

Penhill Residential Home Ltd

Penhill Residential Home

Inspection report

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Date of inspection visit:
26 July 2016

Date of publication:
26 September 2016

Ratings

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

Summary of findings

Overall summary

We undertook an unannounced inspection of Penhill Residential Home on 26 July 2016. When the home was last inspected in June 2014 no breaches of the legal requirements were identified.

Penhill Residential Home provides personal care and accommodation for up to 19 older people. At the time of our inspection there were 19 people living at the home.

A registered manager was in post at the time of our inspection. 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 home is run.

The home was not consistently effective because training had not always ensured staff had the correct skills and knowledge to support people effectively. People's healthcare needs were not always met as additional information was required within people's assessment in regards to medical conditions.

Medicines were managed and administered safely by staff. Regular audits of the medicines system and administration ensured people were kept safe. Risk assessments promoted people's independence and people told us staff were there to support them as needed. Accident and incidents were fully reported. Audits ensured that subsequent action taken had been effective in reducing reoccurrence.

Thorough recruitment processes were in place, which made sure staff suitable for the role were employed. Staffing levels were safe and people told us there was always staff available to support them safely. A comprehensive and supportive induction procedure enabled staff to be introduced to the family ethos of the home. Staff received regular supervision. Staff told us the registered manager and senior staff members were supportive and accessible.

The registered manager was aware of their responsibilities in regards to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the capacity to consent to care or treatment or need protecting from harm. The registered manager kept clear records of the steps taken in the DoLS process. When a person lacked the capacity to make a particular decision, it was recorded how this had been established. When a best interest decision was needed, this was fully documented with the involvement of family and health or social care professionals. Staff were not always confident in their knowledge of DoLS and the Mental Capacity Act 2005.

Comments made by people and relatives were consistently positive about the care and support at Penhill Residential Home. People told us that staff were kind, caring and respectful. Staff knew people well. Support was given as people preferred and people's privacy and dignity was always maintained. The home had received many compliments and reviews which commented on high quality care provided to people. Visitors were welcomed within the home. The home had good relationships with people's family and friends

and provided opportunities for them to be involved in the home.

Care was person centred. People were supported to maintain their hobbies, interests and networks. The home engaged with people, relatives and professionals to gain feedback through a variety of methods. The home was fully receptive and responsive to feedback and ensured changes were made. The complaints procedure was made available to people and the home considered different ways to make people aware of it.

The home was well run and managed. We received positive feedback about the registered manager. Staff felt valued and supported. A range of systems were in place to enable the quality of the care and support to be monitored. Regular meetings took place and staff fully participated. The home had good links within the local community and ensured these were maintained and developed. The home provided good communication with people, staff and family members through newsletters, emails, reports and forums. People, relatives and staff told us there was a positive, happy culture at the home.

We have made a recommendation about managing diabetes care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The home was safe.

Risk assessments were in place to help keep people safe whilst promoting independence.

Medicines were administered and managed safely.

Staff knew how to identify and report safeguarding concerns.

Safe recruitment procedures and checks were followed. Staffing levels were safe. □

Good ●

Is the service effective?

The home was not consistently effective. Training did not always ensure staff had the necessary skills and knowledge to carry out their role.

The home had not always ensured people's healthcare needs were met.

The requirements of the Deprivation of Liberty Safeguards were being met.

The home worked within the principles of the Mental Capacity Act 2005.

Staff received effective induction and supervision.

Requires Improvement ●

Is the service caring?

The home was caring. People spoke very positively about the staff at the home.

We observed positive relationships with people living at the home. Staff spoke with people with kindness and respect.

Staff were knowledgeable about people's needs and personal preferences.

Staff supported people in a way that respected their privacy and

Good ●

dignity.

The home had received consistently good feedback about the care and support provided.

People's visitors were welcomed at the home and were encouraged to be involved.

Is the service responsive?

Good ●

The home was responsive.

People received responsive care and support. Care records were person centred.

Activities were provided in accordance with people's wishes.

The home acted on suggestions and feedback gathered. People were involved with how the home was run.

The home had a complaints procedure and it was made visible and accessible to people.

Is the service well-led?

Good ●

The home was well led and managed.

People, staff and relatives spoke highly of the registered manager and how the home was run.

There was a positive and homely atmosphere. Staff felt valued, involved and supported.

The home had developed links with local community and had a good reputation.

The home provided varied and effective means of communication and information sharing with relatives.

There were effective systems in place to monitor the quality of care provided.

Penhill 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.

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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we had about the service including statutory notifications. Notifications are information that the service is legally required to send us.

Some people in the home were living with dementia and were not always able to tell us about their experiences. We used a number of different methods to help us understand people's experiences of the home, such as undertaking observations. As part of our observations we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us.

During the inspection we spoke with nine people living at the home, six relatives, the registered manager and four members of staff. We looked at three people's care and support records and four staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies and audits.

Is the service safe?

Our findings

People told us they felt safe and happy living at Penhill Residential Home. People told us they were supported as they wished around their medicines and there was enough staff to safely meet their needs. One person said, "I am very happy and safe here, enough staff who know what I like. I am content." Another person said, "I feel very safe, I can't believe how safe I feel, everyone is so willing to help." One relative commented, "[Name of person] is safe and well looked after by lovely staff who understands them." Another relative said, "My loved one is very safe here. I pop in regularly at different times, they are always fine. There is always enough staff around and the place is spotless."

Individual risk assessments identified potential risks to people and gave guidance to staff on how to support people safely. Assessments included risks such as nutrition and hydration, personal care and mobility. Risk assessments promoted independence by detailing what people could do for themselves and where support was required. For example, that a person could get dressed themselves but required support with zips and fastenings. One person told us the home supported them to self-medicate. A risk assessment was in place to support this.

Staff were clear on their responsibilities for reporting and recording any accident or incidents. We reviewed incident and accident records and saw a description of what had occurred, any injuries and the immediate action taken. For example, a cold compress applied. Senior staff followed up the reports and showed the measures taken to minimise future risks. For example, after a fall one person was given a pendant alarm to carry. A full audit and analysis of any incident and accidents was completed on a monthly basis. This reviewed the type of incidents and accidents that had occurred to monitor for any trends. It also monitored if action taken had been effective. We did note regarding a fall of one person, subsequent action recorded said they would be checked every hour and this had not been recorded as being completed. The registered manager said this would be addressed to ensure this did not reoccur.

Medicines were administered safely. Medicines were received at the home every four weeks and stored in a secure trolley and cupboard. Medicines were checked and signed onto the Medication Administration Records (MAR) by a senior member of staff. No concerns were identified on people's MAR. Records showed an up to date photo of people and any known allergies. Care records described how people preferred to take their medicines and gave guidance to staff on how to support people. For example, one record said, 'trained staff to place tablets in [name of person's] hand and offer a glass of water.' Care records detailed any 'as needed' medicines. Medicines that required refrigerated storage were suitably kept and the temperature regularly monitored. However, the trolley which stored medicines was not monitored to ensure medicines were kept at the correct temperature. The registered manager said this would be addressed.

The home followed an appropriate recruitment process before new staff began working at the home. Staff files showed photographic identification, a minimum of two references, full employment history and a Disclosure and Barring Service check (DBS). A DBS check helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with certain groups of people. The registered manager had followed up all written references with a

telephone call and recorded this. When gaps in employment history were found, this was investigated and documented. However, we did find when further information was needed in regards to a person's DBS, whilst this had been investigated by the registered manager it had not been recorded. The registered manager said in the future further details would be recorded.

Staffing levels were safe. We reviewed the staffing rotas from the previous eight weeks and the number of staff was consistent with the planned staffing levels. People and relatives told us that the home was always well staffed. The home prided itself on not using agency staff and any sickness or holiday was covered by the staff team. The registered manager told us that people may get unsettled by unfamiliar staff so this was avoided. We saw documentation that showed when staffing levels had been adjusted to meet the changing needs of people. The home had one current full time vacancy. The registered manager said this had taken longer than expected to fill however, this was due to the home ensuring they recruited the most suitable person for the role. One relative said, "They are careful to select staff carefully." One person said, "There is good staff retention, so we get continuity."

The provider had policies and procedures in place for safeguarding vulnerable adults. This contained guidance on what staff should do in response to any concerns identified. From the training records we reviewed we saw staff received training in safeguarding vulnerable adults. This was confirmed with the staff with spoke with. Staff said they would report any concerns to a senior member of staff. One staff said, "I would always report anything to a senior." We reviewed records that showed the registered manager reported concerns to the local authority safeguarding team when needed and notified the Commission as required.

Staff had training in fire safety. Systems were in place to regularly test fire safety equipment such as emergency lighting, alarms and extinguishers. However, we did note that records implied the same fire point was always tested. Practice fire drills took place regularly to ensure staff were confident of the procedures to take. Risk assessments were in place to minimise the risk of a fire occurring. A recent external assessment into fire safety in January 2016 had described 'A satisfactory level of fire safety.' Staff's knowledge of fire safety had also been discussed at a recent staff meeting to ensure training had been effective.

People had an individual emergency evacuation plan in place. This showed the mobility equipment and support needed for each person to remain safe during an emergency evacuation. The home also had an emergency procedure document. This outlined the steps staff should take to keep people safe within an emergency situation such as a water leak or the building being unsuitable for people to stay in.

We reviewed records which showed that appropriate checking and testing of equipment and the environment had been conducted. This ensured equipment was maintained and safe for the intended purpose. This included safety testing of electrical equipment, the lifts and mobility and transfer aids. There were also certificates to show testing of fire safety equipment and gas servicing had been completed.

The home was clean, tidy and well maintained. People told us it was always kept to this standard. One relative said, "The home is always clean tidy and there and never any odours." Another relative said, "It is always clean and well maintained."

Is the service effective?

Our findings

People did not always receive effective care and support. Staff received regular training in areas such as first aid, health and safety and person centred care. Training specific to the people living at the home was arranged so that staff had the skills to meet people's needs. For example in dementia care and death, dying and bereavement. The provider facilitated access to further nationally recognised qualification for staff. However, we found that the registered manager's qualification to train staff in moving and handling had expired. This may mean that staff are not being taught according to current best practice guidelines.

In addition, we found that staff had not received training in diabetes. Training for staff on monitoring blood sugar levels was currently provided by more experienced staff. During the inspection the registered manager arranged training for all staff in diabetes. We reviewed one risk assessment around the management of a person's diabetes care. We found that whilst a person's blood sugar levels were regularly monitored and recorded by staff on a weekly basis as directed in the care record, there was no guidance on the action to take should the reading lie outside the 'normal range' as indicated within the assessment. This may result in staff not being clear on the action they should take and when assistance may be required from other healthcare professionals.

We recommend that the home follows current best practice guidelines into the management and assessments of diabetes care.

Records were kept of appointments with health professionals such as the GP, dentist and chiropodist. There were regular doctor's rounds from two local GP's. Daily notes were inputted directly onto the computer system so were held within people's care records. People's weights were recorded to ensure any changes were monitored. Care plans gave information about any dietary needs and people's food preferences. Care plans described any support people need may need around mealtimes for example, encouragement or particular cutlery or crockery.

People gave very positive feedback about the food at Penhill Residential Home. One person said, "The food is excellent, good choice, good food." Another person said, "The food is always good. There is always a choice." Menus were displayed on each table and in larger print on the dining room wall. We observed people throughout the day being offered drinks and snacks. People could also help themselves to hot and cold drinks whenever they wished from an area in the dining room. There were also fresh bowls of fruit in communal areas. We spoke to the chef who was knowledgeable about people's food preferences and dietary requirements. Where the kitchen was located meant people could speak with the chef about any wishes for the day. We observed people being asked what they would like for mealtimes. Particular preferences were noted down. If someone did not wish for any of the choices from the menu an alternative was prepared. One relative said, "[Name of person] is very positive about the food. There is always a choice."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager had met their responsibilities with regards to the Deprivation of Liberty Safeguards (DoLS). Appropriate applications for three people living at the home had been made and were awaiting assessment by the local authority. The registered manager had a clear recording system in place in regards to DoLS and understood the requirement to notify the Commission when the DoLS was authorised.

We reviewed documentation that demonstrated a process to establish if people had the mental capacity to make a certain decision. When a best interest decision was needed, records showed who had been involved in making the decision and why that decision had been reached. For example, we saw a best interest decision in regards to a person's potential admittance to hospital. The person, family members and the GP had been involved in the decision making process.

We found that whilst staff had received training in MCA and DoLS staff were not always confident in their knowledge of these subjects. The registered manager said they would look at additional ways of consolidating the knowledge gained from training for example in small group sessions and staff meetings. Care records described how people could be supported to make decisions and staff we spoke with demonstrated good knowledge of this. People told us that staff always asked for consent from people before care and support was given. One person said, "Staff here are very good at their job. They always ask before doing something."

New staff completed an induction aligned with the Care Certificate. It involved mandatory training and familiarisation with the people, the home and policies. New staff shadowed a more experienced member of staff. This enabled new staff to learn how people preferred their care and support to be given. One member of staff said, "I felt confident at the end of the induction. I was fully supported and there were always people around to ask and help."

Staff said they had regular supervision and this was confirmed in the records we reviewed. The registered manager told us that supervisions were undertaken every three months. For newer members of staff these were held more frequently. One new staff member said, "I am having supervisions every month at the moment." Another staff member said, "Supervision is useful." All staff that we spoke with said they felt well supported in their roles. We reviewed supervision records which discussed areas such as the member of staff's training needs, their well-being, and relationships with residents. Feedback was given to staff on their how they were performing in their role. We saw when matters had been brought to the attention of the registered manager these were appropriately addressed within supervisions.

Is the service caring?

Our findings

People were supported by staff who were respectful, kind and caring. People and relatives gave very positive feedback about the staff at Penhill Residential Home. We were told that nothing was too much trouble for staff and they always went above and beyond. One person said, "Staff are all lovely I get on extremely well with them, it is like an extension of my family, but I am also given privacy." Another person said, "Staff are good and very kind, they will do anything you ask, I feel very cared for." One relative commented, "This is one of the best care homes I have ever been in, I cannot find fault with it and could not get any better." Another relative said, "They care for my loved one as their own family, and with empathy and professionalism but balanced with individual needs and patient reassurance."

People told us that the care and support they received was exceptional. One person said, "It is first class." Another person said, "It is wonderful here. The staff are worth their weight in gold." A relative said, "[Name of person] loves it here. They are so happy. The staff have great interactions with people." People told us staff. For example, taking time with people to ensure their hair, clothes and jewellery were just as they wished.

People told us they were encouraged to maintain their independence but had the care and support on hand as they needed. One person said, "Staff are kind and caring. I get on well with them all. They listen to me and do all that they can to help me, while allowing and encouraging me to do as much as I can for myself to maintain my independence." Another person said, "Staff encourage me to do what I can but are there to help me if I need it." One relative said, "My relative is very independent and continues to be independent but gets the support she now needs." Another relative said, "My relative has a good relationship with staff, they respect what they can still do and when help is needed."

People and relatives all described the home as having a caring and warm atmosphere. People spoke about the home being like one big family. People told us they felt valued and respected. One relative said, "There is a family like atmosphere. My relative is not just a number." Another relative said, "It is brilliant here. [Name of person] is valued. Her individual opinion is valued."

People told us their privacy was respected. Staff were knowledgeable about maintaining confidentiality within their role. One member of staff described this as, "Not discussing the resident outside of the home" One person said, "Staff do not discuss anything personal or private in front of others." People told us that staff always knocked on their doors and waited before entering and we observed this during our inspection. One staff member said, "I always knock on people's doors. It is there home, not mine." We observed people chose where they wished to spend their time, in their room or communal areas of the home. People told us they were given choices and options about what they did.

People told us they felt comfortable when receiving personal care and that staff were respectful and considerate in maintaining people's privacy and dignity. People told us that staff ensured doors were closed and curtains pulled when person care was given. A relative said, "My relative has a good relationship with staff, they respect what they can still do and when help is needed their dignity is respected."

We observed when staff spoke to people they were polite and cheerful. We saw the people were happy and comfortable in the presence of staff. We observed staff chatting and joking with people. Staff knew people well. We saw staff gave people time to respond when asked a question. Staff listened and acted accordingly to their reply. One relative said, "Staff are very caring, I am happy when they use terms of endearment and show affection, it is done in a way that shows they care but boundaries are respected."

The home had received ten compliments in the previous 12 months. The compliments we reviewed supported the positive comments we received about Penhill Residential Home. One compliment said, "She couldn't be in a better place with such kind and caring staff to look after her." A second compliment said, "The atmosphere of the home makes all the difference to residents, carers and visitors alike." Another compliment read, "We are grateful for the exemplary care that you give [name of person]." Another compliment said, "The caring atmosphere which prevails at Penhill."

The home had received 12 reviews in the last 24 months on a national website where care experiences were reviewed. Penhill Residential Home had scored 9.9 out of 10 overall. People had overwhelmingly said they would be 'extremely likely' to recommend the home to others. Reviews of the overall standards, care and support, cleanliness and facilities were described as 'excellent'. One review said, 'The staff make the atmosphere very much like someone's home rather than a place of care. The homely atmosphere is ever present. The level of care provided is of an extremely high standard at all times, day or night the attention to detail exhibited by all the staff and the owners is very welcome. I have no hesitation in recommending Penhill to anyone.' Another review said, 'I can honestly say that I do not know of a better residential home anywhere in Bristol or the surrounding counties. One word is all I need to describe all aspects of Penhill and that is 'excellent'. The proprietors run the home as a family affair and all the residents are treated as part of their extended family. As a weekly visitor I feel very welcomed every time I visit my father and the staff take care of his every need in a warm and caring way.'

Family and friends could visit whenever they wished. People told us there were no restrictions on when people could visit. A member of staff said, "Visitors can come when they wish. Some come in every day." During our inspection we saw several relatives visit. One relative said, "I can come whenever I like, they are very welcoming." Relatives told us that staff were always very welcoming and drinks were always provided. Family and friends told us they were included in many events and activities at the home and also accompanied people on trips organised by the home. For example, a recent trip to Chew Magna.

Is the service responsive?

Our findings

People told us that they were very happy with the care and support they received and that the home was responsive to their needs. One person said, "This is a happy place, I am so lucky to be here." Another person said, "This is a nice place to live, I would not want to be anywhere else." One relative said, "Suggestions here are actioned." Another relative said, "Staff are proactive and responsive."

Before people came to Penhill Residential Home an assessment was conducted to ensure people's needs could be met. The registered manager told us that people's needs were continually reviewed and changes made where necessary. The home recognised when it could no longer meet someone's needs safely and worked in partnership with people's families understanding this was a difficult process. Care records contained an up to date photograph and contact information of essential people for example family members and health professionals. People's life history was described giving an overview of people's employment, family, interests, health and information significant to that person. For example, one care record noted that all of a person's children names started with a particular letter of the alphabet.

Care plans described people's personal preferences' and gave straightforward guidance to staff about how people wished to be supported. This included people's usual daily routines, times people liked to go to bed and get up, activities people liked to be involved in and preference around food and drink. For example, '[Name of person] likes to have small portions as larger portions puts [Name of person] off eating.' Another record said, '[Name of person] prefers to take breakfast in her room and join with others for all of her other meals.' Care records gave details on the level of support people required for different tasks. For example if they could undertake the task independently or the number of staff to support them safely.

People's religious and cultural needs were identified within people's care records. This detailed if this affected how people wished to be supported. Care plans referred to gender specific care. For example, '[Name of person] wishes to receive care during daily bathing or washing tasks from female carers only.'

People's support needs around communication were described in their care plan. This referred to any impact health conditions may have on people's communication and cognition. Care records described how staff could effectively support people with their communication. For example, 'Where possible, language should be kept simple. Keeping questions and commentary straightforward will help [Name of person] take a fully active role in the conversation.' Staff took a positive approach to communication. One staff member commented, "Everyone can communicate to you." The staff member went on describe how different people communicated. This showed that staff knew and understood people well.

People told us the home was person centred. Relatives and staff told us how people living at the home made their own choices about how they spent their time. One person said, "This is a warm, friendly and relaxed place. No rules and regulations. It was my decision to come here. I would recommend this home." One relative said, "[Name of person] does her own thing. She joins in with what she wants. There is always a choice."

People had an allocated keyworker. The keyworker oversaw care and support and ensured areas people had identified in their care plan were being facilitated. Keyworkers produced a monthly summary detailing health appointments, involvement in activities, changes in medicines, significant dates and forthcoming events. Regular reviews of people's care were arranged and recorded. People told us they were involved with the care planning process. One person said, "I know what is in my care plan, when it is reviewed my family are involved." Relatives we spoke with confirmed they were invited to attend care reviews.

We saw that people's rooms were personalised and decorated individually. People had their own furniture, ornaments and personal items such as televisions and photographs. People's name and photograph were on their door so they could easily identify their room. We viewed a person's room that had been adapted in response to a change in their mobility. One person said, "I am as safe as houses here, no worries. I have a lovely room, they come in every day and keep it clean."

People spoke positively about the activities on offer at the home. A nominated member of staff would facilitate the activities on a daily basis. We saw that activities such as card games, bingo, sing a longs, film shows, musical entertainment and coach outings to local places of interest were on offer. Activities were discussed at the weekly forum and suggestions made. There was also an activities folder which gave details of the current people living at the home and their interests. This was so activities were tailored to appeal to people. Photographs in the folder showed the recent activities, outings and events. These were also displayed on the activity board in the hallway. The home's newsletter listed the activities for the week. This was circulated to people, their families and displayed around the home. Relatives said they liked knowing what was planned. People told us and we saw photographs of a recent visit by the Lord Mayor to the home. People told us how much they had enjoyed this and they had been invited for tea at the Mayor's residence.

There was a weekly 'resident's forum'. People told us how much they enjoyed attending this and how their views were acted upon. The meeting was held with an outside facilitator who would then liaise with staff about the comments and opinions raised. Items discussed included the food on offer, facilities, activities and care and support. It was also an opportunity to keep people informed about the home. For example, people were notified of when the registered manager would be away on holiday and we saw new people were welcomed. We reviewed minutes from recent meetings and saw that where feedback had been given changes were made. For example the registered manager had sourced a higher quality meat supplier. However, no-one liked this change and requested meat was returned to the original supplier. One person had commented in the minutes, 'Meat is lovely again now we are shopping at Costco again.' We saw that if people did not wish to attend the meeting they could still raise items and be kept up to date with what was discussed. One person said, "I do not go to the resident's forum, though the facilitator goes through the minutes with me afterwards so I am kept informed of what is going on."

People told us how they enjoyed the garden and courtyard area of the home. People said it was beautifully maintained and made it pleasant to sit out in or view from the conservatory. The garden was safe and accessible with bright flowers and plants. People told us that the previous week when the weather had been nice people had sat out in the courtyard and a member of staff had gone and got them all choc ices, which they really enjoyed.

The home had received one complaint in the last 12 months. We reviewed how the complaint had been followed up and a satisfactory outcome found. One person said, "The home provides the complaints procedure in an information pack but I have never had cause to use it." People told us they could talk to any of the staff if they felt worried or concerned. A relative said, "I have never had to complain but the managers are very open and I would be able to talk to them." Another relative said, "The complaints policy is reinforced and the manager reminds me that their door is always open." Care records described if people

would be able to independently raise a complaint and if not the measures put in place to overcome this. For example, by discussing and giving a copy of the complaints procedure to their advocate or to remind a person about the complaints policy on a regular basis.

Is the service well-led?

Our findings

People, relatives and staff spoke very positively about the registered manager at Penhill Residential Home. People told us they all knew who the registered manager was and they were always around to talk with. One person said, "I can talk to the manager at any time, she is very approachable." Another person said, "The manager and deputy are great. They welcome feedback and this can be done at any time." One relative said, "I think this place is well run and personal, the manager knows each resident and their families. Communication is excellent."

Staff described the registered manager as, "Amazing," "Supportive," "Efficient" and "Approachable." One staff member said, "The manager has an open approach and involves staff." Relatives commented positively about how the home was run. One relative said, "The manager is very friendly and listens. They act on suggestions, are efficient and on the ball. Nothing is too much trouble."

People, staff and relatives all commented about the positive, family like atmosphere of the home. One relative said, "It is a big family." One staff member said, "We have a very good atmosphere, it is homely." Another staff member said, "It is very family orientated. It is superb, everything is done for the residents." Staff said they worked well together to provide good quality care. One staff member said, "The staff get on well. We work to create a nice, happy, safe and homely environment." Another staff member said, "The carers care. We have pride in Penhill."

A newsletter of the home called 'The Penhill Times' was produced by the registered manager on a fortnightly basis. This communicated information and photographs about recent events, the menu and activities. A copy was displayed within the home and given to each room. It was also emailed or posted to family members. Families commented how they enjoyed being kept up to date with news from the home.

The registered manager organised regular team meetings. Different meetings were held to ensure all areas and staff at the home were included. For example, meetings were held with the support staff, night staff, kitchen staff and senior carers. We saw that meetings communicated information to staff, enhanced people's knowledge and learning, ensured consistency and addressed any shortcomings. For example, we saw from the minutes of a meeting held in June 2016 that a photograph taken by the registered manager had been shown to staff of unacceptable standards of how a bed had been made. We also saw that a policy of the month was discussed and staff's knowledge tested. Staff told us they could contribute ideas and suggestions were encouraged. One staff member said, "We can give an opinion of what is going on. People are discussed to ensure the team is working together." Another staff member said, "Ideas are welcomed."

Information was communicated effectively to staff through a variety of systems. For example, through a diary containing appointments, a verbal handover and an email system which sent information to staff. One staff member said, "This is a good way of being kept informed. Any changes get sent around. For example, when there were problems with the lift or when policies have been updated."

Relatives said the registered manager and staff kept them well informed. One relative said, "They always tell

me things, like if they have a doctor's appointment." Another relative said, "I am always kept informed. They always ring me." In May 2016 the registered manager had arranged the first meeting of the 'family forum'. This meeting was attended by people living at the home, families and friends. The aim was to gather feedback and suggestions and to further enhance communication. From this meeting some families wished to receive, with consent of the person, the weekly reports which the home already produced. This kept families further informed of what their relative had participated in during the week, any appointments, how they had been feeling and anything of significance. One relative said, "I attended the family meeting. Suggestions were taken on board. I now get the weekly report emailed through."

People, family and friends and health professionals had been invited to complete a feedback survey in September 2015. 21 responses were received. Surveys could be completed anonymously to encourage direct feedback. Overall the results were very positive and with all 21 people saying they would recommend the home to others. A full analysis was undertaken of the feedback received and this was distributed to people and available within the home. This investigated any areas where people had said they were satisfied or unsure with an area rather than very satisfied. An action plan detailed what changes would be made to improve these areas. For example, people being offered different bedrooms when they became available and how to promote the complaints procedure in residents and family meetings to ensure people are fully aware of it. Comments from the responses included 'Wonderful place to live. All the people are nice.' A health professional commented, 'I enjoy visiting my clients at Penhill. I would live here myself.' Another health professional said, 'Best home I've seen in seven years.'

The home had a good local reputation, with many people choosing the home from recommendations from others. We saw in potential new staff's applications they sought out to work at the home due to its reputation. One relative said, "The home has a reputation locally as being brilliant. I agree, it is a home from home and I cannot fault it. The management is superb." The home worked to have a presence within the local community and had established positive links. For example, children from the local school had come in and sung for people and were planning another visit. On the day of our inspection a national supermarket donated a large amount of fresh flowers for people to enjoy, as the home was known to them. Two different religious organisations came in to give services once a month. Links had been developed with other organisations such as an artist's group for people with learning disabilities and a women's fellowship where people from the home attended.

The registered manager had achieved nationally recognised qualifications in care and also attended relevant management training. The registered manager was fully supported by the provider who was in continual communication and visited regularly. The registered manager and staff told us how the computer system used by the home greatly assisted them as it ensured information was always up to date and easily accessible.

The registered manager had systems in place to regularly monitor the quality of the service. This included audits of health and safety, care records, medicines and accidents and incidents. Recent audits of care records checked to ensure care plans were up to date and that people had been involved with care planning. The registered manager also conducted a thorough monthly audit of the weekly 'resident forum' meeting minutes. This was to ensure that all items raised had been responded to or actioned.

The registered manager undertook regular spot checks during the day and night to monitor the standards of care. If expected standards were not being met, we saw that appropriate action had been recorded. This included additional training and support for staff or where necessary disciplinary procedures.

The registered manager understood the legal obligations in relating to submitting notifications to the

Commission and under what circumstances these were necessary. A notification is information about important events which affect people or the home. The registered manager had completed and returned the Provider Information Return (PIR) within the timeframe allocated and explained thoroughly what the home was doing well and the areas it planned to improve upon. From completing the PIR the registered manager had documented areas identified as needing improvement in their own evaluation and the actions they taken. For example, we saw that an advanced safeguarding course was being sourced for particular staff and that the relative's forum had begun as a result.