

Decorum Care & Support Services Limited

Southlands Residential Care 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

This inspection took place on 07 and 08 December 2015 and the first day was unannounced.

This was the home's first inspection since Decorum Care and Support Services Limited took ownership of Southlands Residential Care Home in April 2015.

The home is registered to provide accommodation for up to 30 people who require nursing or personal care due to

a physical or sensory disability, or poor health. The home does not provide nursing care. This is provided by the community nursing service when required. At the time of our inspection there were 26 people living at the home.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

We looked at the way in which the home managed people's medicines. While in general this was done safely we did find some medicines had been dispensed in to lidded and named pots to be given at a later time. The registered manager confirmed this was against the home's policy and they were confident this was not common practice. They took action to identify the staff member involved and to destroy the medicines.

People told us they felt safe living at Southlands and their relatives also had confidence their relations were safe and well cared for. They were complementary about the staff team. Their comments included, "Wonderful carers", "It's marvellous here" and "They will do anything for you. This is a homely, friendly place".

All those we spoke to, people, their relatives and staff, felt the home was well managed and they expressed confidence in the registered manager and provider. One person said of the registered manager, "The manager will come around and have a chat, very visual, always here". The provider was described as "a very nice man" and "he has definitely improved things".

Anyone newly admitted to the home was provided with a 'Welcome Ambassador'. This was a member of staff whose role was to show them around and introduce them to the other people living in the home, and to provide them with information about the life in the home. They were also provided with a 'Welcome to Southlands' document which gave them information about the home, how to raise a concern as well as emphasising the home's person-centred approach to supporting people. People and relatives were aware of how to make a complaint and all felt they would have no problem raising any issues. One relative said "I'm confident that any concerns would be dealt with." People said "I can't think of anything" or "I can't find fault" when asked if there was anything that would make the home more comfortable for them.

The provider told us their philosophy in providing a care service to people was ensuring they remained "involved

and in control". They said this meant people were to be "involved in the daily life of the home" and "to be in control of the way they wished to live and what support they receive."

People told us they were consulted about their care needs and how they wished to be supported. Care plans provided guidance for staff about people's care needs and how to manage any associated risks, such as those related to their mobility or conditions such as diabetes. Accidents were documented and reviewed to identify how the accident came about and what actions could be taken to reduce the risk of a reoccurrence. Staff understood people's rights to make decisions about their care and treatment and respected these.

People had prompt access to their GP or other health care professionals such as the community nurses. One health care professional visiting the home at the time of the inspection told us they had a good relationship with the staff who contacted them promptly for support and advice. They were confident the staff were meeting people's care needs well.

People told us they liked the food and had a good choice available to them. The cook confirmed menus were planned around people's likes, dislikes and dietary needs, and people were invited to meet with them and contribute to the menu planning. Nutritional assessments identified people who were at risk of not eating or drinking enough to maintain their health, and their food and fluid intake was being monitored. People were referred to their GP for further support if necessary. Where nutritionally enhanced drinks were provided these were presented very attractively with whipped cream and chocolate sauce to make them more appetising for people.

Staff provided meals in a manner that promoted people's independence. For example, one person had their meal presented in a number of small bowls which they were able to lift up to eat from. On the second day of the inspection, one person was celebrating their birthday. They told us they had been asked what they would like to have for lunch, saying they could choose anything they wished.

There were sufficient staff on duty to meet people's care needs. Staff had received training to ensure they had the knowledge and skills to care for people well. They also

Summary of findings

received training in safeguarding adults and they had clear information about what action to take if they had a concern over someone's welfare. Staff were aware of the home's whistle-blowing procedure.

Staff recruitment processes were safe, ensuring as far as possible only suitable staff were employed at the home. People were invited to be involved in staff interviews. Newly employed staff received an introduction to the people living in the home and worked alongside an experienced member of staff until they had completed training in health and safety topics. They were also enrolled to undertake the Care Certificate.

Staff told us they felt very well supported by their colleagues, the registered manager and the provider. Their comments included, "I feel well supported", and "This is a lovely place to work". They received regular supervision and attended meetings to discuss how well the home was meeting people's needs and to share their ideas and suggestions.

Since the change of ownership, the home had employed an activity co-ordinator. They consulted with, planned and supported people to be involved in a variety of activities, in and out of the home. People had been invited to join an 'activity committee' to discuss with others what leisure and social activities they would like to see planned. Group and individual activities were planned for both mornings and afternoons each weekday.

The registered manager used a range of quality monitoring systems to continually review and improve the service and made a report to the provider each month. Regular staff and resident and family meetings allowed the sharing of ideas and promoted the development of the service.

People told us the home was always clean and tidy. The premises and equipment was well maintained to ensure people's safety.

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?

The home was safe.

Medicines were managed safely and people received their medicines as prescribed. Where an issue of poor practice was identified this was immediately addressed by the registered manager.

Staff understood their responsibility to safeguard people and what action to take if they were concerned about a person's safety or wellbeing.

There were sufficient staff to meet people's needs and they had been recruited safely with appropriate pre-employment checks. People were involved in choosing the staff to work at the home.

Risks had been assessed as part of the care planning process and staff had clear information on the management of identified risks.

Good



Is the service effective?

The home was effective.

Staff had received training and supervision to make sure they were competent to provide the care and support people needed.

People's rights were protected and respected because staff understood the principles of the Mental Capacity Act 2005.

People had regular access to healthcare professionals. The management and staff worked well with other agencies and people received the support they needed to maintain their health.

Good



Is the service caring?

This home was caring.

People told us that they were well cared for and we saw staff treated people in a compassionate and respectful way. They were consulted about the care and their independence, privacy and dignity were protected.

Staff demonstrated detailed knowledge about the people they were supporting and their conditions, backgrounds, their likes, dislikes and preferred activities.

Information was available on how to access advocacy services for people who needed someone to speak up on their behalf.

Good



Is the service responsive?

The home was responsive.

A variety of activities were available within the home. People were supported to make decisions about how they lived their daily lives.

People were supported to maintain relationships that were important to them.

Feedback was sought and there was a system in place to receive and handle complaints or concerns raised.

Good



Summary of findings

Is the service well-led?

The home was well led.

The registered manager and provider had provided staff with appropriate support and leadership and were passionate about providing excellent quality of care to people who lived at Southlands.

All staff worked effectively as a team to ensure people's needs and preferences were met.

There were effective quality assurance systems in place designed to both monitor the quality of care provided and to drive improvements within the home.

Good



Southlands Residential Care 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 07 and 08 December 2015. The first day was unannounced. Two social care inspectors undertook the inspection. 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. Before our inspection, we reviewed the information in the PIR along

with information we held about the home, which included incident notifications they had sent us. A notification is information about important events which the service is required to tell us about by law. We also contacted the community nursing service as well as Devon County Council's Quality and Improvement Team, who are involved in reviewing the quality of the service provide by the home.

During our visit in addition to the registered manager and the provider, we spoke with 15 people who used the service, six relatives, six staff, and one health care professional. We looked at the records which related to four people's individual care, including risk assessments. We reviewed how the home managed people's medicines; how they recruited and trained their staff; how they managed complaints, and how they monitored the safety and quality of the services provided.

Is the service safe?

Our findings

On the first day of our inspection we looked at how the home managed people's medicines. Staff showed us how they store, administer, and dispose of people's medicines. Medication administration records were clearly written and there were no missed signatures. However, we found some medicines in lidded and named pots being stored in a locked cupboard. A note with these medicines indicated they were to be given "Monday night", the night of the inspection. We checked the medicines due to be given that night and found they were missing from the blister packs. The registered manager told us 'secondary dispensing', that is putting medicines in to pots to be given at a later time, was against the home's policy. They told us all staff responsible for administering medicines had received training and they were confident this was not common practice. They were able to identify the member of staff responsible and confirmed they would dispose of the medicines. On the second day of the inspection, the registered manager told us they had attended the home the previous evening and had taken action to address the issue. They said this would also be discussed at the staff meeting already arranged for later in the week and remind staff of the home's procedures.

People told us they felt safe living at Southlands. Their comments included, "Yes, I'm safe here" and "Yes, it's very good here." Relatives told us they had confidence their relations were safe and well cared for.

Staff knew how to report any concerns they may have about the safety and welfare of people. Staff had received training in safeguarding adults and there was clear information available on the action they should take if they had a concern over someone's welfare. Staff told us they would report any concerns to the registered manager or the provider and they were confident their concerns would be listened to and acted upon. Staff knew who to report concerns to should the registered manager or the provider not be at the home. A list of emergency telephone numbers was provided including those of the Care Quality Commission and the local authority's safeguarding team. Staff understood people's rights to make decisions about their care and treatment and respected these.

Staff were aware of the home's whistle-blowing procedure where they could report concerns 'in good faith'. Documentation showed the registered manager had

responded to a concern raised through this procedure. They had supported the member of staff who had reported the concern as well as the member of staff the concern involved. Records clearly showed the action taken and identified the person was satisfied with the outcome.

Each member of staff was provided with an 'employee handbook' which guided them on the safeguarding and whistle-blowing procedures to follow and who to contact should they have concerns. People living at the home and their relatives were provided with a 'Welcome to Southlands' guide which contained information about who to contact if someone wished to raise a safeguarding concern outside of the home.

Care plans showed each person had been assessed before they moved into the home and any potential risks to their safety were identified. Assessments included the risk of falls, skin damage and poor nutritional and hydration, as well as those associated with healthcare conditions such as diabetes. Where risks were identified there were detailed measures in place to reduce these where possible. For example, one person's care plan identified they required a hoist to assist them with moving from their bed to a chair. The care plan clearly described how many staff should support the person, the size of sling to be used and where the loops of the sling should be attached to the hoist. This person told us "Staff use the hoist better than in the hospital." Another person's care plan identified a risk of low or high blood glucose levels. Their care plan gave very clear guidance for staff about the signs and symptoms to be observant for and how to monitor and respond.

Accidents were documented and reviewed to identify how the accident came about and what actions could be taken to reduce the risk of a reoccurrence. Risk assessments were reviewed each month, or following an accident, to ensure all necessary steps were being taken to protect people.

People said there were enough staff on duty to meet their needs. One person said "They don't take long when I ring the bell" and another said, "There's somebody always on hand." Staff also felt there were enough staff on duty to meet people's care needs and to spend time with people. At the time of the inspection, in addition to the registered manager and the provider, there were six care staff on duty, as well as catering and housekeeping staff and an activity co-ordinator. During the afternoons there were four care staff on duty and two waking care staff overnight. Staff confirmed this was usual and staffing levels were reviewed

Is the service safe?

regularly in response to people's changing care needs. We saw staff were relaxed and confident in their work. They said they had time to meet people's needs properly and to spend time in conversation with them. The registered manager showed us the assessments they undertake every month to identify the home's staffing needs. These assessments included people's dependency on staff to meet their care needs during the day and night and the length of time necessary to meet these needs. They said they did not use agency staff to cover shortfalls as they would not know people well, but preferred to resolve this from within the staff team.

Robust recruitment procedures were in place to ensure suitable staff were employed. Each prospective member of staff underwent a number of checks including Disclosure and Barring Service (DBS) checks, and obtaining references from previous employers. The provider told us people living at the home were invited to take part in the interview process and we saw three people had been involved in the interviews of two new staff members.

The home was clean and odour free. People told us the home was always clean and tidy. One person said, "The domestics are lovely and very thorough". Staff had access to hand washing facilities and used gloves and aprons appropriately. The home had received a food hygiene visit in January 2015. They had been awarded a rating of five. This was the highest rating and showed very good hygiene within the service. The premises and equipment were maintained to ensure people were kept safe. Checks had been carried out in relation to fire, gas, electrical installation, lifts and hoists. The provider told us of their plans to redecorate and upgrade the home. Some of the older wooden windows had been replaced and others were due to be replaced. Personal evacuation plans and a business continuity plan were in place to ensure people were safe in the event of an emergency or the home needing to be evacuated. Six senior staff had recently trained as 'fire wardens', a role that provided them with a greater understanding of fire safety in the workplace and how to manage an emergency situation safely.

Is the service effective?

Our findings

We asked people about the care and support they received and whether it met their needs. They told us they were well cared for and were very complementary about the staff. Comments included, “Wonderful carers”, “It’s marvellous here” and “They will do anything for you. This is a homely, friendly place”. Relatives also shared this confidence that people were well cared for. One said, “I feel able to talk to them about his care and I’m confident that he is safe and well cared for”

Staff were knowledgeable about people’s care needs and had the skills and knowledge to support them. They received regular training in issues relating to people’s care needs such as pressure area care and caring for people with dementia. Training was also provided in health and safety topics such as safe moving and handling, fire safety, food hygiene and infection control, and certificates were seen in staff files. Some of this training was provided using DVDs. Staff confirmed their knowledge in these topics was tested using questionnaires provided with the DVD and which were reviewed by the registered manager. We discussed with the registered manager how they ensured their own knowledge was up to date to enable them to assess staff’s competence. They confirmed they attended all the training events arranged for the staff. However they recognised they had not had their own competence for the practical element of moving and handling training assessed by a qualified trainer for some time. Following the inspection they confirmed they had arranged for this to take place.

Staff said they could request training in topics that interested them or those they felt they needed more information about. One staff member said that since the change of ownership there was “More training on offer, I feel able to identify my training needs.” Forthcoming training included caring for people with diabetes and those living with dementia.

One newly employed staff told us they had received an introduction to the people living in the home and worked alongside an experienced member of staff until they had completed training in health and safety topics. This included training in the safe use of the hoist, infection control, safeguarding people, first aid and fire safety. They

were also enrolled to undertake the Care Certificate. This certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support.

Staff told us they felt very well supported by their colleagues, the registered manager and the provider. Their comments included, “I feel well supported”, “This is a lovely place to work” and “I’m always well supported.” They received regular supervision every two months. The role of supervisor was shared between the registered manager and the senior care staff. We saw they were able to discuss how they found working in the home. Suggestions, concerns and training and development needs were also discussed. The registered manager confirmed senior staff were to receive training in staff appraisal and work performance review and would then take on a shared role with this. Regular staff meetings were arranged where staff were encouraged to share their views on the running of the home and discuss how best to support people. We saw one member of staff had suggested providing better quality disposable razors for people and this had been implemented.

The training matrix provided by the home indicated the majority of staff currently employed had received training in the Mental Capacity Act (MCA) 2005. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The staff we spoke with had a good understanding of the principles of presuming people had the ability to consent to their care and treatment and to make decisions about how and where they wished to be supported. They confirmed that currently one person living at the home lacked the capacity to make decisions about their care and treatment. An assessment of this person’s capacity had been undertaken and the decisions made were identified as being in their best interests. People’s consent had been sought to use equipment designed to reduce risks to their safety such as bedrails or pressure sensor mats.

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

Is the service effective?

procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA. At the time of our inspection, one person was being deprived of their liberty. Records showed the home had sought advice from Devon County Council's safeguarding team and an application for the authorisation of this had been submitted to the local authority.

People told us they liked the food and had a good choice available to them. Comments included, "the food is very good" and "the food is lovely with lots of choice." They told us they could have their meals at the times they preferred and could take meals in their rooms, or one of the lounges, if they wished. The cook confirmed menus were planned around people's likes, dislikes and dietary needs, and people were invited to meet with them and contribute to the menu planning. We saw people enjoying their lunchtime meals: people were offered choices and the mealtime was pleasant and unhurried. People were seen laughing together and in pleasant conversations with staff and each other. Staff provided meals in a manner that promoted people's independence. For example, one person liked to have their meal on a tray on their lap and another person had their meal presented in a number of small bowls which they were able to lift up to eat from.

On the second day of the inspection, one person was celebrating their birthday. They told us they had been asked what they would like to have for lunch, saying they could choose anything they wished. They told us they were enjoying their meal, saying "it's just what I wanted". They were presented with a birthday cake, and people and staff sang to them making it a very pleasant occasion.

Care plans included an initial nutritional risk assessment and regular reviews of how well people were eating and drinking. People's weight was monitored to identify any changes in care needs. Where someone had been identified as being at risk of not eating or drinking enough to maintain their health, we saw their intake was being monitored and they had been referred to their GP for further advice. Several people were provided with nutritionally enhanced drinks and we saw these were presented very attractively with whipped cream and chocolate sauce to make them more appetising for people. One relative said their relation was eating better than they had at home and had put on weight. They said they were now much healthier.

People told us they saw their GP or the community nurse promptly if they needed to do so. Care files contained records of referrals to GPs, community nurses and physiotherapists and the outcomes of these were documented and any changes to care needs as a result were transferred to the care plans. During the inspection we spoke with a health care professional who had regular contact with the home. They confirmed they had a good relationship with the staff who contacted them promptly for support and advice, and they were confident the staff were meeting people's care needs well. The registered manager met regularly with the home's GP. These meetings allowed them to talk in general about support for people who are aging and in particular about the signs and symptoms of common conditions that require prompt recognition to avoid a deterioration in the person's health.

Is the service caring?

Our findings

The provider told us their philosophy in providing a care service to people was ensuring they remained “involved and in control”. They said this meant people were to be “involved in the daily life of the home” and “to be in control of the way they wished to live and what support they receive.”

Everyone we spoke with, people and their relatives, praised the kindness and caring attitude of the staff. Their comments included, “I feel like part of the family”, “I love it here. I don’t want to go home” and “The staff are wonderful, very caring”. People said they and their relatives were consulted about their care needs and how they wished to be supported. Their preferences were sought, known to staff and respected. People were supported to access advocacy services if they wished to have independent advice about care provision or to allow their views to be independently represented.

Anyone newly admitted to the home was provided with a ‘Welcome Ambassador’. This was a member of staff whose role was to show them around and introduce them to the other people living in the home, and to provide them with information about the life in the home. This member of staff consulted with the person about their care needs, their hobbies and interests and preferences and was responsible for sharing this information with the remainder of the staff team.

Staff described how much they enjoyed working at the home. One said, “I love it” and another described it as “The

best place ever”. Staff knew people, their likes and dislikes, and established a rapport with each person. Staff spent time with people, they chatted and listened to them, were patient, kind and encouraging. We saw lots of fun and laughter. People told us the staff were “Normal, natural and we can have a laugh” and “the staff are brilliant, all of them not just one. They find time to make you laugh, they’re fun”.

Staff treated people with dignity and respect. A relative told us “All staff are friendly, polite and eager to please”. We saw staff knocking on people’s bedroom doors and waiting for a response before entering. They discreetly asked people whether they wanted to use the toilet. Bedroom, bathroom and toilet doors were kept closed, when staff were supporting people with personal care. Staff maintained confidentiality and when discussing people’s care needs with us and each other they did not do so in front of other people.

Where people had made advanced directives about their future care needs or decisions about whether they wished to receive emergency treatment such as cardio-pulmonary resuscitation, these were clearly recorded in their care files. The home worked closely with the community nursing service and the local hospice to provide end of life care. Feedback recently received by the home highlighted the support and compassion shown by staff to people having end of life care and to their families. One relative wrote, “Our heartfelt thanks go to everyone involved in her care” and another, “To (name of provider) and your amazing team, you are very special people. Thank you for the kindness you have shown.”

Is the service responsive?

Our findings

The 'Welcome to Southlands' document emphasises the home's person-centred approach to supporting people. It said, "Our wish is to enable you to attain and remain as independent as possible for as long as possible and to enjoy a good quality of life. It is our aim and objectives are to provide a service that enables you to live as full and active life as possible within a home from home environment by providing a high quality flexible service to assist you to maximise your choices and independence."

This aim was reflected in people's comments about living at Southlands. People told us they had been asked about their care needs, both prior to and since their admission and about how they wished to be supported. Equipment necessary to meet people's care needs, such as hoists or pressure relieving mattress, were identified prior to the person's admission. This meant staff had equipment ready for them when they arrived. Care plans provided information and guidance for staff about people's needs and preferences and staff had a good knowledge of these. For those people who had specific care needs related to a health condition, the management of these were well documented.

People were offered choices about their daily lives and staff worked flexibly around their wishes. For example, what time the person wanted to get up and go to bed, where and when they wanted their meals. For example, one person's care plan said the person liked to have their "breakfast and lunch in the dining room and their evening meal in their room sat by the window".

Each month people met with the registered manager or a senior staff member to review how well they had been supported over the previous month. Staff discussed with them their preferences in regard to meeting their care needs; any risks identified to their health, safety and well-being; any medical professional involvement, and any consultation with their family.

Since the change of ownership, the home had employed an activity co-ordinator. They consulted with, planned and supported people to be involved in a variety of activities, in and out of the home. People had been invited to join an 'activity committee' to discuss with others what leisure and social activities they would like to see planned. Group and individual activities were planned for both mornings and

afternoons each weekday. Recent activities included baking mince pies and Christmas cakes, painting and craft work, gardening and quizzes. Singers and musicians were invited into the home once or twice a week. Records showed the activity coordinator spent time with people who were being cared for in their rooms either through choice or ill health. People's leisure and social interests were recorded in their care files and the activity co-ordinator used these to plan interesting and enjoyable group and individual activities for people. People told us how much they had enjoyed going out to local places of interest, including recent visits to Coombe Cellars and to the coast for fish and chips. They had also been involved in a fund raising 'tea party' for Cancer Research and were proud they were able to present them with a cheque for over £200. On the first day of the inspection, people were invited to attend a local carol service. A relative told us, "Since (name of provider) took over the home is better, it looks better, and is more cheerful", and another said, "it's lovely to see residents smile during activities". A monthly newsletter provided people's relatives and friends with information about events in the home and invited them to join in.

People and relatives were aware of how to make a complaint and all felt they would have no problem raising any issues. One relative said "I'm confident that any concerns would be dealt with" and another said, "There has never been any question of the care given to (name), it was always apparent on our visits to Southlands and bore out by (name's) always contented disposition". We asked people what would make life in the home more comfortable or better for them. All those we spoke with said, "I can't think of anything" or "I can't find fault". The complaints procedure was available in the 'Welcome to Southlands', a copy of which was provided to each person. The home had received three complaints since the change of ownership. Records showed the provider had thoroughly investigated these and responded to the person raising the concern, offering apologies where appropriate. They had reviewed the outcome of these after one month, and then periodically, to ensure the matter was properly resolved. Concerns and complaints were an agenda item at staff and management meetings as the provider used these as an opportunity to review their practices and "learn lessons".

People were encouraged and supported to develop and maintain relationships that were important to them. Family and visitors felt welcome and were encouraged to visit.

Is the service responsive?

People could invite family and friends into the home for a meal or to participate in the activities. One relative said, "The staff are wonderful, we are always made to feel welcome".

Is the service well-led?

Our findings

Decorum Care and Support Services Limited took over the ownership of the home in April 2015. People living in the home, their relatives and the staff said the change of ownership had been managed smoothly and people had been kept fully informed about the process. People described the provider as “a very nice man” and “he has definitely improved things”. The registered manager had worked at the home for many years and knew people and staff well. The registered manager said the provider had consulted with them about the developments and improvements they would like to make and they were very supportive. All those we spoke with said the home was very well managed. One person said, “The manager will come around and have a chat, very visual, always here” and another described the registered manager as “wonderful.”

In the provider information return (PIR), the provider outlined ways through which they created an ‘open culture’ and a ‘bottom-up’ communication flow to enable them to provide services responsive to people’s needs. The provider met formally and informally with people, staff and visiting health and social care professionals. Regular staff and resident and family meetings allowed the sharing of ideas and promoted the development of the service. Minutes from the recent residents’ meeting confirmed people had spoken about the keyworker system and planning social activities and trips out as well as and the food they would like included on the menus.

They also said they would introduce the Department of Health’s initiative, “The Social Care Commitment”. This is the adult social care sector’s promise to provide people who need care and support with high quality services. It asks services to make “promises” in topics such as having thorough induction training for new staff, ensuring a strong culture that values dignity and respect and having effective communication throughout the service. The provider told us they were committed to providing high quality care and support to people as well as establishing a skilled and competent staff team. Further developments included introducing a computerised care planning system that included risk assessment and management planning, and provided the ability to monitor people’s health and well-being more closely.

We saw during our inspection that both the provider and registered manager were accessible to staff and people

living in the home and spent a lot of time with the people talking with them and spending time interacting socially. One person said the provider was “very, very attentive. He pops in most days to see if I’m ok and has a chat”. They both monitored practice, provided advice, feedback and support to staff.

Staff said they worked well as a team. We saw friendly and jovial interactions between staff. One member of staff said, “The nicest thing (about the home) is the nice staff”. A relative told us, “The staff are lovely and they have a great rapport with the managers”.

Staff told us they were well supported in their day to day work as well as to undertake training, develop their skills and take part in the development of the home. They confirmed they had regular staff meetings to discuss practices, share ideas and any areas for development. One staff member told us, “(name of the manager) is a good boss, very relaxed but will tackle things if needed, she’s firm but fair” and of the provider, another staff member said, “(name of provider) has big plans and seems a bit more modern and up to date”.

Shortly after the change of ownership the provider sent questionnaires to people, their families and staff to gain their views on what was working well in the home and to share ideas for improvements. They also consulted an agency to undertake a mock CQC inspection to identify the home’s strengths and weaknesses and to develop a plan to ensure the home was fully compliant with the legislation and regulations. In addition, the registered manager used a range of quality monitoring systems to continually review and improve the service and made a report to the provider each month. These included regular health and safety checks and local audits of medicines, care records and infection control. Action plans were developed where needed. For example, a recent audit showed some staff required an update in their first aid training and this had been arranged and completed.

The provider subscribed to an external management consultancy to ensure the home receives up to date information about developments in the care sector. They had also reviewed the home’s policies and procedures to ensure these provided staff with up to date information about current good practice and legislation.

The registered manager regularly attended local meetings with other care home managers and the community nurses

Is the service well-led?

to share good practice. The provider and registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC) and their duty of candour. The duty of candour places requirements on managers to act in an open and

transparent way in relation to providing care and treatment to people. Notifications had been submitted to us, in a timely manner, about any events or incidents they were required by law to tell us about.