Heritage Manor Limited

Abberton Manor Nursing Home

Inspection report

Layer Road
Colchester
Essex
CO5 7NL

Tel: 01206735590
Website: www.heritagemanor.co.uk

Date of inspection visit:
07 February 2017

Date of publication:
30 March 2017

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 7th February 2017 and was unannounced.

Abberton Manor nursing home is registered to provide accommodation and care for up to 26 people, some of whom may be living with dementia. There were 23 people living at the service at the time of our inspection.

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

When we had visited in 2015, we had concerns in that medicines were not managed safely. During this inspection we found improvements had been made and we were happy that they were now meeting these regulations.

People were safe because staff supported them to understand how to keep safe and staff knew how to manage risk effectively. There were appropriate arrangements in place for medication to be stored and administered safely, and there were sufficient numbers of care staff with the correct skills and knowledge to safely meet people's needs.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals. This ensured that the decision was taken in accordance with the Mental Capacity Act (MCA) 2005, DoLS and associated codes of practice.

People had access to healthcare professionals. A choice of food and drink was available that reflected their nutritional needs, and took into account their personal lifestyle preferences or health care needs.

Staff had good relationships with people who used the service and were attentive to their needs. People's privacy and dignity was respected at all times.

People and their relatives were involved in making decisions about their care and support.

People were treated with kindness and respect by staff who knew them well and who listened to their views and preferences.

People were encouraged to follow their interests and hobbies. They were supported to keep in contact with

their family and friends. People received individual one to one support from staff and the provider so were able to take part in a wide range of activities and pastimes that were important and relevant to them. They were protected from social isolation because of the high level of support and opportunities to participate in meaningful activities made available through the service.

There was a strong management team who encouraged an open culture and who led by example. Staff morale was high and they felt that their views were valued.

The management team had systems in place to monitor the quality and safety of the service provided, and to drive improvements where this was required.

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.

The provider had systems in place to manage risks.

Staff understood how to recognise, respond and report abuse or any concerns they had about safe care practices.

Staff were only employed after all essential pre-employment checks had been satisfactorily completed.

Is the service effective?

Good

The service was effective.

Staff received effective support and training to provide them with the information they needed to carry out their roles and responsibilities.

Staff had a good knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and how this Act applied to people in the service.

Staff knew people well and understood how to provide appropriate support to meet their health and nutritional needs.

People had access to healthcare professionals when they required them.

Is the service caring?

Good

The service was caring.

People were treated with respect and their privacy and dignity was maintained.

Staff knew people well and what their routines were.

Staff were kind and considerate in the way that they provided care and support.

Is the service responsive?

Good

The service was responsive.

People and their relatives were consulted about the people's needs and preferences.

People had access to a wide range of personalised and group activities which were tailored to meet people's needs.

Care plans were comprehensive in detail. This supported staff to provide care and support which reflected people's preferences, wishes and choices.

People who lived at the service and their relatives were confident to raise concerns if they arose and that they would be dealt with appropriately.

Is the service well-led?

Good

The service was well-led

There was a positive, open and transparent culture where the needs of the people were at the centre of how the service was run.

The registered manager supported staff at all times and led by example.

Staff received the support and guidance they needed to provide good care and support and staff morale was high.

The service had an effective quality assurance system. The quality of the service provided was regularly monitored and people were asked for their views.

Abberton Manor Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 7 February 2017. It was unannounced and was carried out by one inspector a Specialist Professional Advisor 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.

We reviewed all the information we had available about the service, including notifications sent to us by the provider. A notification is information about important events which the provider is required to send us by law. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection we spoke with eight people who used the service, the registered manager, deputy manager, administration assistant and eight staff including two registered nurses and the chef. We also spoke with six relatives that were visiting at the time of our inspection.

After the inspection we received information from other healthcare professionals that visit the home.

We reviewed six people's care records, eight medication administration records (MAR) and a selection of documents about how the service was managed. These included, staff recruitment files, induction, training schedules and a training plan. We also looked at the service's arrangements for the management of medicines, and records relating to complaints and compliments, safeguarding alerts and quality monitoring systems.

Good

Is the service safe?

Our findings

At the last inspection in 2015 we identified breaches in relation to medicines being managed safely. During this visit we found the registered manager had made improvements and addressed our concerns thoroughly. However, we found some minor concerns in regards to the administration of medication which we discussed with the manager who then dealt with them immediately.

People were protected by safe systems for the storage, administration and recording of medicines. Medicines were kept securely and at the right temperatures so that they did not spoil. We noted checks were carried out twice a day and the temperature recorded. However, we noted there was no guidance on the form to say what the ideal range of temperature should be and the actions to take if the temperature was too low or high. We discussed this with the management team and this was rectified immediately. Medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled staff to know what medicines were on the premises. Medication checks were carried out each evening to ensure the stocks were correct. We saw staff administer medicines safely, by checking each person's medicines with their individual records before administering them, to confirm the right people got the right medicines. When people had prescribed medicines on an as required basis, for example for pain relief, there were protocols in place for staff to follow so that they understood when a person may require this medicine. Regular medication audits had been completed by the deputy manager and a lead medication nurse. However, this did not include some creams that were stored in the fridge and there was no way of knowing when these creams had been opened because the expiry date had worn away. These items were removed immediately and disposed of. We checked some medication administration records (MAR) and found there to be no omissions on completion however, when additional medicines were received for example, a course of antibiotics that needed to be added to the MAR sheet these were handwritten by one member of staff. The process could be improved to minimise errors if the handwritten information was checked by a qualified member of staff who recorded that the details had been added correctly. We discussed our findings with the management team who immediately put measures in place to rectify this happening in the future.

People we spoke with all told us they had their medication when they needed them. One person told us, "Oh yes, I have medication for when I am in pain and they always give it to me when I ask." Relatives we spoke with told us, "They are very good ensuring [name of relative] has their medication on time it is important because of their condition."

People told us they felt safe living at the service. One person told us, "I feel safer here than living on my own there is always someone around to help me."
All of the relatives we spoke with told us they considered the service was a safe place for their relative to live and had no concerns. One relative told us, "The staff and the nurses here are very good always someone around you never have to worry."

There were policies and procedures regarding the safeguarding of people. Staff had received training, and understood their roles and responsibilities to recognise respond to and report any incidents or allegations of

abuse, harm or neglect. Staff were aware of the provider's whistleblowing policy and how they could also report any concerns they may have to their immediate line manager or their managers in the service. It was also evident from our discussions with them that they had a good awareness of what constituted abuse or poor practice, and knew the processes for making safeguarding referrals to the local authority. There was also a 'speak up service' on display in the staff room that provided staff with a confidential telephone number to call if they identified any concerns. Our records showed that the manager was aware of their responsibilities with regards to keeping people safe, and reported concerns appropriately.

People's risks were well managed. Care records were held electronically and staffed used a tablet to update the care plans; each person had a basic care plan in their room in paper format. The care plans showed that each person had been assessed for risks before they moved into the home and again on admission. Any potential risks to people's safety were identified. Assessments included the risk of falls, skin damage, and nutritional risks, including the risk of choking and moving and handling. Where risks were identified there were measures in place to reduce them where possible. For example, one person who was living with diabetes had a plan of care in place that gave staff information on how this condition and subsequent health risks should be managed, other people were on a fortified diet because of concerns around their weight again this was detailed in the persons care plan. All risk assessments had been reviewed on a regular basis and any changes noted.

We saw that there were processes in place to manage risks related to the operation of the service. These covered all areas of the home management, such as gas safety checks and the servicing of lifts and equipment such as hoists used at the home. There were appropriate plans in place in case of emergencies, for example evacuation procedures in the event of a fire. The service employed a full time maintenance person who was responsible for ensuring the safety of the premises. Staff alerted them to any problems and noted them in a maintenance book for sign off to say the works had been carried out.

There were sufficient staff available to keep people safe and meet their needs. Whilst agency staff did support staffing levels at the home, the registered manager ensured that the agency staff members used were consistent to support the continuity of care for people.

The manager explained how they assessed staffing levels and skill mix to make sure that there were sufficient staff to provide care and support to a high standard. Staffing rotas showed the home had sufficient skilled staff to meet people's needs, as did our general observations. For example, people received prompt support and staff were unhurried. The manager told us that they employed full time activity co-ordinators, cleaning staff and a chef, this enabled the care staff to focus solely on the care required to meet the needs of the people that used the service, without having to carry out any other duties.

Staff recruitment files demonstrated that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, the provision of previous employer references, proof of identity and a check under the Disclosure and Barring Scheme (DBS). This scheme enables the provider to check that candidates are suitable for employment. People could be assured that their needs were being met by staff that had been assessed as safe and competent, with the necessary skills for the job role they had been employed for.

Good

Is the service effective?

Our findings

People spoke positively about the ability and approach of staff in providing a quality service that met their needs. One relative told us, "The staff seem to know everyone, you always feel as if they know what they are doing some of them have been here a long time."

Staff told us they felt they were supported with regular supervision and annual appraisals with their manager. This enabled staff to discuss their performance and provided an opportunity to plan their training and development needs. All staff we spoke with confirmed they had been encouraged to undertake additional work based qualifications to improve their knowledge. For example, National Vocational Qualifications (NVQs) in health and social care.

New members of staff undertook an in-depth induction training course covering areas such as moving and handling, safeguarding people from abuse, first aid, basic food hygiene, behaviour that challenges, COSHH awareness, nutrition and hydration, pressure ulcers. Staff told us, "I had training before I started, then shadowed experienced staff for to integrate me into the home."

The manager told us they work closely with local hospice. They had given the staff some training and guidance with end of life care. They were able to liaise with them if they needed any support when someone was requiring end of life care.

Staff had the necessary skills to meet people's needs. They communicated and interacted well with the people who used the service. Staff were appropriately trained and supported for the roles they were employed to perform. All staff we spoke with told us they had been supported with training relevant to their role and how this enabled them to understand and meet people's needs. For example, they were able to demonstrate to us through discussion and our observation throughout the day of inspection how they supported people in areas they had completed training in such as moving and handling, dementia, and falls prevention. Staffs comments included, "The courses here are all really good."

A monthly report was sent by the provider detailing the compliance status in all areas of training. Any outstanding or training due was immediately actioned by the administrator, who would check the rota and book staff on to any training required. We saw the training matrix which clearly highlighted any training which was due to expire therefore ensuring staff training was up to date.

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 interest and as least restrictive as possible.

People can only be deprived of their liberty to received care and treatment when this is in their best interest and legally authorised under the MCA 2005. The application procedures for this in care homes and hospitals

are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA 2005.

We looked at care records and found the service routinely assessed people's capacity for day-to-day decision making such as personal care, dressing, transfers, medication, and nutrition.

We spoke with the staff to assess their working knowledge of working within the principles of the MCA. Staff we spoke with were aware of the need to consider capacity and what to do when people lacked capacity. We observed staff consistently offering choice to people and checking for their agreement before supporting them with any tasks. Staff had been trained in MCA and DoLS they were aware of the people that these restrictions applied to and the support they needed as a consequence.

People told us they were happy with the food provided comments included, "The food is very good we get a choice and can always ask for something different." Staff told us, "The food is all homemade the chef is very good he used to work in a local restaurant." One person was heard by a member of staff saying he fancied having a piece of steak for his dinner and told the chef who then cooked some steak for the person. Staff told us "That is what we are like here; we do try to give people what they want it's not much to ask is it?"

Meals were prepared by the chef and his assistant and served by staff who all demonstrated an awareness of people's likes and dislikes, allergies and preferences. People were supported to have enough to eat and drink and we saw drink and snacks being offered throughout the day. People could choose where they had their meals. Before lunch people were offered a glass of sherry. During the lunchtime meal, we observed that the atmosphere in dining area was calm and relaxed. The tables were pleasantly dressed with napkins and glasses and people were being assisted by members of staff where required. People who needed assistance to eat were provided with the appropriate support; staff ensured they retained their dignity at all times by discreetly wiping people's mouths and mopping up any spillages.

The daily menu provided two choices for lunch and dinner and an alternative menu was provided for people who did not want either of the choices listed. The chef told us that some flexibility was provided in the menu to take into account peoples choices and preferences.

The chef told us that they tried to ensure most of the food was made from scratch. On the day of inspection, homemade soup was in the process of being made and the fridge was stocked full with fresh fruit and vegetables.

Where people had health needs relating to weight loss staff were aware and monitoring took place regularly. Food was nutritious and additional supplements were added to people's diets to help maintain weight. For example, cream and butter. The chef showed us a detailed chart about peoples' dietary requirements this was up to date and accurate. For example, we noted when someone was not feeling well this was documented on the chart to ensure the chef had accurate up to date information.

We visited the kitchen and found it clean and hygienic. Cleaning schedules ensured people were protected against the risks of poor food safety. The chef had knowledge of the food standards agency regulations on food safety and food labelling. This showed the provider had kept up to date on legislation on how to make safer choices when purchasing food for people with allergies. The provider had achieved a food safety rating of five. The chef completed audits in areas of temperature monitoring, cleaning, food quality and audits related to daily cleaning and deep cleaning.

Relatives confirmed that people's healthcare needs were effectively managed and they were supported in

gaining access to healthcare professionals should they need it. Relatives told us that staff at the service were very good at monitoring people's well-being and kept them updated with the outcome of any appointments. People's care records confirmed that they were supported to have contact with GPs, chiropodists, dieticians and dentists in order to maintain their health.

Good

Is the service caring?

Our findings

All of the people we spoke to without exception told us the staff were gentle, caring and kind. Comments included, "The staff are absolutely lovely and so caring and committed to providing good care." And "The staff are fantastic, it's a really nice home lovely atmosphere and the staff are very attentive." One relative told us, "My [relative] has been here for two years and it's so lovely here for them, the carers look after them so well and they know that sometimes they just want to spend the day in bed. I come in every other day, and know they are being well looked after which is such a comfort." Another relative told us, "The staff are fantastic, they are angels and so kind."

During our observations, we noted that the interactions between people and staff were friendly and respectful. We saw staff talking and interacting with people and noted the positive atmosphere in the service. Staff demonstrated affection, warmth and compassion towards the people they were supporting. For example, people made eye contact by kneeling or sitting next to them and listened to what people were saying, and responded accordingly. People were not rushed they were given time to respond to a question. There was chatter and laughter heard throughout the day amongst people and staff.

We noted people's dignity and privacy and independence were maintained throughout our inspection. Staff walked with people at their own pace. They spent time actively listening and responding to people's questions.

Staff told us how they were mindful of people's privacy and dignity when supporting them with personal care. For example, they described how they used a towel to assist with covering the person while providing personal care and made sure the door was shut. We observed staff knocking on people's doors and waiting for a response before entering.

Staff referred to people by their first names and knew about their backgrounds and interests. One of the people living in the service had been a professional with a title during their working life and the staff used this title when talking to them. The overall atmosphere in the home was calm and relaxed and staff acknowledged people and spoke to them as they moved around the building.

The service had recently completed their application for accreditation with the Gold Standards Framework. The National Gold Standards Framework (GSF) Centre in End of Life Care is the national training and coordinating centre for all GSF programs, enabling generalist frontline staff to provide a gold standard of care for people nearing the end of life. GSF improves the quality, coordination and organisation of care leading to better patient outcomes in line with their needs and preferences, reducing the need for people to go into hospital for end of life care.

The service had a 'my choices' register (where appropriate) which was a record of all of the resident's decisions about the type of care they would like to receive as they approach the end of life, this included their preferences, advanced directives and where they would like to be cared for.

Where appropriate people had an advanced care plan and an end of life assessment. These were very detailed and covered all aspects of physical, psychological and practical needs. Therefore giving the staff guidance on interventions.

The service was also part of the 'single point' care pathway. This is a service for people receiving palliative care. This means the service, GP and the local hospice all have access to the 'my choices' register and therefore work together to ensure the residents, needs are met at the right time and in the right place. The service had an excellent working relationship with the local hospice. The service had sent staff to the hospice for training and were planning a work placement for hospice staff.

Staff told us that there was a 'comfort box' made available for relatives who were visiting a person receiving end of life care. This included items such as toiletries, towels, chocolates and word search books. There was also a foldaway bed available should it be required so people could stay near their loved ones.

Good

Is the service responsive?

Our findings

People and their relatives told us that they felt the service met their needs and they were satisfied with the care and support they received. They said they had been given the appropriate information and the opportunity to see if the service was right for them prior to moving in.

The manager carried out a detailed assessment before people moved into the service. Following this initial assessment, care plans were developed detailing the care, treatment and support needed to ensure personalised care was provided to each person. This assessment identified choices of life-style so this could be integrated into the care plan. This included detail such as the time people liked to get up and any interests and hobbies they had or would like to pursue.

There was evidence that people's wishes and preferences were included in their care plans wherever possible. Relatives said that they were fully involved in decisions about their relative's care. Each person who lived at the home had been involved with recording their life history; in addition support had also been sought from relatives where it was appropriate. This information enabled staff to chat with the people about their family and reminisce about their life and personal experiences. We observed this during our visit; staff sat interacting with people and chatting about their life.

One person who was living with dementia had chosen some wall paper for their bedroom and in order for them to find their room with ease the outside wall of the corridor which led to their room was also decorated with the same wall paper, therefore helping them find their room independently. People's rooms without exception were nicely decorated and personalised and clean and free from odours. The registered manager told us about a person who was repeatedly asking staff for toilet rolls numerous times of the day, staff had a discussion and someone asked the question can it be seen by the person. This was because it was a white toilet roll against white tiles. Therefore the registered manager arranged to have the area around the toilet roll holder painted a different colour, the result was the staff were no longer asked repeatedly for toilet rolls and the person was much happier and showed less anxiety. This positive result encouraged the staff to look at other areas to make similar changes and in the main assisted toilet a coloured light pull was added because one person had said they could not find the light switch. This showed us staff were thinking about the needs of the people they were supporting and using innovative ideas to encourage independence.

Within the entrance hall to the service was a computer with the homes social media page displayed people, staff and their relatives were encouraged to write comments and post pictures. One relative had posted, "I haven't seen my [name of relative] laugh like that for ten years." Another relative told us, "The use of face book is great it means we can keep in contact and get information instantly." There was also a television in the hall which displayed a slide show of pictures of people taking part in activities. The staff told us they had taken into account people's privacy when setting up this site.

When at risk an isolation plan was completed for people, this directly tasked a member of the care/activities team to engage with this person. Staff told us of their success stories, one person had after a year of room

visits attended the Christmas pantomime. Another person left their room for the drawing room and coffee but ended by playing the organ for the first time in ten years.

There was a range of activities available in the service, and people were encouraged to make choices about where they wanted to be during the day and what activities they wanted to participate in. The service had a number of 'quiet lounges' for those people not wanting to take part in activities. The service employed two activities co-ordinator and people we spoke to were very positive about the range of different activities on offer each day. The activity co-ordinators told us they spent time talking to people asking them what their interests are and if they preferred group activity or 1-1 activities like, drawing, scrabble, playing cards or chatting.

During the day of inspection we observed one of the co-ordinators holding a newspaper reading session which we understood to be a regular event. People chatted about the stories in the newspaper and there was a lot of chatter and laughter to be heard. There was also a volunteer who came regularly to the service helping with this activity and we were told that on occasions they would dress up as different characters and perform small plays which the residents told us they really enjoyed.

The home was set in large grounds and surrounded by woodlands. The gardens were well looked after. Out of the communal lounge window there was an Italian themed garden. This was tended to by a relative of someone who had previously lived in the service and since passed away. The relative still came and looked after the garden on most days and was made to feel welcome by the staff. The registered manager spoke fondly of this person and appreciated the hard work they put in to help keep the garden looking so neat and tidy.

The service had recently employed the services of a specialist organisation that supports health and social care organisations to develop activities. This provides workforce and service development, that enables health and care organisations to develop active, creative, vibrant care services. They use approaches that incorporate creativity and the arts, and involve staff, older people living with dementia and other long-term conditions, and the wider community.

The service had a nominated person who was one of the full time activity co-ordinators to lead on implementing the ideas and activities suggested by 'ladder to the moon' they attended a monthly meeting which enabled them to share ideas on what works and what doesn't work so well. This person was very enthusiastic and was responsible for cascading down information to the rest of the staff team.

A monthly activity box was delivered each month which offers creative sessions for staff to use together with the people that live in the service. Evidence from these sessions adorned the walls and scrap books that were in the entrance of the home. When the new box was received the previous months activities were put into a scrap book which staff referred to as 'grab books' they would use these to chat to people or use as a distraction tool if someone was upset or showing anxiety.

We saw evidence of outside entertainers who had visited for example; they had been visited by someone who had bought in some zoo animals. Also the service had links with the local primary school who regularly visited the home as well as the local brownie pack the service was part of the friends and neighbours association (FaNs) which is a local authority initiative. The central aim of FaNs is to help make sure that older people living in Essex care homes can enjoy the best possible quality of life according to their individual needs, interests and preferences. Its purpose is to encourage and support people and organisations in the wider community to become good friends and neighbours to their local care homes and the people who live in them.

Themed days were celebrated and the activities included making decorations. To celebrate Burns Night the residents were offered haggis and the staff arranged for someone to play the bag pipes in the grounds of the house. On the day of inspection the entrance hall was decorated with a valentine tree with cards people could write in and then hang on the tree.

Each month the activity schedule was handed to residents and then emailed to people's family members, this enabled them to be able to have a discussion around the activities. One of the activity co-ordinators told us, "We are planning on giving resident's family's access to parts of the new on line IT system so that they can see what their loved ones have done during the day, and what we have done together, they will also be able to see their relatives care plan where appropriate" The registered manager discussed how they would ensure the privacy of people was protected when this went 'live'.

We saw that the manager routinely listened to people through care reviews and organised meetings. The staff said that 'residents meetings' were held once a month. From looking at the minutes of the meetings, we saw that feedback was sought about the entertainment and any preferences about what they would like to do were considered when the activity schedule was planned.

The service had a complaints policy and procedure which was available and within easy access to all people that used the service. One person told us, "I have no complaints; I would speak to the manager." Relatives informed us they would have no hesitation in complaining if the need arose. At the time of inspection there were no outstanding complaints however, records of complaints received previously showed that they were acted upon promptly and were used to improve the service. Feedback had been given to people explaining clearly the outcome and any actions taken to resolve concerns.

Good

Is the service well-led?

Our findings

People and their relatives told us they were happy with the management and staff. A relative told us, "The manager is so approachable there are always around to speak to and to ask if everything is okay." Staff told us, "[name of manager] door is always open nothing is too much trouble you really feel valued and supported."

The manger was supported by a deputy manager and an administration assistant both of these staff spoke highly of the manager. The administration assistant told us that it had been decided by the management team to move her desk into the entrance hall during the morning in order for her to answer the telephone and welcome any visitors to alleviate the pressure on the nurses and care staff during the busy time of the day. We observed this working really well on the day of inspection, the administration assistant was knowledge about the people that lived in the service and able to provide us with information and answers to our questions. They told us, "[name of manager] keeps me in the loop communication is very good between us all."

The service was a large detached old country house which meant the management team had work with the constraints of the style of building. For example, some of the upstairs rooms had a few steps leading into the bedrooms. The manager told us that in order for this not to be a problem the service had in place a 'caterpillar' this was a piece of equipment which enabled people in wheelchairs to still move about independently up and down the stairs. Throughout the service it was evident to see that the manager had had to make adjustments and be resourceful with the space that was available, ensuring that risk assessments were in place around the use of the environment.

On the day of inspection we observed an ambulance transport having problems finding the correct door to enter the home we ourselves had the same problem when we arrived at the service. Through discussions with the manager they agreed that something was needed to direct people to the entrance, such as a sign to point people in the right direction.

The registered manager and deputy were members of My home life which is a local authority initiative and both of them had completed the leadership and support programme and were active attendees. This is a forum for standardising excellent practice, providing a much needed safe place for meeting and exchanging experience of likeminded managers. These coaching and supervision sessions enable the management team to look at their own wellbeing and emotional parity.

Staff said they enjoyed working at the home they told us the registered manager and deputy manager where supportive and approachable. Staff felt able to raise concerns or make suggestions for improvement. They told us that communication was always inclusive and they were kept fully informed about any proposed changes. We saw evidence of this in the staff meeting minutes and also daily handover logs.

The provider was sent details each month in relation to pressure ulcers, falls, accidents and weight loss. These were monitored and analysed to check if there were any emerging trends or patterns which could be

addressed to reduce the likelihood of reoccurrence. Attention was given to see how things could be done differently and improved, including what the impact would be on people.

The providers' representative visited the home on a monthly basis to check on the safety and quality of the service and to review any actions from previous visit. Quality assurance processes were in place. We looked at records relating to systems in place and found that a range of checks and audits within the service had been carried out.

An independent quality audit had been carried out on the service in October 2016 and an action plan was given to the registered manager. Any issues raised had been actioned we saw evidence of this on the day of inspection.

As part of the provider's quality assurance systems they sent questionnaires to relatives, friends and health or social care professionals to seek feedback to improve the quality of the service. There was also a suggestion box placed in the foyer which was clearly visible.

Confidential information about people was kept in the main office and any computers were password protected. This ensured that people such as visitors and other people who used the service could not gain access to people' private information without staff being present.