary of findings

training in addition to specific training they may need. The home had strong links with specialists and professional advisors and we saw evidence that the home was proactive in seeking their advice and acting on this.

People's nutritional needs were met and they received the health care support they required.

People were enabled to make choices about their meals and snacks and their preferences around food and drink were respected. Meal times were a friendly and sociable time.

The home was clear about its responsibilities around the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and was innovative in its approach to supporting people to make informed decisions about their care.

Staff had developed positive, respectful relationships with people and were kind and caring in their approach. People were given choices in their daily routines and their privacy and dignity was respected. People were supported and empowered to be as independent as possible in all aspects of their lives. Staff anticipated people's care needs and attended to people quickly, politely and with warmth.

People had informed staff about the areas of their care they considered most important and these were written down in a plan for staff to follow. People told us that staff concentrated on what was most important to them and made sure that they received the care they needed and preferred.

People were assisted to take part in activities and daily occupations which they found both meaningful and fulfilling. People told us that they appreciated how staff had thought of ways to make sure they could continue with daily routines they enjoyed. The home made a particular effort to make sure that those people whose voices were not always easily heard were consulted and that their views were acted on.

People were very well cared for in their final days. Families had made comments about the good quality care and support they and their loved ones had received at this difficult time.

People were encouraged to complain or raise concerns, the home supported them to do this and concerns were resolved quickly. The home used lessons learned to improve the quality of care.

There was strong leadership which promoted an open culture and which put people at the heart of the service. Staff understood their roles and responsibilities which helped the home to run smoothly. People and staff were actively involved in developing the service. Communication at all levels was clear and encouraged mutual respect. The provider understood the home's strengths, where improvements were needed and had plans in place to achieve these with timescales in place.

Systems were in place to assess and monitor the quality of the service and the focus was on continuous improvement.

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 service was safe. People told us that they felt safe. People had the opportunity to live a full life without undue restriction because of the way risk was managed.

People were sure they received the right medicines at the right time because medicines were managed safely.

There were sufficient staff who were safely recruited and trained in how to safeguard people.

The registered manager was proactive in addressing issues of safety and in supporting whistle-blowers.

Is the service effective?

Good

The service was effective. Staff were trained and supported to meet people's needs. The registered manager and provider supported them to develop professionally in an atmosphere of respect and encouragement.

People had access to healthcare services when they needed them.

The registered manager was fully aware of the principles of the Mental Capacity Act 2005 and how to make an application to request authorisation for a person's deprivation of liberty.

People were consulted about their meals, their nutritional needs were met and they had free access to food and drink.

Is the service caring?

Good

The service was caring. Staff were extremely skilled in clear communication and the development of respectful warm and caring relationships with people, involving them in all decisions. We observed that staff had great respect for people's privacy and dignity.

Staff supported people to build their confidence and to feel reassured. They were exceptional in enabling people to be as independent as possible.

Is the service responsive?

Outstanding

The service was responsive to people's needs. People received particularly individualised and personalised care which had been discussed and planned with them. Staff provided tailored support which met individual needs and preferences.

Staff worked very hard to ensure people's lives were as fulfilling as possible. People's views were listened to and acted upon by staff.

Summary of findings

Is the service well-led?

Good

The service was well led. The culture was exceptionally supportive of people who lived at the home and of staff. Lines of communication were strong and clear. Staff understood their roles and responsibilities and they told us that mistakes were acknowledged and acted on in an atmosphere of mutual respect.

The registered manager had made statutory notifications to the Care Quality Commission where appropriate.

There was a thorough and effective quality assurance system in place and the registered manager was proactive in seeking out ways to improve. Staff were supported to improve their practice across a range of areas.

Alba Rose

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 15 December 2014 and was carried out by one adult social care inspector. It was unannounced.

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 also reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We planned the inspection using this information.

On the day of the inspection we spoke with six people who lived at the home, the provider, the registered manager, a senior care worker, a care worker and an apprentice care worker. We also spoke with a visiting professional who was carrying out a Deprivation of Liberty Safeguards (DoLs) assessment. After the inspection we spoke with a health care professional about the service.

We spent time observing the interaction between people who lived at the home and staff.

We looked at some areas of the home, including some bedrooms (with people's permission), communal areas, the laundry room and office accommodation. We also spent time looking at records, which included the care records for four people. We looked at the recruitment, supervision and appraisal records of three members of staff, a full staff training matrix and other records relating to the management of the home.

Good

Is the service safe?

Our findings

People told us that they felt safe and that the staff and management often anticipated any concerns they may have, for example by explaining how they would be supported on outings. Everyone we spoke with told us that if they ever felt unsure about their safety, staff would reassure them and deal with what was troubling them.

Safeguarding training for staff was up to date with a clear timescale in place for when updates were required. When we spoke with three staff about this they were able to describe different types of abuse and what action they would take if they observed an incident of abuse or became aware of an allegation. Staff told us they felt the team would recognise unsafe practice and report it to the registered manager. This gave us evidence that staff had the knowledge to protect people appropriately.

Care plans identified a person's level of risk. People told us that each area of risk had been discussed and agreed with them and we saw records which confirmed this. For example, we saw that a person and the provider had agreed an individual request around food which involved a degree of risk, with the provision that this would be reviewed if the risk began to contradict the home's duty of care. Where appropriate risk assessments included such areas as nutrition, pressure care, mental capacity, infection control, falls, behaviour which may challenge others, moving and handling and self- administration of medicines. Risk assessments were proportionate and included information for staff on how to reduce identified risks while avoiding undue restriction.

Staff told us that their approach to risk was responsive to people's changing needs and mental capacity. They told us that the home had an open and positive approach towards managing risk and that management supported and encouraged them to challenge any practice they considered unsafe. For example, one member of staff told us, "One person might want to go out but may be a little off balance. We would assess if that could still go ahead with extra support."

Staff told us that people's behaviour which others might find challenging was managed with a positive attitude. One member of staff said in relation to this, "We look at the person not the behaviour first. We might leave a person, go back later, suggest a change of care worker and look for anything that may be bothering them that may have triggered their upset."

We saw that the home regularly reviewed environmental risks and carried out regular safety audits. We noticed that the environment supported safe movement around the building and that there were no obstructions. The bathrooms and laundry room were well managed to promote the control of infection. Staff told us that they had received training in infection control and in using any equipment that people required to manage their care safely. Records confirmed this.

Staff application forms recorded the applicant's employment history, the names of two employment referees and any relevant training. We saw that a Disclosure and Barring Service (DBS) check had been obtained prior to commencing work at the home and that employment references had also been received. This provided evidence that only people considered to be suitable to work with vulnerable people had been employed. The registered manager told us that volunteers received DBS checks and were recruited in the same way as staff.

People told us that they felt there were sufficient staff on duty to assist them. One person told us, "I feel safe because I know staff are always close at hand." Staff told us that inexperienced staff were on rota with skilled and experienced staff who could support them. We found that during the day there was at least one senior on duty with three care workers plus the registered manager and ancillary staff such as the cook and maintenance person. At night there was one waking senior member of staff on duty with one sleeping member of staff. Staff told us this felt safe for them. We observed that there were enough staff to attend to people's needs and to be relaxed with them during our inspection visit. The registered manager told us that staffing levels were responsive to changes in people's needs. For example if a person wished to attend a club or go out shopping, extra staff would be on duty to allow this to happen.

The home had a policy on whistle blowing and CQC had been informed of an instance in the last year when the policy had been used correctly to protect people living at the home, whistle blowers and other staff. Staff told us that they understood the whistle blowing procedure and were confident to raise any whistle blowing concerns.

Good

Is the service safe?

We looked at the way in which medicines were managed. The home had a policy on the safe handling of medicines. Staff told us they were aware of this and we saw that they had up to date training so that they could handle medicines safely. The home used a Monitored Dosage System (MDS) with medicines supplied by a local chemist. A MDS is where medicines are pre-packaged for each person. For those people who wished to manage their own medicines, their capacity to do so and the associated risks had been assessed. We saw that medicines, including controlled drugs were recorded on receipt, administration and disposal. Recording for a chosen sample across one full day was accurate with correct coding used. Medicines which required refrigeration were stored appropriately and we saw that medicines were dated on opening when required.

All medicines including those which were not in the MDS were regularly audited and any anomalies in recording were addressed with staff in one to one sessions and in meetings. We saw examples of medicine audits. The registered manager and staff explained how the results of audits were used to support staff to improve the safety of their practice.

We saw in the PIR that all staff who handled medicines were due to complete an external formal medication course by June 2015 in addition to their routine training. The registered manager was also receiving on going external training in the safe handling of medicines. This was to ensure that medicine handling reflected recognised safe best practice.

People told us they were regularly involved in the review of their medicines. Records of care planning reviews confirmed this. This was to ensure medicines were suitable and safe for current needs. Staff were knowledgeable about individual's needs around medicines and any associated risks.

We saw records of training in infection control which were all up to date. Clear timescales were recorded for when this needed to be updated. We visited the laundry room and saw that clothes were handled in a way which prevented the spread of infection. We asked two members of staff about infection control and they understood what good infection control practice was. They referred to the use of aprons, gloves and the importance of hand washing when giving personal care to people.

Good

Is the service effective?

Our findings

People told us that staff were skilled in caring for them. One person told us, "They all know how [my condition] affects me and I don't need to remind any of them about it. They are all really good."

People said that staff explained things clearly and that there was never any difficulty in understanding one another. We saw that staff communicated with people clearly at a pace and in a manner which helped them to respond.

We looked at staff induction and training records. Induction followed Skills for Care topics and there was an additional induction specific to the home, its values and philosophy of care. (Skills for Care is the strategic body for workforce development in adult social care in England). Staff told us that they had received induction before they began their mandatory training. During this time they developed a good understanding of each individual's care needs and the philosophy of the home. Staff were knowledgeable about the needs of the people they supported and knew how people's needs should be met.

Staff told us that new employees spent time shadowing a more experienced member of staff before they were permitted to work alone. This was to make sure they understood people's individual needs and how risks were managed.

In addition to mandatory training, staff received specially sourced training in areas of care that were specific to the needs of people at the home. For example, a number of staff had received training in dementia care and specialist advice on palliative care and chronic obstructive pulmonary disease (COPD). New staff without an NVQ level 2 in care commenced this training after induction. The registered manager told us that volunteers also received training and support in their role.

Staff told us that they received regular supervision and appraisals and we saw evidence of this in the staff records we reviewed. Staff told us this supported them to develop professionally and gave them support to give the care people needed.

The home had links with specialists, for example in diabetic care, nutrition, sight and hearing, pressure care, continence care and the speech and language therapy team (SALT). This helped them to offer appropriate and individualised care. We saw that referrals for specialist input had been made promptly in discussion with each person. In addition to this the provider and registered manager had links with organisations which promoted best practice, such as the Joseph Rowntree Foundation and the local Independent Care Group (ICG).

The registered manager told us she had strong links with local GPs and district nurses. We spoke with a health care professional after the inspection who had regular contact with the home. They told us that the staff were, "Amazing, they understand people's needs exceptionally well. They are quick to ask for advice, they listen and follow it."

Both the provider and registered manager told us they used feedback from GPs and other professionals to help them give the best care they could and staff confirmed that they actively sought external professional's advice. Records confirmed what they told us. For example we saw professional advice about nutrition had been incorporated into a care plan and had been shared with the person and that they understood and agreed to the advice being followed. We also saw advice from an occupational therapist and physiotherapist which had been written into care plans. People told us this advice had been discussed with them and they understood why this was helpful.

Care plans included information about how people were involved in decisions about their meals and drinks. People had created the menu and made regular changes to it in line with their preferences. Those people who did not choose from the menu were offered alternatives. Most people told us that they enjoyed the food, though one person was unhappy with the choices available and had arranged with the home to adapt the menu according to their preferences. This appeared to be working well.

We observed part of a meal time and saw that the tables were attractively set and that the atmosphere was relaxed and friendly. There were a number of staff available to assist people and any help was offered discretely and with regard for people's dignity. The quality of the food was high and it was presented in an appetising way. We also observed a morning drink time, with a choice of hot and cold drinks and snacks. Many people had their own cups or mugs and staff knew which ones people preferred.

The PIR stated that eight people were assessed to be at risk of malnutrition or dehydration and care plans showed that

Good

Is the service effective?

when this was the case there were clear instructions on how to manage the risk to protect people. Those people who needed specialist diets had these in place. Advice from the dietician or diabetic nurse was incorporated as necessary into care plans. Fluid and diet monitoring charts were in place for any person who needed them. Reviews and decisions made about nutritional care were clearly recorded with people's involvement wherever possible.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that any decisions are made in people's best interests. The registered manager told us that a small number of applications had been made to the local authority for deprivation of liberty safeguards to be put in place, but that nobody had yet been assessed as being deprived of their liberty.

When we looked at training records it was unclear whether staff had received detailed up to date training on DoLS and the MCA. However, we saw that this was included in induction. Care staff were clear on the process for DoLS and mental capacity assessments as well as best interests decision making and the implications of lasting power of attorney powers. The registered manager told us that further MCA and DoLS training for all staff was to be arranged. On the day of our inspection we spoke with a visiting DoLS assessor. She told us that all the information she required to make her assessment had been made available and that the management and staff had a good understanding of DoLS principles and the MCA. The registered manager understood the implications of the recent Supreme Court ruling which had clarified the notion of deprivation of liberty for people in a care home setting. This meant that people could be protected regarding their mental capacity.

People told us they were regularly asked for their consent to care. We observed that staff routinely asked for people's consent before giving assistance and that they waited for a response. When people declined, staff were respectful and returned to try again later if necessary. Care records showed that people's consent to care and treatment was sought. Staff recorded how they looked for consent when people were not able to give this verbally, for example, through observing body language or facial expressions. Discussions with people's chosen representatives were also recorded. This meant that the home worked hard to ensure they consulted people about their care.

Good

Is the service caring?

Our findings

People told us that all the staff, the registered manager and provider showed them concern and empathy and that staff gave them time and listened to them. For example, one person told us, "They are so kind and understanding. They do things before I know I need the help." People told us that staff responded quickly when they asked for help and that they did so as though it was a pleasure. One person told us, "They always knock on the door and wait for me to say come in. If I ask them to come back later, they do." This showed that people were treated with respect and regard for their privacy.

One person told us that staff had been quick to respond when they had become unwell. They told us "They looked after me while I was in bed and kept coming to check how they could make me comfortable, getting my pillow right and asking if they could do anything else." All the people we spoke with told us that the staff were particularly attentive and kind when they felt unwell.

A health care professional told us, "This home provides a great feeling of love and support. If I had a parent who needed care, I would want them to live here."

We spent time with people in the communal areas and observed there was a relaxed and caring atmosphere. People were comfortable and happy around staff and there was laughter between them as they chatted. We saw that staff encouraged people to express their views and listened with interest and patience to their responses. Those people who were in discomfort were attended to with kindness. Staff gave the impression that they had plenty of time and spoke with people who were sitting so that they were on eye level with them. They reassured people with a touch on the arm or hand where this was appropriate. We observed that staff were talking with people about their lives, who and what mattered to them and significant events. Staff also talked with people about the goals they had set for themselves and how they had progressed towards them. For example, we heard one conversation between a member of staff and one person about a plan to go out for a drive around the area a person had lived. One person spoke with enthusiasm about a planned visit from relatives which staff had reminded them of. When we asked people about the way staff spoke with them one person said, "They are like friends. They know such a lot about what I like and don't like. They really know me." Staff were skilled in communicating with people, anticipating needs and making people aware of what their choices were. They interacted well with people who were observed to be more withdrawn and were also skilled at recognising when people needed time to sit quietly.

Some people were able to express their views clearly but there were others whose voices may not have been so easily heard. The registered manager, provider and staff made special efforts to make sure these people's views were heard and acted on. For example, staff told us they spoke individually to those people who were not comfortable speaking out in a group. We spoke with a person who the manager had identified in this way and they told us that despite them being rather "quiet" staff went out of their way to make sure their views were asked about and acted on. Staff told us that people who were tired or unwell were consulted at other times when they were at their most comfortable. People who had difficulty communicating were enabled to give their views by staff spending time with them, understanding their body language and/or consulting with those who were close to them. The registered manager had organised for people who needed them, to have communication aids so that they could make an informed decision about options open to them.

The provider had consulted with the local Independent Care Group (ICG) to strengthen the voice of men within the home. This was because men had been identified as a minority group in the home and the provider wished to ensure that men's views and preferences were clearly heard so that they could be acted upon. The consultation had resulted in some work to promote discussions with men on their areas of interest and to organise outings which men had expressed an interest in.

Staff were extremely motivated and spoke with enthusiasm to us about how they could improve the experience of care and compassion for people. This included being proactive about making sure people did not suffer loneliness and understanding when people may feel particularly sad or in need of extra attention. One member of staff told us. "Everyone deserves to be treated with kindness and care no matter how they present to us. If a person is angry or speaking in an unkind way, we understand it may be because of their level of pain or anxiety and we respond to that." Staff spoke about the recognition of each person's need for love and affection.

Good

Is the service caring?

We spoke with staff about diversity and human rights. We asked them what they would need to be aware of if they admitted a person who was more fluent in a language other than English. Staff spoke about the need for good assessment, translation services, being proactive and alert to discrimination from staff, visitors or other people living at the home. They also spoke knowledgeably about what they would do to ensure people had the care they needed for a variety of other diverse needs. In the PIR the provider told us that a member of staff had been a national finalist for a care award, one was a regional winner and one had been on the regional shortlist. This showed how the home valued its staff and the awards were recognition of the caring support staff gave.

Staff told us that when a person passed away, people had decided it would be fitting to hold a memorial service for them in the home. People presented the readings and chose hymns. They talked about the person and honoured their life. One member of staff told us "We belong to a community and the memorial service confirms this." One person who lived at the home told us "It's good to remember people and show your respect."

Some people had Advance Plans in place which were well documented. (Advance Plans record people's preferences when they near the end of their lives). Some people had Do Not Attempt Resuscitation (DNAR) forms in place, and where we saw these they were correctly completed and regularly reviewed.

We saw letters written by relatives of people who had passed away, thanking the staff for the loving care and attention given during a person's last days. The home's statement of purpose included an assurance that people would be cared for at the home for as long as this was safe and people wished to remain there.

Staff told us about the way people were cared for in their final days. They emphasised the need for close liaison with palliative care professionals, attentive monitoring to ensure people did not suffer pain and how important it was to ensure people had company at their beside. They also spoke about the importance of supporting relatives, the people who lived at the home and each other at that difficult time. We spoke with a health care professional who told us. "They are just marvellous when people reach their last days. Their attention to detail is spot on. No effort is too much trouble. It is as though they are caring for a member of their own family."

The registered manager told us that they approached the timing of end of life discussions with sensitivity and reviewed them if circumstances changed or if time had elapsed since the last decision. This meant that staff had instructions regarding people's recent wishes and were in a position to offer the care that people preferred at the end of their lives.

Outstanding ☆

Is the service responsive?

Our findings

We found that staff gave care in a personalised way. The people we spoke with each told us that they had worked with the registered manager and senior staff to draw up their care plans. They each chose three main areas of care that were most important to them, and wrote specific instructions to staff about these areas. Care plans were arranged with each person's specific goals as a priority followed by other areas of care which were also important. For example we spoke with someone who had experienced a significant sensory loss and saw how the care plan now reflected their new priorities. Risk assessments were also agreed with each person and people told us that updates were made in consultation with them when risk levels changed. The manager and provider were striving to improve the way in which care plans reflected people's preferences and life goals. They were considering the introduction of flexibility in the three main areas which people chose so that they could provide a narrative of their priorities for care.

People told us that they had an identified member of staff who was allocated to them, and that they could approach this person for any particular help they needed. One person told us, "X is my main care worker. I can ask her for anything I run short of or if there are any problems, she sorts them out." One person told us it was reassuring to know they had one special member of staff, but that any of the staff would help all they could.

People gave a clear account of the care they had agreed to and all told us that the care they actually received closely followed their plan. We saw that written plans were regularly reviewed with people's involvement.

The home regularly held meetings to gain people's feedback and also often asked for the views of relatives and other visitors, which were recorded. People told us that there was a residents committee in place. The views of people living in the home were gathered and championed by the committee members. Any agreed changes arising from discussions were written down with updates on how progress was being made to achieve these. The registered manager told us how people's views had changed the menu choices, the type of entertainment invited to the home and the way in which some organised activities were offered. The provider had consulted with the Local Independent Care Group (ICG) who had recently advised on strengthening the voice of men in the home. This had resulted in the men choosing outings to the railway museum in York and the air museum in Elvington.

The registered manager and staff described an approach which was focused on the individual. The emphasis was upon meaningful engagement which enhanced quality of life and helped people feel worthwhile and fulfilled. Each person had identified areas of interest within their care plan and was supported to pursue these. One person told us about arranging educational and club outings with staff assistance. This gave them a sense of continuity with the life they had led before coming to live at the home. It was clear the person felt that their wellbeing really mattered to the management and staff at the home. Another person told us enthusiastically about an electronic device which they had chosen to allow them to read books and other information in large, high contrast print on a television screen. One person told us they enjoyed the exercise group held at the home, where a fitness professional visited the home each week with equipment such as a rowing machine for people to use. They said "Sometimes we laugh 'til tears roll down our faces."

We spoke with a member of staff whose role was to assist people to engage with their interests and increase their social wellbeing. They spoke about how people had enjoyed having a visit from a local Junior Silver Band and how they organised music therapy sessions and other organised entertainment after consulting with people. We saw how they explored the potential benefits of each activity and then evaluated them with suggestions for improvement. People's feedback was used to help with future planning and we saw that suggestions such as a bell ringer's visit and a clothes party had taken place after such suggestions. We saw photographs of people creating Christmas wrapping paper, making up Christmas shoe boxes for charity and painting posters for bonfire night. In the PIR the provider told us that they were members of The National Association for Providers of Activities for older people (NAPA) which reflects the commitment of the home to this area of care.

The staff and people we spoke with told us that the home encouraged visitors, and that the staff supported people to maintain their relationships. For example, they would assist people to visit one another, make visits into the local community and invite relatives for meals at the home. The

Outstanding ☆

Is the service responsive?

home had its own minibus transport and this was well used to take people on outings they had suggested. People from the community were regularly invited into the home and the registered manager encouraged volunteers who were supported and trained so that they could offer appropriate support. During the day of our inspection we noticed that there were a number of visitors who were warmly welcomed by staff. We spoke with a health care professional who told us that they often heard about trips to interesting places in their regular visits to the home.

They told us, "This home offers a rare quality of support. It's amazing. People are listened to and the home acts on people's views. People are enabled to have a confident voice."

People told us they were encouraged to express any concerns or complaints they might have and two people told us of times when they had discussed some area of concern to have it resolved quickly and politely. We saw that the service had a complaint procedure and that people's concerns had been quickly dealt with and recorded, along with any learning points for future care.

Good

Is the service well-led?

Our findings

The people we spoke with confirmed that efforts were made to hear and act on their views. There was a real sense that the lines of communication between people and management were open, enabling and supportive. One person told us, "We never think things are going on we don't know about. They talk everything through with us."

The manager was registered towards the end of 2014 and was relatively new to the role. The registered manager told that the provider offered strong leadership and encouraged them to discuss and challenge in an atmosphere of trust and respect.

Staff told us that the provider and registered manager were both approachable and supportive and that they were keen to listen to them and take their comments on board. The registered manager worked alongside staff so that any areas of concern could be quickly resolved. Staff gave us an example of when they had raised a concern in the past few months and they had felt supported and valued throughout the process. Staff told us that the registered manager actively sought their views both in meetings and informally, and that suggestions were appreciated and encouraged. The provider, registered manager and staff all spoke about looking for ways to continually improve the quality of life for the people who lived at the home. For example, we spoke with the member of staff who worked hard to tailor activities and outings to suit the people's preferences. Staff told us they were encouraged to consider what would improve life in an ideal world and then the home would work at making that happen. They told us they felt valued and that every voice was respected. This included everyone who lived at the home, all staff, including ancillary staff, visiting health and social care professionals, volunteers and visitors alike.

The provider had taken care to include the care of staff in the concept of a caring home, so that people experienced a caring and respectful atmosphere throughout the home. Staff told us that the provider and registered manager supported them in their work and made the effort to get to know and understand them as people as well as care workers. They were respectful of staff human rights and protected them from discrimination. One member of staff told us, "We are all part of the community of Alba Rose." Staff understood the scope and limits of their roles and responsibilities which they told us helped the home to run smoothly. They knew who to go to for support and when to refer to the registered manager. They told us that mistakes were acknowledged and acted on in an atmosphere of mutual respect. The provider, registered manager and staff consistently reflected the culture, values and ethos of the home, which placed the people at the heart of care. The provider told us about some staffing changes including a change of registered manager which happened in the past year and the potential this had to disrupt people's lives. They described how they and the registered manager had reassured people and consulted with them to make sure the changes had the least impact possible. The home had a core of staff who had been employed at the home for a long time. People and staff told us this had helped to keep things calm and the running of the home effective.

The provider told us how they updated their knowledge and practice with information from organisations recognised for advising on best practice. For example, the service was following the principles of the Social Care Commitment, which is a voluntary agreement about workforce quality. They used the Gold Standard Framework as a guide (about giving the right person the right care, in the right place at the right time, every time). This had contributed to the personalised approach to care planning in which staff enabled people to create their own care plans according to their chosen priorities. The registered manager also used the Investors in People approach (a champion in people management). The provider informed us in the PIR that they were members of the local Independent Care Group (ICG) and the Registered Nursing Home Association (RNHA). This showed a commitment to seeking information about best practice in care. The registered manager told us that they were engaged on the Registered Manager's Programme with Skills for Care. This demonstrated the registered manager's commitment to developing their skills to improve the quality of care for people.

Communication with relatives and other interested parties was promoted through informal and formal meetings, questionnaire surveys and by a regular newsletter jointly produced by the staff and people who lived at the home.

The PIR showed that the provider understood where the home could improve practice. For example the registered manager had identified that people's life biographies could be improved and was working on this with a timescale in place. The registered manager also identified that although

Good

Is the service well-led?

staff training was up to date and certificates were in place, the training matrix did not reflect this. They had identified that more detailed training in the MCA and DoLS was needed. A plan was in place to address these areas.

Notifications had been sent to the Care Quality Commission by the service as required.

The registered manager carried out audits on areas of quality and safety within the home and we sampled the results of a medication audit, an infection control audit, and other checks associated with a safe environment. We saw written plans where the need for improvements had been identified; for example, staff were reminded of the need to protect their time when administering medicines to reduce the risk of error. The registered manager told us that the results of audits were discussed in meetings and all staff were made aware so that any shortfalls were addressed to improve the overall quality of the service. Plans for improvements and progress towards achieving them were also openly shared with people who lived at the home in meetings. They told us they were kept informed, up to date and consulted.