

Mr & Mrs C A Lewis

White Gables Residential Care Home

Inspection report

16 Stanley Road
Felixstowe
Suffolk
IP11 7DE
Tel: 01394 282 620
Website: www.whitegablesfelixstowe.co.uk

Date of inspection visit: 24 July 2014
Date of publication: 05/01/2015

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

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, and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection was unannounced, which meant the provider and staff did not know that we were coming. At the last inspection in 5 June 2013 the provider met all the requirements we looked at.

White Gables Residential Care Home provides accommodation and personal care for up to 37 older

Summary of findings

people who may have care needs associated with dementia. All bedrooms are for single occupancy and 36 have an en-suite facility. At the time of our inspection there were 36 people using the service.

A registered manager was in post at White Gables Residential Care Home. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law as does the provider. We received positive feedback from people who used the service, relatives, staff and healthcare professionals.

People who used the service told us they were treated with kindness, compassion and respect by the staff and were happy with the care they received.

Staff knew how to recognise and respond to abuse correctly. People who used the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Any risks associated with people's care needs were assessed and plans were in place to minimise the risk as far as possible to keep people safe.

CQC monitors the operation of the Mental Capacity Act [MCA] 2005 Deprivation of Liberty Safeguards [DoLS], and to report on what we find. DoLS are a code of practice to supplement the main Mental Capacity Act 2005. These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals.

We found the service was meeting the requirements of the DoLS. The registered manager had a full and up to date knowledge of the MCA 2005 and DoLS legislation, and when these applied. Documentation in people's care plans showed that when decisions had been made about a person's care, where they lacked capacity, these had been made in the person's best interests. This meant that people who could not make decisions for themselves were protected.

There were sufficient numbers of suitably skilled staff to meet people's care needs. In line with the provider's policy and procedures newly employed staff received an induction and training. Staff told us they were supported in their role. Records seen confirmed that staff received ongoing training, regular supervision, an annual appraisal and opportunities for professional development.

People were supported to be able to eat and drink sufficient amounts to meet their needs. People told us they liked the food and were provided with a variety of meals including both hot and cold options. We observed that people were encouraged to be as independent as possible but where additional support was needed this was provided in a caring, respectful manner

We looked at people's care records. The records seen showed that care and treatment was planned and assessed to provide safe and appropriate care in accordance with people's wishes. Information in the records was regularly updated and provided clear guidance to staff on how to meet people's individual needs, promote their independence and maintain their health and well-being. People attended appointments with other healthcare professionals such as opticians, physiotherapists, dentists and chiropodists. This showed that people were supported to maintain their health and well-being.

People were complimentary about the care they received and told us how the staff went out of their way for them. Throughout the inspection we observed staff interacting with people in a caring, respectful and compassionate manner. Where people were not always able to express their needs verbally we saw that staff were skilled at responding to people's non-verbal requests promptly and were attentive to their needs. We found that staff had an in-depth knowledge and understanding of the people they cared for.

People told us that they felt confident and able to raise issues. Records seen showed people's comments, concerns, compliments and complaints were responded to in line with the provider's complaints procedure. People were listened to and any issues raised acted upon.

The management team [provider, registered manager and deputy manager] of the service were well established and provided clear and consistent leadership to the staff.

Robust systems were in place which assessed and monitored the quality of the service, including obtaining the views of people who used the service, their relatives; staff employed at the service and visiting health and social care professionals. Feedback received was acted on and used to drive improvement in the service. Records showed that systems for recording and managing

Summary of findings

complaints, safeguarding concerns and incidents and accidents were managed well and that management took steps to learn from such events and put measures in place which meant they were less likely to happen again.

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 service was safe. People who used the service told us they felt safe and secure. Staff were knowledgeable about how to recognise abuse or potential abuse and how to respond and report these concerns appropriately. People's best interests were managed appropriately under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. There were sufficient staff to care and support people according to their needs. Where there were risks associated with people's care needs we saw that these were assessed and planned for. This ensured that people were cared for as safely as possible.

Good



Is the service effective?

The service was effective. Staff had up to date training, supervision and opportunities for professional development. People, or relatives on their behalf, had been involved in determining their care needs. We found that people were encouraged to be as independent as possible when eating their meals. Where additional support was needed this was provided in a caring, respectful manner.

Good



Is the service caring?

The service was caring. There was an open culture and good communication between people who used the service, relatives, staff and management. People were treated with respect and dignity. Staff were highly motivated and passionate about the care they provided. Throughout our inspection we saw staff were kind, attentive and thoughtful in their interactions with people. There was a strong commitment to supporting people and their relatives to manage end of life care in a compassionate way.

Good



Is the service responsive?

The service was responsive. People's health and care needs were assessed, planned for and monitored. Staff worked closely with health and social care professionals to provide people with care that met their needs and promoted their rights. People were supported with their hobbies and interests and had access to a wide range of personalised, meaningful activities which included access to the local community. Systems were in place so that people were able to raise any concerns or issues about the service. Feedback was encouraged and used to drive improvement. People could therefore feel confident that they would be listened to and supported to resolve any concerns.

Good



Is the service well-led?

The service was well led. There was an effective and established management team in place. People told us the management team were approachable and a visible presence in the service. Systems were in place to seek the views and experiences of people who used the service. Feedback was used to make improvements to the service provided. This showed that people's opinions were valued and acted on. Audits and checks were in place to monitor the quality and safety of the service. Any shortfalls were addressed. This ensured that people lived in a service that was safe, monitored and well managed.

Good



White Gables Residential Care Home

Detailed findings

Background to this inspection

This inspection was completed by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

At our last inspection 5 June 2013 we looked at a range of standards. There were no areas of concern identified at the last inspection.

Before our inspection we looked at and reviewed the provider's information return [PIR]. This is information we have asked the provider to send us to explain how they are meeting the standards and any plans for improvements to the service. We spoke with six health and social care professionals about their views of the care provided. Feedback received was complimentary about the service, the management and the staff team.

To help us plan what areas we were going to focus on during our inspection, we looked at the PIR and reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. Information sent to us from other stakeholders for example the local authority and members of the public was also reviewed.

During the inspection we spoke with 11 people who used the service, four relatives, four care staff, two domestic staff, two catering staff and the registered manager and deputy manager. We also spoke with a visiting healthcare professional who was positive in their comments about the care provided to people.

The majority of people who used the service were able to communicate with us. Where people could not communicate verbally with us we used observations, speaking with staff, reviewing care records and other information to help us assess how their care needs were being met.

We spent time observing care in the communal areas and used the Short Observational Framework for Inspectors (SOFI). This is a specific way of observing care to help us understand the experiences of people who were unable to talk with us, due to their complex health needs.

As part of this inspection we reviewed five people's care records. This included their care plans and risk assessments. We looked at induction and training records for four members of staff. We reviewed other records such as maintenance, complaints and compliments information, quality monitoring and audits and health and safety records.

Is the service safe?

Our findings

All the people we spoke with told us that they felt safe and secure. One person said, “It is very good here, yes I feel safe. Everybody is kind, nothing to worry about.” Another person told us, “I am happy here, it is safer here than living at home.” They continued, “I sleep here and I never used to be a good sleeper. I feel safe here.”

All the relatives we spoke with confirmed the service was safe and people were protected. One relative told us, “Yes people are definitely safe here. I would recommend it to anyone, It is very clean and it never smells. We went to every home in the town, unannounced and this was by far the best. A very safe and secure place.”

People were safe because systems were in place which protected them from the risks of harm and potential abuse. The provider’s safeguarding adults and whistle blowing procedures provided guidance to staff on their responsibilities to ensure that people were protected from abuse. We found that staff had received up to date safeguarding training and had a good understanding of the procedures to follow if they witnessed or had an allegation of abuse reported to them.

The Care Quality Commission monitors the operation of the Mental Capacity Act [MCA] 2005 and Deprivation of Liberty Safeguards [DoLS] and reports on what we find. The MCA sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care and treatment. The DoLS are a code of practice to supplement the main MCA code of practice.

The provider had up to date policies and guidance available to guide staff practice. Training records showed us that staff had undertaken training in MCA and DoLS. All the members of staff we spoke with confirmed that they had undertaken training and demonstrated an awareness of the issues around people’s capacity. For example the staff we spoke with understood that they needed to respect people’s decisions if they had the capacity to make those decisions.

We had a discussion with the manager about the Mental Capacity Act 2005, [MCA], and Deprivation of Liberty

Safeguards, [DoLS.] The manager told us they were aware of the Supreme Court ruling, which could mean that people who were not previously subject to a DoLS may now be required to have one. They advised us that due to the guidance changes they were liaising with the Local Authority and in the process of making DoLS referrals where required for people and once approved the Care Quality Commission would be notified as required. We saw from people’s care records that people’s capacity to make day to day decisions had been assessed where appropriate. This showed us that the service knew about protecting people’s rights and freedoms and made appropriate referrals to keep people safe.

We found that there were sufficient staff to care and support people according to their needs. All the eleven people we spoke with said they had no concerns regarding staffing levels. One person talking about using the call bell and the visible presence of staff in the service said, “I never have to wait long they (staff) come ever so quickly. There is always someone nearby.”

The manager told us they did not use agency staff as the existing staff and management team were able to cover shifts and this ensured consistency and good practice. The manager explained how people’s dependency levels had been assessed and staffing hours were allocated to meet the needs of people who used the service. They advised us that the staffing levels had recently changed as people’s dependency levels had increased. Records seen and our discussions with staff and people who used the service confirmed the provider had an effective system in place to determine staffing levels.

Individual risks assessments were in place and regularly reviewed in the care plans we looked at. Assessments seen covered identified risks such as nutrition and moving and handling. All the staff we spoke with confirmed that the care plans reflected people’s current situation and were regularly updated. One member of staff told us, “The care plans are really helpful and tell you what you need to do to help each person. Important changes in someone’s health like medicine or mobility things we (staff) need to be aware of are highlighted and also flagged up in staff handover.” This meant that risks around people’s needs were recognised and assessed to ensure that people were cared for as safely as possible.

Is the service effective?

Our findings

All of the people who used the service we spoke with told us the staff met their needs and they were happy with the care provided. One person said, "It is spot on here, the staff all know what they are doing and are well trained."

All of the relatives we spoke with told us they were kept informed about their relation's health and welfare. They said their relation saw their usual GP and staff discussed treatment options with them. One relative told us, "The communication here is really good. The staff are quick to tell us if there are any changes or if we need to bring something in. It's never been a problem to speak to someone. We get reminders about upcoming hospital appointments and have been involved in reviews of care. It reassures me to know that they are looking after [person used the service] and they are getting the best care."

All of the people we spoke with were complimentary about the food. They told us they had a variety of meals to choose from and plenty to eat. One person told us, "The food is good and you can always ask for more. I like the chicken and the beef." Another person said, "The soup is lovely, very tasty, nice, very nice." A third person told us, "The food is excellent. You can have a cooked breakfast or cereal or if you fancy something else you just have to ask. The kitchen staff are ever so accommodating. We get plenty of choice."

Our observations of the lunchtime meal showed that the dining experience for people was positive and flexible to meet people's individual nutritional needs. People were given the choice where to have their meal; the main dining room, lounge or in their bedroom. The lunch time meals provided were sufficient in quantity and were well presented. We saw that people could independently access refreshments of fruit juice and water. Where people who used the service required support and assistance to eat their meal or to have a drink, staff were observed to provide this with sensitivity and respect. People were not rushed to eat their meal and staff used positive comments to prompt and encourage individuals to eat and drink well.

Where people who used the service were considered to be at risk of nutritional risk; identified as malnourished, at risk of malnutrition (under nutrition) or obese, we found that an appropriate referral to a healthcare professional such as General Practitioner (GP), Speech and Language Therapist and/or dietician had been made and the care records

reflected the guidance given. All the staff we spoke with were aware of care plans in place relating to people's individual nutritional needs such as the use of thickened fluids or fortified foods. We spoke to one of the kitchen staff who told us how they had received nutritional training to support them to meet people's dietary requirements. They told us, "I have just been on a course covering diet and swallowing. It is important that people with swallowing problems do have different textures. The speech therapist said that you cannot just puree everything, you need to keep the muscles working and have different foods to do that."

All of the people who used the service and the relatives we spoke with told us the staff knew about their dietary preferences and nutritional needs. We saw people's needs, allergies, likes, dislikes and preferences were recorded in the care plans we looked at. One person told us, "I don't like sugar in my tea, I like it very milky. The staff know this and so they don't give me sugar and lots of milk."

Throughout our inspection we saw that staff had the skills to meet people's individual needs. Staff communicated and interacted well with people who used the service. Our observations showed that the training provided to staff ensured that they were able to deliver care and support to people who used the service to an appropriate standard. For example, staff were seen to support people safely and effectively when they needed assistance with moving or transferring.

All of the staff we spoke with confirmed they were provided with the training they needed to meet people's needs and felt supported by the manager. One member of staff told us, "If there is something you are interested in and it's available they [management] help us to do it." Another member of staff said, "I did training at the university; a nutritional taster date with dieticians, dementia chat, pressure area chat, speech and language, training/ weighing; it was a really good day."

The members of staff we spoke with and records seen confirmed that regular team meetings were held which gave staff the opportunity to talk through any issues and learn about best practice. We found that formal staff supervision and appraisals were in place to support on-going learning and development. One care staff member said, "We get regular feedback about how we are doing through the residents; they will tell you if they don't like something and also through our seniors and managers

Is the service effective?

in our supervisions or team meetings. It is important to do things right.” A catering member of staff said, “We have regular training, food hygiene, nutritional training, manual handling, and kitchen staff meetings every two – three months. The manager supervises us and we have a 1-1 meeting once a year. It is a nice, friendly, homely place to work.” Our discussions with staff and records seen showed that staff were encouraged and supported to gain nationally recognised vocational qualifications, which developed their skills and understanding in supporting people and enabled them to consider their own career progression.

We looked at people’s care plans and the staff handover book. These records showed when other health professionals had visited people, such as doctors, district nurses, dieticians, speech and language therapists. A member of staff told us, “We have verbal and written

handovers so we know what is going on with each resident. When I come back from leave I read the handover books, talk to staff and read the care plans for more information as they are regularly updated.” This showed the provider had systems in place to ensure people were supported to maintain their health.

It was a very hot day when we inspected and throughout the inspection we saw staff offering people refreshments and checking people were hydrated. We also saw staff asking people who were sitting outside in the garden if they needed their sun hat and help to put their sun cream on. One person told us about the staff, “They do fuss ever so and check we are ok, which is nice as sometimes I do forget my hat. Today it is hot and I don’t want to burn so it is good they check on us and remind us about our hats and creams.”

Is the service caring?

Our findings

All of the people we spoke with were overwhelmingly positive about their experiences of the care provided. One person told us, “The staff here listen to you and try to make things better for you if they can. They take you out when you want and try hard to keep your spirits up if they see you having a bad day. They [staff] notice things like your moods and know us all here really well; it is like an extended family. They [staff] so thoughtful things to make you feel special like make a fuss on your birthday and are always trying to improve the place, take the gardens; all the work that has been done, it’s lovely to be able to wander about and enjoy the outside.”

Another person told us, “There’s no better place than this, Staff are friendly and caring. Nothing is too much trouble. This is the best home and I should know as we looked at lots.” A third person said, “There is nowhere else like this. It is as good as home if not better. I am well cared for; could not wish for better.”

All of the relatives we spoke with were complimentary about the service and care provided. One relative said, “The staff are really lovely. It has a homely feel which makes all the difference. The staff are kind and compassionate and easy to talk to.” Another relative said, “The way the carer’s address each of the residents is very evident of caring. Staff go the extra mile and can’t do enough for the people here. Nothing is ever too much trouble. It is a very genuine and caring home

Before our inspection we spoke to health and social care professionals about the care provided at the service. We received positive feedback. Comments included, “Staff are caring and attentive” and “White Gables is a caring, well-run residential home. Residents appear happy in this environment. All staff are helpful and aware of their resident’s needs.”

During our inspection we saw that staff interactions with people were considerate and the atmosphere within the service was welcoming, relaxed and calm. Staff demonstrated affection, warmth, compassion and kindness for the people they supported. For example, we observed a member of staff show empathy and concern for a person’s well-being when they saw the person looking anxious and confused. The member of staff comforted them in a sensitive and caring way and discreetly asked if

they could help them. This person decided they wanted to go outside and sit in the garden; they linked arms with the member of staff and went with them outside. We saw that the staff member engaged with them in conversation and the person’s mood changed and they appeared happy and relaxed.

All of the staff we spoke with were highly motivated and passionate about their job. They told us they enjoyed their work because of the caring involved. One member of staff said, “I love my job, I get enormous satisfaction in what I do. For me it is about the people here and caring for them and doing the best by them.” All of the staff we spoke with had an extensive knowledge about the people they cared for. They told us about people’s individual needs, preferences and wishes and spoke about people’s past histories. This showed that staff had sufficient information about how to meet people’s personal needs and knew and understood them well.

All of the people we spoke with told us that staff respected their privacy and dignity. One person told us, “They [staff] are very caring, they do listen to you. They always knock first and ask can I help you.” This was confirmed in our observations where we saw that staff knocked on people’s doors before entering and called out their names to let them know who they were as they entered the room. We saw staff provide clear explanations to people prior to and when undertaking a task. For example, assisting people with medication and personal care. This meant that people were advised in advance about what was happening.

We saw from care records that people were involved in making decisions where they were able. Where people did not have the capacity to consent to care and treatment an assessment had been carried out. People’s relatives, health and social care professionals and staff had been involved in making decisions in the best interests of the person and this was recorded in their care plans. All of the people we spoke with told us they were involved in discussing how they were cared for and supported and their decisions were respected. One person said, “I have sat down with the deputy manager and my family and we have talked about what help I needed and what I can do myself. We talked about my health and what equipment might help me and they [management] arranged it. They [staff] listen and understand me. They have supported me to go to various appointments as I don’t like to go alone.”

Is the service caring?

All of the people we spoke with told us staff encouraged them to maintain their independence and knew their preferences for how they liked things done. One person said, “The staff help me to wash and dress. Some things they help me with as they know I struggle but encourage me to do the things I can myself.” Another person said, “The staff are caring, in general very good. I have not found any that are not good. I wash myself. I am a bit independent and I wake at 8am, wash myself, 8.30 they (staff) bring breakfast to my room. Yes I think there is enough staff on duty and mostly they knock on your door.”

We found that there was a strong commitment to supporting people and their relatives, before and after death. People had end of life care plans in place, we saw that next of kin and significant others had been involved as appropriate. These plans clearly stated how they wanted to be supported during the end stages of their life. Do Not Attempt Resuscitation (DNAR) forms were included and where people lacked capacity to make this decision, a mental capacity assessment best interest decision had been made by the appropriate people.

The manager told us that as part of their commitment to ‘delivering excellent end of life care for people’, the service

was going through accreditation with the Gold Standards Framework (GSF). GSF is the national training and coordinating centre enabling frontline staff to provide a high level of care for people nearing end of life. The manager advised us that staff champions had been appointed to take the lead on promoting positive care for people nearing the end of their life and ensuring staff were kept up to speed on best practice and guidance. Records seen showed that the service had good links with district nurses and Macmillan services, which provided support, when required. One healthcare professional told us, “White Gables is one of the best homes in the area; the end of life care is superb. They (Management team) work with all the relevant parties to ensure the person receives the right care.”

We found that there were meetings for people who used the service and those acting on their behalf at regular intervals. This enabled people to express their views about the quality of the service provided and to share ideas and suggestions. The minutes of these meetings showed people’s feedback was valued, taken into account and acted on.

Is the service responsive?

Our findings

All of the people who used the service that we spoke with told us that their care needs were met in a timely manner and that staff were available to support them when they needed assistance. One person said, “The staff are kind. I have never been told off or seen that they [staff] can’t be bothered. They [staff] come quickly when you need them. I have never had to wait long.” Another person told us how the call bells were answered quickly. They said, “The night staff are very good and they always come when I put my feet on the mat (sensor mat).”

A relative we spoke with told us about the improvement to their relation since they had come to the service. They said, “[Person who used the service] and I love it here; [person who used the service] is happy and well fed.” The relative told us how before admission to the service their relative had been poorly they said, “[Person who used the service] was under weight and unhappy where they were.” They continued, “[Person who used the service] has dementia and the staff here are very understanding of these needs. The difference in [person who used the service] now and how she was, which was depressed, now she smiles and is happy.” Another relative told us, “Nothing is too much trouble. Anything you ask them [staff] to be done is done straight away.” This was confirmed during our observations. We saw that staff were attentive; checking on people in the communal areas and bedrooms and requests for help given immediately.

All of the people we spoke with told us they were supported to see other health professionals when they needed to. One person said, “I see the doctor when I need to. I have been in hospital a couple of times”, Another person told us, “Yes, I have seen the dentist, optician and someone comes to do my feet.” During the inspection we spoke with a visiting healthcare professional. They told us there was always a member of staff to greet them and that staff responded in a timely manner to the call bells and requests for assistance by people who used the service. This was confirmed in our observations and meant that people who used the service were responded to appropriately.

Our observations and all of the staff we spoke with confirmed that the service responded quickly to people’s changing needs. For example, during our inspection we witnessed the management team act

proactively to ensure a person was safeguarded. This involved them identifying that specialist equipment was needed which helped keep the person safe. They then ensured this was in place swiftly to maintain the person’s safety and wellbeing. This assured us that people received personalised care in response to their individual needs in a timely manner.

All of the people we spoke with confirmed they had been involved in the development of their care plans and had given their views on how their care and support was provided. One person told us, “I am always being asked if everything is ok by the staff. Every so often the manager will sit down with me and discuss things; make sure everything is in order.” Another person told us, “I have spoken with the manager and my family about my health and how I want things to be done and everything is in place. Everyone is clear what I want and need.” The care plans we looked at provided information to staff about how people would like to receive their care, treatment and support. These included their personal preferences for meeting their social, care and health needs. This meant staff were provided with appropriate information to provide personalised care for people.

Care plans seen reflected the different needs of each person. They were written in plain English and provided information for staff to be able to provide the appropriate care and support to meet their individual needs. Prompts for staff to encourage people’s independence and maintain people’s dignity were also highlighted. All of the care staff we spoke with said the care plans provided them with sufficient information to provide the appropriate care and support to meet people’s needs. One member of staff told us, “The care plans are regularly updated and reflects people’s current situation. If there is a change in someone’s health we [staff] report it to the seniors or management to carry out an assessment straight away.” Records seen showed that staff recorded in people’s care plans when they had appointments with other health professionals, such as the chiropodist, the district nurse, physiotherapist and their doctor. A member of staff told us, “If something is amiss with one of the residents, they are not themselves then we tell the seniors or manager and they come straight away and will call a doctor if needed.” This meant people received treatment when they needed it.

We saw that people signed their care plans to confirm they were in agreement with the plan for their care and support.

Is the service responsive?

Where people were unable to sign for themselves we saw that the person's relatives or representative had signed on their behalf. During our inspection a relative told us that they had been involved in discussing and reviewing their relative's care and support and that they signed the care plans to confirm this. We saw that care plans were updated to reflect changes in people's care needs.

We found that the provider had arrangements in place to protect people from social isolation. People could spend time how they wished. Some people chose to sit in their own rooms, others were in the communal areas and some spent time sitting in the garden. During our inspection a number of activities took place that people could get involved with. Staff were also seen providing 1:1 support with people who were on bed rest. The majority of people we spoke with said they were able to participate in hobbies and interests of their choice either individually or in groups. For example films, quizzes, bingo and board games. We found that people's families and friends were regularly invited into the service to join in with social events and seasonal celebrations. One person who used the service speaking about the activities provided told us, "I enjoy the trips to the seaside best." Another person said, "I prefer my own company and am happy in my room but I go down to the dining room for my meals and sometimes join in with the games."

In response to people's feedback, the manager told us about the improvements carried out to the back garden and underway to the front garden to provide more outside space for the residents to enjoy. They said, "We try to encourage people to be active and keep mobile. People told us they wanted to be able to sit outside and to do some gardening, so we have introduced raised beds and

adapted the gardens so there is better access and seating areas." During our inspection we saw that people took the opportunity to enjoy the fresh air and sunshine. One person told us, "I love coming out here. I don't really go out anymore as I worry I will fall, but I feel safe to come out here. It's so calm and peaceful. I can get about quite easily. There is a lovely water feature which is really soothing and comfy chairs to sit on and while away the day. I am not much of a gardener but some people here like that and have shown an interest in the raised beds".

All of the people we spoke with told us they were confident their complaints would be treated seriously and knew they would not be discriminated against for making a complaint. One person told us, "I go to the office first, never had to make a complaint and most of them I am cheeky with; I like a laugh." Another person told us, "I haven't had to make a complaint, if I am not happy or satisfied with something I tell one of the girls and it is acted on straight away. I have information in my room from when I came here about the complaints process but I haven't needed it."

The provider's complaints policy and procedure was clearly displayed in the service. This informed people how to make a complaint and included the stages and timescales for the process. We looked at the complaints log and saw that there had been no formal complaints received within the last year. We saw that feedback including verbal comments and informal concerns were logged as well as written complaints. All the feedback received had been recorded and included the actions taken in response. This included how the outcome was fed back to the person. This showed us that people's views and experiences were valued and taken into account.

Is the service well-led?

Our findings

A registered manager was in post at the service and was supported by deputy manager and senior staff. It was clear from our discussions with the management team and from our observations that there was an effective management structure and they were clear about their roles and responsibilities.

Throughout the inspection we saw that people who used the service, their relatives and staff were comfortable and at ease with the manager and senior team. We saw that there was an open and supportive culture within a relaxed atmosphere. Members of staff we spoke with all confirmed they felt able to talk to the management team about any issues and were confident they would be addressed. One member of staff said, "I definitely feel supported. At weekends and on lates (late shift) I can always call the deputy manager if I have any concerns." Another member of staff said, "it is a nice place to work; like a family atmosphere; you can go into the office to let off steam; the door is always open."

All of the people and relatives we spoke with told us they had confidence in the management and staff. They said they felt involved in how the service was run because they were invited to meetings, asked to take part in surveys and their feedback was acted on.

All of the people who used the service told us they were satisfied with their care and treatment and had no concerns. One person said, "I like living here", "The care is excellent, the atmosphere is good, the owners are Christians, the standard of the home is excellent and they could not do more for the me, the staff here are lovely."

We saw a copy of the booklet that was given to every person when they were deciding whether they would move into the service. The booklet explained the provider's vision and values, how the home was managed, what people could expect, the provider's policies and practices and how complaints were handled. During our inspection we saw that the management team and staff worked within the framework described in the booklet.

Records viewed including the PIR showed that staff turnover at the service was minimal with the majority of staff in post for over a year. This meant people received consistent care and support from staff they knew and understood them. The provider operated an on-call system

for supporting staff out of office hours. The on-call rota included the management team and their mobile telephone numbers. This information was displayed in the office where staff could access it. This meant that if people had concerns or other issues they wanted to discuss they could always contact somebody in authority.

Through discussions it was clear that the manager was passionate about moving the service forward. This included completion of the accreditation of the Gold Standards Framework to recognise the end of life care provided at the service, on-going building refurbishment, improving the garden areas to make it more accessible and encouraging greater involvement from people using the service and their relatives/representatives in their care.

We found that people had the opportunity to express their views about the service through regular meetings and through individual reviews of their care. We looked at the outcomes from the last annual satisfaction survey which provided people with an opportunity to comment on the way the service was run. Feedback was positive. We saw that actions to address issues raised were either completed or in progress. This showed us that people's views and experiences were valued and acted on.

All of the staff members we spoke with told us that they were encouraged in their one to one supervision meetings to discuss the needs of the people they cared for and improvements that could be made to the service. They told us they felt supported by their manager and senior team and had a good understanding of their roles and responsibilities. They said that they understood the management structure and knew how to raise concerns, and to whom, should they need to do so. We saw that regular team meetings were held which gave staff the opportunity to talk through any issues and learn about best practice. This showed that people were cared for by staff that were supported and empowered in their role.

Systems were in place to manage and report incidents. The members of staff we spoke with understood how to report accidents, incidents and any safeguarding concerns. Records of three incidents seen showed that staff followed the provider's policy and written procedures. Falls and other incidents were well documented and monitored through a monthly falls and accident analysis. The deputy manager was also the falls champion and completed these reports including the actions taken to reduce the risk of

Is the service well-led?

further falls. For example ordering specialist equipment, arranging medication reviews and liaising with other professionals such as the falls specialist team where required.

Records seen showed that the manager and provider carried out a range of audits to assess the quality of the service and to drive continuous improvement. These audits included medication processes and health and safety checks. Environmental risk assessments were in place for

the building and these were up to date. Information and identified trends from these audits were analysed by the manager and used to make improvements to the service provided and reduce the risk to the people who lived there.

Our discussions with people who used the service, relatives and staff confirmed that the provider was a visible presence in the service and regularly spoke with staff, people who lived at the service, relatives and or representatives and visiting professionals a record was kept of these discussions and actions arising.