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Milton House Nursing and Residential Home

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 19 March 2015 and was unannounced. We last inspected this service on 27 September 2013 and found the home was not meeting the requirements with regard to the record keeping. We found at this inspection that a lot of improvements had been made to address the previous shortfall.

Milton House is registered to provide personal and nursing care for up to twenty-two older people. The main part of the house is over 200 years old and this provides the lounges and a small number of bedrooms. There is additional purpose built accommodation providing further bedrooms, dining room and a conservatory lounge. Many areas of the home have views of the surrounding countryside and the river, which runs

Summary of findings

alongside the property. Milton House is a short drive away from the village centre. On the day of the inspection there were 19 people living at the service. Because two companion bedrooms are used as single occupancy, the home can accommodate 20 people at any one time, there was therefore one vacancy.

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

On the day of our inspection there was a calm, friendly and homely atmosphere. People appeared relaxed and happy. Overall people, their relatives and health care professionals spoke highly about the care and support Milton House provided. One person told us, "I am really happy here, it's lovely." Another person said, "I feel safe in every way, I'm very happy here." A relative told us; the home is 'pleasant and caring." Staff were described as 'always friendly.' One person told us staff were always on hand and that 'nothing is too much trouble.'

We found that this service was safe. We found that staff had been recruited in a safe way and that there was sufficient staff to meet people's needs.

The environment was kept safe through regular servicing and checks being carried out. The environment encouraged people to be independent and promoted people's freedom. The design and décor of the building took into account people's needs. People who were able moved freely around the building and its grounds as they chose. We asked the registered provider to fit a lock to the door leading to the cellar to prevent unauthorised access. We also asked them to fit a door where a curtain was being used as a privacy screen near the shower room. This was because, the use of a curtain did not prevent those nearby being able to overhear when someone was using the shower. We found the home to be very clean and tidy; there were no malodours and all areas smelt fresh and hygienic.

Medicines were administered safely.

People were involved in decisions about proposed changes to further enhance their day to day lives. Information we requested was supplied promptly. Care records were comprehensive and informative. They contained detailed personalised information about how individuals wished to be supported and cared for. People's preferred method of communication was taken into account and respected.

The service had an excellent understanding of peoples social needs and how these may affect the way they want to receive care. Staff planned support in partnership with people and used personalised ways to involve people to achieve this and help ensure people felt valued. Innovative ways were used to help enable people to live as full a life as possible and enhance people's wellbeing. Relatives and friends were welcomed and people were supported to maintain relationships which benefited them.

People told us they felt safe at Milton House. People knew how to raise concerns and make a complaint. People told us any 'niggles' they had raised had been dealt with promptly and satisfactorily. They told us they felt any complaints made would be thoroughly investigated and recorded. This was in line with Milton House's own policy.

The registered owner and registered manager worked together to make sure Milton House ran smoothly and in the best interests of people accommodated. Staff described the management, in particular the registered manager and her deputy, as very supportive and approachable. Staff talked positively about their jobs. Comments included: "I enjoy working here very much. We work as a team and everybody gets on most of the time." And "The manager is what makes working here so good, she works with us, knows the residents and we can talk to her about anything."

There was strong leadership which put people first. The service had an open culture with a clear vision. The registered manager had set values that were respected and adhered to by all staff. Staff were encouraged to come up with innovative ways to improve the quality of care people received. Staff felt listened to and empowered to communicate ways they felt the service could raise its standards and were confident to challenge practice when they felt more appropriate methods could be used to drive quality.

People's opinions were sought and there were effective quality assurance systems that monitored people's satisfaction with the service. Timely audits were carried

Summary of findings

out and investigations following incidents and accidents were used to help make improvements and ensure positive progress was made in the delivery of care and support provided by the home.

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. Skilled staff recognised when people felt unsafe and had the ability and knowledge to act quickly and keep people safe.

Risk had been identified and managed appropriately. Staff showed empathy towards respecting people's lifestyle choices. Imaginative ways were used to carry out assessments in line with individual need to support and protect people.

The service actively sought out new technology to reduce restriction placed on people's lives. Innovative ways were used to help ensure people had a full meaningful life.

We found that staff had been recruited in a safe way and that there were sufficient staff to meet people's needs. However, we explored ways to deploy staff at peak times during the day to free up 'spare' time for staff to spend with people.

The environment was kept safe through regular servicing and checks being carried out.

Medicines were administered safely.

Is the service effective?

Good

The service was effective .People received care and support that fully met their needs.

Staff were highly motivated to provide a quality service through a support system that encouraged the development of the knowledge and skills required to deliver outstanding care.

The service worked in partnership with other organisations to make sure staff were trained to follow and contribute to the development of best practice.

Strong emphasis was placed on care delivery including eating and drinking well, equipment to support people and the prevention of pressure ulcers. People had their needs met by staff who went out of their way to meet people's preferences and people were supported to maintain a healthy diet to improve their well-being and keep them healthy.

People confirmed to us that they were involved in planning their care and we noted that plans were personalised.

The service was creative and innovative in the way it involved people and respected their individual needs. Staff continually sought ways to improve their practice and challenge discrimination. Staff had a basic awareness of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS). However, further training was planned. No one at the service at the time of our visit required a DoLS assessment.

The environment was suitable for people who used the service.

Is the service caring?

Good

The service was caring. People were supported by staff that promoted their independence, respected their dignity and maintained their privacy.

Summary of findings

Positive caring relationships had been formed between people and the staff who were employed at Milton House. People were informed and actively involved in decisions about their care and support.

People told us that staff were kind and caring. Our observations throughout our visit showed that all staff had a good knowledge of people, their life histories and their preferences. People were spoken to in a friendly, polite and respectful way with lots of cheerful banter and laughter.

Is the service responsive?

Good

The service was responsive. Care records were personalised and met people's individual needs. Staff had an excellent understanding of how people wanted to be supported. People told us they felt their individual needs were addressed

Staff used innovative ways to help people feel valued.

Activities were meaningful and were planned in line with people's interests.

People were given clear information about how to make a complaint.

Is the service well-led?

Good

The service was well-led. There was a positive culture in the service. Management were approachable and defined by a clear structure.

The service worked in partnership with other organisations and used research to improve practice and provide a high quality service.

Quality assurance systems drove improvements and raised standards of care. Innovative systems were promoted and implemented regularly to provide a good quality service.

People were placed at the heart of the service. The service had clear values that they promoted to staff. Strong emphasis was placed on continuously striving to improve.

All the staff we spoke with told us they felt supported and enjoyed their work.

Milton House Nursing and Residential 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 was unannounced, which meant the provider and staff did not know we were going to visit. At the last inspection on 27 September 2013 we found the home was not meeting the requirements with regard to the record keeping. We found at this inspection that a lot of improvements had been made to address the previous shortfall.

The inspection was carried out by one 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 care service.

Prior to our inspection we reviewed all of the information we held about the service, previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law. We also considered information which had been shared with us by the local authority and Healthwatch. In addition to this, before the inspection we would usually ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. On this occasion we did not request the PIR. However, this does not affect the inspection process, the information we requested can also be gathered during an inspection visit.

During the inspection we spoke with 10 people who used the service, four relatives, a visiting healthcare professional, the owner, the registered manager and four members of staff. We looked around the premises and observed how staff interacted with people throughout the day. We also looked at five records which related to people's individual care needs, two staff recruitment files and records associated with the management of the service including quality audits.

Good

Is the service safe?

Our findings

People told us they felt safe. One person told us; "It is lovely here, I feel very safe." A relative said; "My mum is safe here, she is well looked after."

People were supported to take everyday risks. We observed people move freely around the home and its secure gardens. People who were at risk of falls or being unwell were provided with a pendant alarm which they could activate when outside in the garden if they required assistance. This respected the person's right to freedom and helped keep them safe. People made their own choices about how and where they spent their time. One person, who was coming in from the garden, told us; "I have a wander round the garden when I want, now the weather is getting warmer I will be out there more."

The home had an up to date safeguarding policy. Records showed all staff were up to date with their safeguarding training. Staff were confident they knew how to recognise signs of possible abuse. Staff felt any reported signs of suspected abuse would be taken seriously and investigated thoroughly. One staff member told us; "If I saw anything I was worried about I would tell the manager. She'd sort it out." Staff knew who to contact externally should they feel their concerns had not been dealt with appropriately.

The home had a main lounge area, a library room, a dining room and conservatory area for people to use. Some people chose to spend time in their own bedrooms and this was respected. When we walked around the service we saw that the environment was clean and tidy. Corridors were not cluttered and doorways were clear. We saw that people's safety and welfare had been considered when the fire risk assessment had been written. Regular checks of fire alarms and firefighting equipment and safety checks of mains services had been carried out and were up to date. Equipment for the use of people who used the service such as hoists were maintained regularly. We asked the registered provider to fit a lock to the door leading to the cellar to prevent unauthorised access. We also asked them to fit a door where a curtain was being used as a privacy screen near the shower room. This was because, the use of a curtain did not prevent those nearby being able to overhear when someone was using the shower. We found the home to be very clean and tidy; there were no malodours and all areas smelt fresh and hygienic.

The registered manager told us, staff were assigned their tasks for the day and worked well as a team, supporting each other to make sure people received a good level of care and the support they needed. There were enough skilled and competent staff to help ensure the safety of people. Comments from people and staff members left us with the impression that staff were kept busy, and sometimes felt stretched during peak periods, especially during the morning and lunchtimes. There was a significantly low staff turnover, meaning staff were familiar with the service and people received a consistent level of care. However, we received a mixed response when we asked people for their views about staffing levels, their comments indicated they would prefer more time to talk to staff. One person told us, "Sometimes they have time to sit and talk but then they are always rushing to help others." Another person told us, "At first, they had more time, now it's rush, rush, rush, they don't have time to talk. Sometimes, they could do a bit more, like chat with you for a bit. The staff are lovely but they are run off their feet at times." Another person commented, "They work too hard, I feel sorry for them, there are more people in wheelchairs than there was before, it's difficult." However, we explored, with the registered manager, creative ways tasks, such as laundry, could be dealt with by the domestic staff, which meant care staff were less rushed and could spend more 'socialisation' time with people. We did not gain the impression that care and support was not given in a timely manner.

Staff were knowledgeable about people's needs. Care records included appropriate information about people's conditions and any concerning issues, for example if people had a tendency were likely to become distressed or anxious. And where necessary other healthcare professionals were asked to give advice and visited people at Milton House. Staff told us they recorded in detail any information or care interventions they had carried out in people's daily notes. This allowed staff to review people's progress and make sure people received appropriate care. We saw staff react promptly and discreetly when people required assistance, for example when they needed to use the bathroom or became anxious.

We checked care planning documents and saw that risk assessments were in place and found that the risk assessments were clearly linked to the persons identified need. For instance there were risk assessments in place when a person had problems eating. Staff used a

Good

Is the service safe?

malnutrition universal screening tool (MUST) and from the results determined the level of risk. This led staff to take actions to lessen the risk which were all recorded in the care plan. People's risks were well managed, monitored and regularly reviewed to help keep people safe. People had choice and control over their lives and were supported to take part in a range of activities both inside the home and in the community. Activities were meaningful and reflected people's interests and hobbies.

Staff recruitment records showed appropriate checks were undertaken before staff began work. Disclosure and Barring Service checks (DBS) had been requested and the results were kept by the registered provider. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service. The majority of the staff team was well established giving consistency to people who used the service. We found that this service was safe. We found that staff had been recruited in a safe way and that there was sufficient staff to meet people's needs. There was a significantly low staff turnover, meaning staff were familiar with the service and people received a consistent level of care. However, we received a mixed response when we asked people for their views about staffing levels, their comments indicated they would prefer more time to talk to staff.

Staff files contained evidence to confirm registration with the relevant professional body where this was necessary. For example, one file relating to a qualified registered nurse, contained confirmation of their registration from the Nursing and Midwifery Council. The registered provider also told us in addition to this, the home had a system that flagged when registration had expired so checks could be carried out to ensure it had been renewed. This showed the registered provider checked with the relevant professional body that the staff member had the skills and qualifications necessary to perform and carry out safe practice under the title they used.

Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. We looked at ten medicines administration records (MAR). We noted all had been correctly completed. Medicines were locked away as appropriate. Staff were knowledgeable with regard to people's individual's needs relating to medicines.

Good

Is the service effective?

Our findings

People felt supported by knowledgeable, skilled staff who effectively met their needs. One person stated; "The staff are all very good, I'm well looked after and they know me well." A relative said "The staff really know what they are doing." A healthcare professional told us; "Staff I have spoken with were knowledgeable about the person I was supporting, they listened and seemed to understand the importance of what I was explaining and what positive impact it could have on the person."

Staff confirmed they received an in-depth induction programme and on-going training to develop their knowledge and enable them to follow best practice. They told us this gave them the skills to carry out their duties and responsibilities in order to effectively meet people's needs. Newly appointed staff shadowed other experienced members of staff until they and the service felt they were competent in their role. A member of staff told us, "The induction process gave me the skills I needed to provide care for people. I work with others so I could learn and gain confidence."

The registered manager told us, training for each staff member continued throughout their employment to enhance their skills. Some training had been sourced from organisations that provided sector specific training to help ensure staff followed current best practice.

The registered manager told us, staff could openly discuss and request additional training and would be supported to do this if it was relevant. Supervision was used effectively to support staff to develop their skills and improve the way they cared for people. The supervision sessions were done formally annually but staff told us they were provided with informal supervision constantly and that daily handovers were used to share information and discuss issues as they arose. We sat in on one handover during our inspection. Open discussion provided staff the opportunity to account for their performance, highlight areas where support was needed and encourage ideas on how the service could improve.

Research was used to promote best practice. The registered manager used research and reflective practice to help ensure they continually sought ways to improve. For example, the registered manager described how they used dementia care research undertaken by Tom Kitwood in 1997 to increase staff understanding of person centred care. The research was used to help raise staff awareness on how a person's social and physical environment and biography and personality could be used to improve quality of life and well-being. Care plans evidenced how tools based on proven research were used to help measure and assess how people could be supported to receive effective care. Staff told us these tools helped promote quality of life and promote their wellbeing. Care records were updated monthly and reviewed to make sure any changes were recorded and important information was highlighted.

People when appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS provides legal protection for vulnerable people who are, or may become, deprived of their liberty. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals. The registered manager was booked to attend additional training to keep here up to date with the recent changes to the law regarding DoLS but had a good basic awareness of the principles and their responsibilities under the legislation. None of the current people living at Milton House had been assessed as needing a DoLS referral but the registered manager was in contact with the relevant professionals should this become necessary.

We observed practice during the lunch time period. We saw that the menu for the day was displayed on a board in the dining room. All the tables were set properly with condiments available.

People were relaxed and told us the meals were nice, hot and of sufficient quantity. Comments included; "The food is absolutely excellent." "I eat what comes, I enjoy my food." "Our age group are not fussy eaters; we get sandwiches and cake at tea." One visitor told us their relative "Loves her food, it's so varied." In contrast one person told us they did not get a choice at mealtimes, they had to have what was provided at teatime, that they did not like the cereals provided and had to purchase their own.

Good

Is the service effective?

The cook told us, "we know who doesn't like certain things, so for instance on battered fish day, these (he pointed to their names which were written on the chart) don't like it so I adapt and give them poached or breaded fish instead."

People were given a choice of where they would like to eat. Some people decided to eat their meal in their bedroom whilst others preferred to sit in the dining area. We saw people were not rushed, but supported to have enough to eat and drink. We noted some people needed support to eat their meal and this was provided. Care assistants sat beside the person needing support and assisted whilst speaking quietly and at the persons pace. Meals were appropriately spaced throughout the day and flexible to meet people's needs. We were told consideration had been given to research on how food intake spread evenly during the course of a day could lessen the risk of falls and people becoming malnourished.

People's views about their food preference were sought and listened to. Twelve people who used the service had completed a customer survey, which included a question about food provision. All of the responses had been positive. One person had written, "Food is very good." The cook told us how they were able to spend time talking with people about their food preferences and knew each person's likes and dislikes. The kitchen was staffed until 5.30pm and this meant that people were able to ask for hot cooked food at teatime as well as the main meal which was served at 12.30pm. They said the registered provider was very open to what food could be provided to ensure most people's choices could be catered for.

Care records highlighted where risks with eating and drinking had been identified. For example, one person's record showed when staff sought advice and liaised with a speech and language therapist (SALT). An assessment had identified a potential problem. A pureed diet had been advised on the days when the person was experiencing difficulties. The care plan had been regularly reviewed to ensure it met the person's assessed need. Staff were fully conversant with the needs of the person and how best to support them to receive a nutritious diet.

Care records showed health and social care professional advice had been obtained regarding specific guidance about delivery of certain aspects of care. For example, a physiotherapist had been contacted about a person's mobility following a period of illness. We spoke with a district nurse who told us she visited patients at least twice a week to do routine dressings or offer advice about pressure area care for example. She said she had not had any complaints from the people she visited and that the home was always clean. She said she thought the staff were knowledgeable, experienced and easy to work with.

Records showed staff had made referrals to relevant healthcare services quickly when changes to health or wellbeing had been identified. In addition to the support from three local doctors surgeries the home had access to a computer based system which could be used to speak to doctors and nurses at the local hospital by way of a webcam. This meant people could be seen or 'examined' without them having to visit the hospital or attend Accident and Emergency. The registered manager told us when this had been used it had been successful on the whole and that they were mindful of when it was appropriate to use. Some people had a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) form in their file which had either been discussed with them or a relative, these were reviewed by the persons doctor and the ones we looked at were up to date and valid.

We observed that clear signage aided people to find their way around the home independently and seating was laid out to provide natural walkways to encouraged people to access places that promoted their independence. There were a variety of areas for people to sit, including quiet areas if they did not want to watch television. We saw people enjoyed the comfort of the lounge areas and were freely able to come and go as they pleased. The gardens provided a seating area and people could access the garden through the conservatory doors, which we were told were open during the warmer months. The registered manager commented that the homes adaptations, reflected people's needs and choices and helped promote physical and emotional well-being.

Good

Is the service caring?

Our findings

People were consistently positive about the care they received. Comments included; “This home is the best one I have been in and I’ve been in 3. It’s homely and I don’t want to move, the staff are lovely and there isn’t one that I don’t like.” One person told us, “I’ve never seen anything upsetting, they are all really good and they try to help everyone; she [the owner], has excellent staff.” One visitor told us residents were treated “with kindness, I’ve never seen anything untoward, it’s a nice home.”

When describing staff one person told us, “They are never sharp; always kind.” Staff were referred to as “good, attentive, cheerful and kind”. One relative told us, “I’m very happy to leave Mum here, she’s well looked after.” They went on to say, “Care is discussed, I can go to the nurse manager and she is good at explaining things. The owner got mum a special chair when the GP suggested it. If there is a problem, they solve it, we have no regrets.”

We observed staff interacting with people in a caring manner throughout the inspection. For example, one person called out for help as they walked along a corridor. A member of staff stopped what they were doing, helped the person to reach their bedroom, comforted them and offered them a drink. We saw that when staff were communicating with people who were seated, they knelt down, gained eye contact and using a gentle tone communicated with each person to engage them thoroughly in the discussion. Our observations showed that all staff had a good knowledge of people, their life histories and their preferences. People were spoken to in a friendly, polite and respectful way with lots of cheerful banter and laughter.

Staff put people at the heart of their work, they demonstrated a kind and compassionate attitude towards people. Strong relationships had been developed. Staff focused on the person and not the task in hand. Staff were highly motivated, creative in finding innovative ways to overcome obstacles that restricted people’s independence and had an in-depth appreciation of how to respect people’s individual needs around their privacy and dignity.

People’s needs in terms of their disability, race, religion or beliefs were understood and met by staff in a caring and compassionate way. For example, care records contained sensitive information about people’s needs regarding their end of life plans. Detailed notes explained exactly how staff would make sure a person’s wishes would be respected.

Staff had good knowledge of the people they cared for. They were able to tell us about individuals likes and dislikes, which matched what people told us and what was recorded in individuals care records. Staff told us: “We get to spend some time talking with people and get to know them, we would like more time to be honest.” And “People are well cared for here because we know them and we know what they like.” A relative said; “Staff know people really well, that is one of the best qualities of this home, it’s small and more intimate.” People told us, staff listened to them and took appropriate action to respect their wishes. One person said; “I get up when I want, I go to bed when I want, it’s my choice.”

Arrangements were in place to make sure, where possible, people were involved in making decisions about their own care. Care records contained in-depth guidance to staff to aid communication with people, plans were individualised, reviewed monthly and contained detailed techniques that helped when mobilising or moving a person from chair to bed for example.

We saw leaflets advertising advocacy services but did not see that anyone had an advocate. Most people had families who visited regularly. People said their family and friends were always welcome. One person said “You'll see people in and out all the time. Visitors are always coming but no one seems to mind.”

Staff promoted people’s independence and respected their privacy and dignity. We saw staff knocked on bedroom doors and awaited for a response before they entered. Staff greeted people respectfully and used people’s preferred names when supporting them. Staff told us how they maintained people’s dignity and independence.

Care practices were person led and staff were clear that where tasks were to be undertaken, for example when supporting someone to shower, they had to give the person time to do this at their own pace and in comfort. For example, one member of staff told us; “It is so important to let people do what they can for themselves. If somebody can dry themselves and they want to, even if it takes longer, that is what we support them to do.”

Good

Is the service caring?

Staff showed concern for people's wellbeing in a meaningful way and responded to people's needs quickly. We observed one person become unwell during the lunchtime period. Staff assisted the person immediately. A nurse was called and following an assessment the person was transferred appropriately to their bedroom where they rested. Staff showed an in-depth appreciation towards the person's dignity and took action without causing unnecessary concern or distress to others in the dining room. Staff then contacted the person's relative and the doctor to discuss the person's condition.

The registered manager told us about the service's open door visiting policy and explained how the environment offered a choice for people to meet in the company of others or in private dependent on their choice. A relative told us; "We visit at all times of the day and are always made to feel welcome." Comments on the relatives survey included, "It feels like home; Lovely intimate feel and doesn't feel like an institution; Lovely rural outlook." Comments from a residents survey included, "Keep up the good work; It's like a private country home; Cleanliness is first class, no nasty smells."

Good

Is the service responsive?

Our findings

Before people became resident at Milton House an assessment was carried out by the registered manager to ensure that the service was able to meet that person's needs. Care records contained detailed information about people's health and social care needs. They were written from the person's perspective and reflected how each person wished to receive their care and support. Records were organised, gave guidance to staff on how best to support people with person centred care and were regularly reviewed to respond to people's change in needs. A staff member told us, "We really get to understand their needs, I know people really well."

Individual needs were regularly assessed so that care was planned to provide people with the support they needed, but ensured people still had elements of control and independence. The registered manager told us that staff were expected to not only identify problems during in-depth assessments, but were empowered to help solve them. People were encouraged and supported to maintain links with the community to help ensure they were not socially isolated or restricted due to their individual circumstances. People were supported to follow their interests and take part in social activities. For example, people could attend religious activities, musical entertainment, take part in craft sessions or listen to visiting entertainers. People were supported to have as much choice and control as possible.

People who used the service were smartly dressed and looked very well groomed with their hair tidy and many of the ladies had manicures.

The registered provider had a policy and procedure in place for dealing with any complaints. This was made available to people, their friends and their families. The policy was displayed around the home. People knew who to contact if they needed to raise a concern or make a complaint. People who had raised 'niggles', confirmed these had been dealt with to their satisfaction and without delay. One person told us, "I know how to complain, but I can't see I would ever have to." At the time of our visit there had been no formal complaints for the last twelve months.

When asked about response times for call bells being answered we received mixed comments from people who shared their experiences. One person told us "The bells just ring, ring, ring and are not always answered, I listen for them being answered." The person added, "It happens fairly regularly, I know they are helping others but they could at least let the person know when they will be coming." Contrary to this view, one person told us, "They always come quickly to me, anyway, night and day." And "We don't wait many minutes for the bell to be answered." We asked the registered manager if there were any complaints about the response times, she told us there had been a comment made by a relative some time ago and they had been able to provide a print out of the response times and how long a member of staff had been attending to the person. She was not aware of any issues at the time of our visit. We noted that any call bells going off on during our visit were dealt with promptly.

Good

Is the service well-led?

Our findings

People who used the service and staff described the management of the home in positive terms. They described the registered manager as approachable, open and supportive. One person told us, "The management have time for you, they will stop and talk and most importantly listen." A staff member commented; "The management are supportive, they come out onto the floor, they're not just stuck in their office."

The registered provider, the registered manager and the deputy manager took an active role in the running of the home and had good knowledge of the staff and the people who used the service. There were clear lines of responsibility and accountability within the management structure. The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

The registered manager told us staff were encouraged and challenged to find creative ways to enhance the high quality service they provided. Staff told us they felt empowered to have a voice and share their opinions and any ideas they had. The registered manager also told us how staff had been involved with and had created the in-depth induction programme. New recruits confirmed the new process provided them with the knowledge and skills they needed to meet people's needs.

The registered manager told us one of their core values was to have an open and transparent service. The registered provider sought feedback from people and those who mattered to them in order to enhance their service. Relatives surveys were conducted that encouraged people to be involved and raise ideas that could be implemented into practice.

The registered manager told us staff meetings were not regularly held, the last one was in September 2014 and the next one had been scheduled for 25 March 2015, according to the poster displayed. However, she did not feel that this had a negative effect on staff communication, as staff were constantly sharing information and ideas. Staff confirmed this.

The registered manager and registered provider inspired staff to provide a high quality service. Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care. Comments included, "I love working here, I think it makes a difference in people's lives and I'm proud of that."

The registered manager told us people were at the heart of what they were striving to achieve. They had developed a culture within the service of a desire for all staff at all levels to continually improve. The registered manager monitored the quality of the care provided by completing regular audits. These included audits of medicines, care records and Infection Control. They evaluated these audits and created action plans for improvement, when improvements were needed. Where guidance was needed the registered manager and senior staff shared knowledge of good practice guidance. For example, a medicine administration audit identified that not all signatures were present on the medication record despite the medication having been given. This had been discussed with the person giving out the medication and a system put in place so that daily checks were being made so that the issue could be dealt with promptly. This had been reviewed and an overall improvement was noted.

There was a system in place for recording accidents and incidents. This meant there was a clear record of any incidents that had occurred. We saw these were properly recorded. There were emergency plans in place for all individuals. For example people had personal evacuation plans telling staff how to support individuals in the event of fire. This meant that people would be supported effectively in the event of a fire.

Staff were well supported through induction and on-going training. Staff were encouraged to enhance their skills and professional development was promoted. A staff member told us, "Training has been good, I know what is expected to provide a high standard of care to people." People who used the service told us they were involved in planning their care and we saw that plans were personalised. People's mental capacity had been assessed where appropriate and we saw evidence of best interest decision making if it was necessary. Staff were properly trained to carry out the work they were employed to do.

Staff had an awareness of their roles with regard to the Mental Capacity Act (2005) and the associated Deprivation of Liberty Safeguards (DoLS). The registered manager was booked to attend further training in April 2015 and intended cascading her further learning with the whole

Good

Is the service well-led?

staff team. All staff had undertaken training on safeguarding adults from abuse, they displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated.

Records showed that staff received annual formal supervision. Staff confirmed this. One member of staff told us, “The manager does my supervision. They give me a lot of encouragement all of the time.” The registered manager had a formal qualifications to enable them to carry out their role effectively as well as maintaining the mandatory training that all staff had completed.