M Leaves

# Kingsacre 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

Kingsacre Care Home is a nursing and residential care home which predominately provides nursing and personal care to adults. The home is registered to accommodate up to a maximum of 34 people. On the day of the inspection 31 people were living at Kingsacre Care Home. Some of the people at the time of our visit had physical health needs and some mental frailty due to a diagnosis of dementia.

The service is required to have a registered manager and at the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the 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 and associated Regulations about how the service is run.

We carried out this unannounced inspection of Kingsacre Care Home on 18 November 2014. We had received anonymous concerns about how people were generally being cared for, people did not have choices in their daily lives and how people who had mobility difficulties were supported around the home. At this visit we undertook a full inspection which included looking at the

# Summary of findings

anonymous concerns raised. Our findings were that people were being cared for by competent and experienced staff, people had choices in their daily lives and that their mobility was supported appropriately.

People felt safe living in the home and relatives told us they thought people were safe. A relative told us they felt their family member was cared for safely and that this reassurance had allowed them "the opportunity to go away for the first time in many years on a holiday." Staff were aware of how to report any suspicions of abuse and had confidence that appropriate action would be taken.

People told us staff were; "kind," "caring," "marvellous"and "they really look after me well, I can't be at my own home but this is now my home." They told us they were completely satisfied with the care provided and the manner in which it was given. Relatives told us they found staff to have; "great skill" and were "competent and professional". Visiting professionals told us; "the care is to a very good standard", "staff are very caring, they listen to advice and take it on board.

"Staff had attended appropriate training to ensure that their skills and knowledge, for example in the area of moving and handling, safeguarding and dementia care was up to date. We found that there were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

People's care and health needs were assessed prior to admission to the home. Staff ensured they found out as much information about the person so that they could;"really get to know them, their likes, dislikes, interests they wanted to know all about their life." Relatives felt this gave staff a better understanding of their family member and how they could care for them. People chose how to spend their day and a range of activities were provided.Visitors told us they were always made welcome and were able to visit at any time.

People were supported with their medicines in a safe way by staff that had been appropriately trained. However,clearer guidance in how the person wished to receive their medicines would ensure people had a choice in how their medicine was administered to them.

The manager and staff had a general understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The provider agreed to extend this training to incorporate the recent legislative changes. Where people did not have the capacity to make certain decisions the home involved family and relevant professionals to ensure decisions were made in the person's best interests.

Staff told us they were supported by managers. They attended regular meetings (called supervision) with their line managers. This allowed staff the opportunity to discuss how they provided support to people, to ensure they met people's needs and time to review their aims,objectives and any professional development plans. Staff also had an annual appraisal to review their work performance over the year.

People's care plans, identified the person's care and health needs and how the person wished to be supported. They were written in a manner that informed,guided and directed staff in how to approach and care fora person's physical and emotional needs. Records showed staff had made referrals to relevant healthcare services quickly when changes to people's health or wellbeing had been identified. Staff felt the care plans allowed a consistent approach when providing care so the person received effective care from all staff. Relatives told us they were invited and attended care plan review meetings and found these meetings beneficial.

People told us staff were very caring and looked after them well. Visitors told us; "Staff are lovely." We saw staff provided care to people in a calm and sensitive manner and at the person's pace. When staff talked with us about individuals in the home they spoke about them in a caring and compassionate manner. Staff demonstrated a good knowledge of the people they supported.

Peoples' privacy, dignity and independence were respected by staff. At this visit we spent a minimum of five hours, undertaking direct observations using the SOFI tool to see how people were cared for by staff. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We saw examples of kindness, patience and empathy from staff to people who lived at the home.

We saw the home's complaints procedure which provided people with information on how to make a complaint.The policy outlined the timescales within which complaints

# Summary of findings

would be acknowledged, investigated and responded to. It also included contact details for the Care Quality Commission, the local social services department, the police and the ombudsman so people were able to take their grievance further if they wished.Records showed the home had not received any complaints in the last year. Relatives told us they had; “No cause to make any complaints” and if they had any issues they felt able to address them with the management team.There was a management structure in the home which provided clear lines of responsibility and accountability.There was a clear ethos at the home which was clear to all staff. It was very important to all the staff and management at the home that people who lived there were supported to be as independent as possible and live their life as they chose. The provider had an effective system to regularly assess and monitor the quality of service that people received.

# 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 felt safe living in the home and relatives told us they thought people were safe.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

People were supported with their medicines in a safe way by staff that had been appropriately trained. Clearer written guidance in how a person wished to receive their medicines would ensure people had a choice in how their medicines were administered to them.

There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

**Is the service effective?**

Good

The service was effective. People were positive about the staff's ability to meet their needs. Staff received on-going training to so they had the skills and knowledge to provide effective care to people.

The registered manager and staff had a general understanding of the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards. The provider has agreed to arrange further training to update the recent legislative changes in this area.

People were able to see appropriate health and social care professionals when needed to meet their healthcare needs.

**Is the service caring?**

Good

The service was caring. Staff were kind and compassionate and treated people with dignity andrespect.

Staff respected people's wishes and provided care and support in line with their wishes.

Positive relationships had been formed between people and supportive staff.

**Is the service responsive?**

Good

The service was responsive. People's care needs had been thoroughly and appropriately assessed.

This meant people received support in the way they needed it.

People had access to meaningful activities that met their individual social and emotional needs.

Visitors told us they knew how to complain and would be happy to speak with managers if they had any concerns.

**Is the service well-led?**

Good

The service was well-led. Staff said they were supported by management and worked together as a team, putting the needs of the people who lived in the home first.

Staff were motivated to develop and provide quality care.People, their relatives and staff were asked for their views of the standard of service provided.

# Kingsacre 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 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 18 November 2014. This was an unannounced inspection which meant the staff and provider did not know we would be visiting. The inspection team consisted of two adult social care inspectors.

Prior to our visit we received anonymous concerns. These were in relation to how people were generally being cared for, that people did not have choices in their daily lives and how people who had mobility difficulties were supported around the home. At this visit we looked at the anonymous concerns raised. Our findings were that people were being cared for by competent and experienced staff, people had choices in their daily lives and that their mobility was supported appropriately.

Before visiting the home we reviewed previous inspection reports, the information we held about the home and notifications of incidents. A notification is information about important events which the service is required to send to us by law. We also spoke with Devon Local Authority to gain their views on the care home. As this visit was in response to concerns raised we did not ask the provider to send us the provider information return (PIR). This is a document completed by the provider with information about the performance of the service.

During the inspection we spoke with nine people who were able to express their views of living in the home and four visiting relatives. We looked around the premises and observed care practices. We used the Short Observational Framework Inspection (SOFI) over the visit which included observations at meal times and when people were seated in the communal lounge throughout the day. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We also spoke with six care staff, two catering staff, and the nurse in charge, the provider and the deputy manager. We also attended a staff handover with the nurse and two carers. We spoke with three visiting health professionals during the inspection. Prior to the inspection we spoke with Devon Local Authority to gain their views on the service. We looked at four records relating to the care of individuals, five staff recruitment files, staff duty rosters, staff training records and records relating to the running of the home.

The registered manager was not available on the day of our inspection visit. However, we had a telephone conversation with her following the inspection to discuss the inspection visit, clarify any points and inform her of our findings.

Good

# Is the service safe?

## Our findings

People told us they felt safe living in the home. They told us staff were; "kind and caring." We saw throughout our visit people approaching staff freely without hesitation. We saw that positive relationships between people and staff had been developed.

One relative told us; "Mum is safe here." Another told us that they felt their family member was cared for safely and that this had allowed them; "The opportunity to go away for the first time in many years on a holiday." The relative told us that as they felt reassured that their family member was being cared for safely this gave them permission to have a break.

We had received a concern from a physiotherapist in how staff supported people with mobility difficulties. We spoke to the physiotherapist and were made aware that a piece of equipment was old and staff were unsure how to use it. We spoke with the provider and care staff and were reassured this piece of equipment was not being used. The provider told us and we saw records, which confirmed they had recently purchased new hoisting equipment. We checked the hoisting equipment and saw that it was serviced and was in working order. We spoke with another physiotherapist who told us the provider had taken positive steps to ensure correct and working equipment was available. We heard a conversation between the deputy manager and social worker where it was discussed who was responsible for purchasing equipment when a person was funded to live at the home under residential or nursing status as the responsibility was with either the local authority ( residential status) or the care home (nursing status). The correct equipment was needed to ensure all people at the home individual assessed mobility needs were met. We observed six transfers during the day as we undertook general observations in the main lounge or dining area. We found that all the transfers from chair to wheel chair and vice versa were carried out by competent staff. During the transfers staff spoke to the person telling them what they were going to do and ensured the person felt comfortable and safe at all times. We saw staff had received training in this area of care.

Staff had worked with other professionals to develop different ways of working so appropriate measures could be put in place to minimise risks to people. Risks were identified and assessments of how any risks could be minimised were recorded. For example, how staff should support people when using equipment, reducing the risks of falls, the use of bed rails and reducing the risk of pressure ulcers. From our conversations with staff it was clear they were knowledgeable about the care needs of people living at the home. Staff supported people appropriately whilst moving around the home.

Staff had received training on safeguarding adults and had a good understanding of what may constitute abuse and how to report it. All were confident that any allegations would be fully investigated and action would be taken to make sure people were safe. The management of the home recognised when to report any suspected abuse. The provider told us when needed, they had reported concerns to the local authority in line with local reporting arrangements. This showed that the home worked openly with other professionals to ensure that safeguarding concerns were recognised, addressed and actions taken to improve future safety and care of people living at the home.

Staff were aware of the homes safeguarding and whistle blowing policy. This policy encouraged staff to raise any concerns in respect of work practices. Staff were aware of this policy and said they felt able to use it. A harassment policy was also available for staff so they knew what process to follow should they feel harassment had occurred.

The provider told us they did not hold money for any person at the home. If a person wished to spend money, for example on hair dressing, newspapers or chiropody the family representative was invoiced for the cost and this was then reimbursed. Relatives we spoke with were happy with this arrangement.

Staff had completed a thorough recruitment process to ensure they had appropriate skills and knowledge required to meet people's needs. The recruitment files contained all the relevant recruitment checks to show people were suitable and safe to work in a care environment.

Staff were prompt to respond to people when they called for assistance. There were sufficient staff on duty at all times. On the day of inspection there were five care staff, one registered general nurse (who was the deputy manager), two kitchen, one domestic, one laundress plus the provider on duty. At night one registered nurse and two carers were on duty. Staff said they felt there were sufficient staff levels at the home at all times. Staffing rotas showed

Good

# Is the service safe?

this level of staffing was on duty throughout the week. The provider told us the registered manager reviewed people's dependency needs to see if additional staffing was needed to ensure the correct level of support was available to meet peoples changing needs.

Medicines were stored in a locked cabinet and the key kept in a safe. We saw Medicines Administration Records (MAR), were completed as required. The medicines in stock tallied with those recorded on the MAR. No-one at Kingsacre Care Home administered their own medicines. We saw some people took medicines 'as required' (PRN). During a medication round the nurse asked a person if they wanted additional pain relief medication. The nurse was aware how the person liked to take their medicines, for example, if the person wished to take their medicines with orange juice or water, but this was not recorded in the persons care plan. This could lead to inconsistencies in approach when administering medicines. The deputy manager said they would address this. Medicines audits were carried out monthly. The British National Formulary (BNF), which is a pharmaceutical reference book that contains a wide spectrum of information and advice on prescribing and pharmacology was out of date (2012). The provider agreed to ensure an updated reference book was available for staff.

There were appropriate fire safety records and maintenance certificates for the premises and equipment in place. There was a system of health and safety risk assessment of the environment in place, which was annually reviewed.

Good

# Is the service effective?

## Our findings

People were able to make choices about what they did in their day to day lives. For example, when they went to bed and got up, who they spent time with and where, and what they ate. One person's records showed they stayed up till 2am as they wanted to watch a TV programme. Staff responded to their needs promptly and were "Good at their job."

Relatives were complimentary about the staff, stating they had; "Great skill" and found them to be "Competent and professional". relatives were involved in the admission of their family member to the home and staff ensured they found out as much information about their family member so that they could; "Really get to know them, their likes, dislikes, interests they wanted to know all about their life." This gave staff a better understanding of people new to the home and how they could care for them. The only criticism we received from two relatives was that some areas of the home; "Need a bit of TLC." The provider was aware of this and had ordered some new carpets and had a maintenance plan of works was in place.

New staff had completed an induction when they started to work at the home. An induction checklist was filled out by the staff member and their supervisor. A new member of staff told us they had worked with a more experienced member of staff for the first few shifts to enable them to get to know people and see how best to support them prior to working alone. This helped ensure that staff met people's needs in a consistent manner.

Staff told us they attended regular meetings (called supervision) with their line managers. Staff discussed how they provided support to people to ensure they met people's needs. It also provided an opportunity to review their aims, objectives and any professional development plans. These meetings were held at the commencement of employment, monthly, then at three monthly intervals. In addition, staff had regular contact with both the provider and registered manager. Staff had an annual appraisal to review their work performance over the year.

Staff attended relevant training to their role and found it to be beneficial. Some of the courses attended included: safeguarding, equality and diversity and manual handling.

The provider and staff had a general understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. Some people living in the home had a diagnosis of dementia or a mental health condition that meant their ability to make daily decisions could fluctuate. Staff had a good understanding of people's needs and used this knowledge to help people make their own decisions about their daily lives wherever possible.

Where people did not have the capacity to make certain decisions the home acted in accordance with legal requirements. Decisions had been made on a person's behalf; the decision had been made in their 'best interest'. Best interest meetings were held to decide on the use of bedrails for some people. These meetings involved the person's family and appropriate health professionals.

The provider and deputy manager considered the impact of any restrictions put in place for people that might need to be authorised under the Deprivation of Liberty Safeguards (DoLS). DoLS is part of the Mental Capacity Act 2005 (MCA) and requires providers to seek authorisation from the local authority if they feel there may be restrictions or restraints placed upon a person who lacks capacity to make decisions for themselves. The provider and deputy manager told us they had not made any applications to the DoLS team. The provider acknowledged that more training in this area was needed due to the recent court ruling as the criteria for where someone maybe considered to be deprived of their liberty had changed.

We used our Short Observational Framework for Inspection tool (SOFI) in communal areas during lunch in the dining room and in the lounge. This helped us record how people spent their time, the type of support they received and whether they had positive experiences. People were able to choose where they wanted to eat their meal, in either a lounge, dining room or in their bedroom. The meal was leisurely and people enjoyed their food. One person said; "It's tasty" A relative said; "It's great to see mum eat and drink again, before coming here she had lost her appetite."

Staff helped people who needed assistance with eating in a respectful and appropriate manner, sitting alongside the person talking to them and encouraged them to eat and to drink. One person needed support with eating and the carer ensured that the person knew what food was available, for example carrots, and asked if they would like more of them or something else from the plate. Another

Good

# Is the service effective?

person had finished their main meal and had got up, the carer then asked if they would like desert and when the person replied yes, was then supported back to their chair so that they could have their desert. Staff offered people regular drinks. The catering staff had a good knowledge of people's dietary needs and catered for them appropriately.

Staff asked people for their consent before delivering care or treatment and they respected people's choice to refuse treatment. For example. during the medication round people were asked if they would like pain relief and their decision was respected. Staff made referrals to relevant healthcare services quickly when changes to health or wellbeing had been identified, such as GP's dentists and opticians. An external healthcare professional told us they found staff to be pro-active in their approach chasing up referrals as required. They told us they were confident any recommendations would be acted upon appropriately. Specific care plans, for example, diet and nutrition, informed directed and guided staff in how to provide care to a person. These had been reviewed to ensure they remained up to date and reflected peoples current care needs.

Good

# Is the service caring?

## Our findings

We received positive comments from people who lived at the home. Comments included staff were; “Kind”, “Helpful” and “Marvellous,” “They really look after me well, I can’t be at my own home but this is now my home.” They told us they were completely satisfied with the care provided and the manner in which it was given.

We received positive comments from relatives about the care their family member received. Comments included: "Staff are marvellous, the care is fantastic,” “I am overwhelmed with the care here,” “Staff genuinely care,” “There is laughter and banter”, “Staff make sure they get all the little details right, my mum likes her tea hot or she won’t drink it, and this is how it is given to her,” “My mum likes her clothes to be colour coordinated, and she is always dressed like this”. Visitors told us they were always made welcome and were able to visit at any time. People could choose where they met with their visitors, either in their room or different communal areas.

Visiting professionals told us; “The care is to a very good standard”, “staff are very caring, they listen to advice and take it on board.” Staff interacted with people respectfully. All staff showed a genuine interest in their work and a desire to offer a good service to people.

Staff were seen providing care and support in a calm, caring and relaxed manner. Interactions between staff and people at the home were caring with conversations being held in a gentle and understanding way.

Staff showed kindness, patience and empathy to people who lived at the Home. Staff approached a person, who began to cry, in a sensitive manner. A staff member assisted a person to go from the lounge to the dining area for lunch by linking arms with the person and talked with them encouraging them as they walked. During lunch a staff member was assisting a gentleman with their meal, when another person needed support to walk to the toilet. The member of staff excused herself from the gentleman she was assisting and supported the other person. On return to the gentleman the staff member apologised for his meal being interrupted and asked if he was ok. The gentleman responded by saying that he was fine. This showed respect to the individual and that she was looking out for others in the area to ensure that if they needed assistance this would be provided. People’s privacy was respected. Staff told us how they maintained people’s privacy and dignity generally and when assisting people with personal care. For example, by knocking on bedroom doors before entering, gaining consent before providing care and ensuring curtains and doors were closed. They told us they felt it was important people were supported to retain their dignity and independence. As we were shown around the home we observed staff knocked on people’s doors and asked if they would like to speak with us. Where people had requested, their bedrooms had been personalised with their belongings, such as furniture, photographs and ornaments. Bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care.

Staff provided care and support in a timely manner and responded to people promptly when they requested assistance. For example, one person requested help with their personal care and staff approached the person sensitively and promptly. Staff ensured that the appropriate equipment was used to transfer the person safely from one place to another.

There were opportunities for staff to have one to one time with people and we saw this occur throughout our inspection. Staff were clear about the backgrounds of the people who lived at the home and knew their individual preferences regarding how they wished their care to be provided.

We saw that some people had completed, with their families, a life story which covered the person’s life history. Relatives told us they had been asked to contribute to this booklet and had provided photographs and memorabilia. This gave staff the opportunity to understand a person's past and how it could impact on who they are today.

Care plans were personalised and showed an understanding of the person. One care plan stated when a person was; “unable to express their anxiety or pain, when [person’s name] showed signs of becoming distressed to talk about her poodle as she loves her dog” as this would provide some comfort to them. Care notes showed this had occurred and staff had identified, along with family involvement, how to provide comfort in a meaningful manner to this person.

Where possible people were involved in decisions about their daily living. Staff asked people where they wanted to

Good

# Is the service caring?

spend their time and what they wanted to eat and drink. For example one person said they did not want to get up, staff continued to check with the person until they were ready to rise.

The registered manager told us where a person did not have a family member to represent them they had contacted advocacy services to ensure the person's voice was heard.

Good

# Is the service responsive?

## Our findings

Staff responded to their calls for assistance promptly. People and relatives told us that staff were skilled to meet their needs. People who wished to move into the home had their needs assessed to ensure the home was able to meet their needs and expectations. One person who had recently moved to the home had met with the manager prior to admission to ensure that the home would be able to meet their care needs Their relative was also consulted to ensure their views on what support the person needed were obtained. Both commented that the move to the home was completed in a sensitive manner and was; "Carried out as smoothly as possible." Following the person's admission they were invited and attended care plan review meetings and found these meetings beneficial. The manager was knowledgeable about people's needs and made decisions about any new admissions by balancing the needs of any new person with the needs of the people already living in the home.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the home. Staff were able to tell us detailed information about people's backgrounds and life history from information gathered from families and friends. 'This is me' books were completed by the person with assistance from families and friends to provide useful information for the home when the person arrived. This helped staff understand who the person was and how that might impact on who they are today, including things they enjoyed and their preferences Care plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported.

Care plans were reviewed monthly or as people's needs changed. Care plans were informative, easy to follow and accurately reflected the needs of the people. People who were able, were involved in planning and reviewing their own care. Where people lacked the capacity to make a decision for themselves, staff involved family members in the review of care. Family members were given the opportunity to sign in agreement with the content of care plans.

Care plans provided specific guidance and direction about how to meet a person's health needs. For example information on Huntingdon's disease was provided to staff so they could have an understanding of the illness and a greater understanding in how to approach the persons care. In another care plan it stated that one person was 'nil by mouth'. Information from the dietician had been sought and advice given on how to provide mouth care in this situation. This helped ensure care and treatment was delivered consistently.

Care plans guided staff on how to manage a person's behaviour when they became anxious or distressed. For example one person became anxious when personal care was to be provided. The care plan directed staff to 'always inform [person's name] of all intended procedures' and then to talk to her about her hobbies and family as this would reduce her anxiety. This allowed staff to respond in a consistent manner when the person displayed anxiety or distress. Staff told us they felt the care plans were personalised and provided them with clearer guidance in how to provide care consistently for the person.

Care records reflected people's needs and wishes in relation to their social and emotional needs A variety of activities were on offer. For example, visiting singers, bingo, the 'bookman' visits so that people had access to new books to read, church visits , knitting, and planning of the Christmas outing. People received visitors, read newspapers, knitted, listened to music and watched TV. An 'activities book' recorded when people had nail and hand care only. We discussed this with the provider who agreed that this was not a true reflection of the activities that people were involved with.

The home's complaints procedure provided people with information on how to make a complaint. The policy outlined the timescales within which complaints would be acknowledged, investigated and responded to. It also included contact details for the Care Quality Commission, the local social services department, the police and the ombudsman so people were able to take their grievance further if they wished. The home had not received any complaints in the last year.

We asked people who lived at Kingsacre Care Home, and their relatives, if they would be comfortable making a complaint. A relative told us they had 'frequent conversations with staff and the manager' about their family members care and if they had any concerns they would be able to raise any issues at that time. No-one we

Good

# Is the service responsive?

spoke with had made a complaint. Four relatives told us they had not had cause to complain. All said they would feel confident to approach management or staff if they had any concerns.

Due to CQC receiving anonymous concerns we asked staff if they felt able to raise any concerns. They told us they felt the management team were approachable and would be able to express any concerns or views to them. Staff told us they had plenty of opportunity to raise and issues or suggestions.

Good

# Is the service well-led?

## Our findings

Relatives told us the management of the home were approachable and listened to comments and suggestions. The management team were always present in the home and communication with them was always available. Relatives felt they had a say in the day to day running of the home.

There was a management structure in the home which provided clear lines of responsibility and accountability. The registered manager had overall responsibility for the home, supported by the provider. A nurse worked on each shift to provide support to the care staff.

The provider, who is the owner of the home, visited the home "most days" to support the registered manager and monitor the service provided by the home. The registered manager worked in the home every day providing care and supporting staff this helped ensure they were aware of the culture of the home at all times The provider and registered manager spoke daily with people who used the service, visitors and the staff to gain their views as this supported constant development and improvement of the home and the service provided to people. The provider also ensured that he met with night staff regularly to ensure that they had the opportunity to share their views. The provider said; "If the carers aren't happy then the residents aren't happy" and "I'm proud of the family atmosphere here and the good relationships we have with relatives." Staff told us they liked working at the home and found the provider and registered manager to be approachable.

There was a clear ethos at the home which was clear to all staff. It was important to all the staff and management at the home that people who lived there were supported to be as independent as possible and live their life as they chose. Care was personalised and specific to each individual. Staff meetings and senior staff meetings were held quarterly. Staff found these meetings useful and told us they felt the management listened to them and their views were considered.

The provider and nurse on duty tried to make sure they were aware of any worries or concerns people or their relatives might have and regularly sought out their views of the home. People and their relatives are asked to complete questionnaires. Those returned had rated the home as 'excellent' with the exception of the 'environment needs some TLC.' The provider had identified that some areas of the home needed redecoration and refurbishment and a plan of maintenance and purchase of new carpets were in progress. The home had a full time maintenance person who dealt with any repairs in a timely way, which had been raised by staff and management.

An effective quality assurance system was in place. Regular audits took place at the home and were monitored to identify if any further action was needed. For example it was identified that new moving and handling equipment was needed and these had been purchased. The audits included medicines, accidents and incidents, refrigeration temperatures for both food and medicines fridges, and maintenance of the home. Further audits were carried out in line with policies and procedures. For example we saw fire tests were carried out weekly and emergency lighting was tested monthly.

The home was clean and there was no odour anywhere in the home on the day of the inspection. Equipment such as moving and handling aids, air mattresses, stand aids, lifts and bath lifts were regularly serviced to ensure they were safe to use.

Staff were aware of how to access the policies and procedures held by the home. Information in policies such as the whistleblowing policy, encouraged staff to use the various options available to them to report any concerns they may have.

We saw in the staff handover meeting that they had a good understanding of the people they cared for and that they felt able to raise any issues with management if the persons care needed further interventions. Daily staff handover provided each shift with a clear picture of each person at the home and encouraged two way communications between care staff and the nurse on duty. This helped ensure everyone who worked with people who lived at the home were aware of the current needs of each individual. Staff had high standards for their own personal behaviour and how they interacted with people.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.