Fairway Homes (Derby) Limited

Holbrook Hall

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Holbrook Hall provides a residential service for 36 older people. The service was last inspected in February 2014, when it was compliant in all areas inspected. We inspected the service on 6 and 7 September 2016, the first day of inspection was unannounced.

There was a registered manager in post. 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.

Improvements were required to how medicines were managed. Temperatures in medicine storage areas were not always within safe limits and controlled drugs were not always stored and administered safely.

Risks were not always managed effectively and we felt the recording of increased risk required improvement. Changes to the mobility needs of people were not always recorded accurately in care plans; and risk assessments were not always updated promptly. This meant that staff were not always aware of the changing needs and associated risks of people.

However, people told us they felt safe living at Holbrook Hall; they praised the service and the staff team. Pre-employment checks were completed for all staff to check their suitability, before they began caring for people. There was sufficient, suitably qualified staff available to care for people. Equipment was maintained and serviced regularly; and health and safety records were well organised and easy to navigate.

Staff had the skills and knowledge to care for people effectively. People were involved in planning their care and making decisions about their daily life. Care plans were informative and included the comments and preferences of people. People were supported to access local health and community services, where needed.

People were cared for by staff who were kind and compassionate. Staff were focused on providing a good quality, person-centred care experience for people. Staff supported people to maintain their dignity and independence and make their own decisions. There was a friendly, homely atmosphere in the home where people felt respected.

There was a varied activity programme based on the individual interests of people and people were free to join in or spend time on their own. There were plenty of communal rooms for people to spend time with friends, visitors or on their own. The management team proactively sought feedback from people and their families, and they responded positively to ideas and suggestions.

The quality assurance systems in place had not picked up the areas that we identified as requiring improvement. However, the management team were receptive to feedback and were keen to improve the

care experience for people who used the service. People and staff felt supported by the management team and there was a positive culture within the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Medicines were not consistently well managed and the registered manager could not be assured that people received their medicines as prescribed. Changes to risks were not always recorded accurately which meant staff could not always be sure they provided care that met people's changing needs.

Staff were recruited safely and all pre-employment checks were completed before they cared for people. Staff understood their responsibilities to keep people safe from abuse.

Is the service effective?

Good

The service was effective.

Staff clearly knew people's care needs and had the knowledge and skills to meet these needs. Staff were supervised and supported by the management team.

Is the service caring?

Good

The service was caring.

People were cared for by staff who were kind and compassionate. People and staff developed positive relationships based on dignity and respect.

Is the service responsive?

Good

The service was responsive.

Staff clearly understood people's preferences and choices and respected these. There was a varied activity programme that was developed with the interests of people in mind. The management proactively sought feedback and used this to improve the service and the care people experienced.

Is the service well-led?

Good

The service was well-led.

There was visible management and leadership; and staff were supported and encouraged by the management team. The quality assurance systems in place did not always identify areas that required improvement, in a timely manner. However, the registered manager responded positively to our concerns, had the knowledge and skills to develop the service and was keen to improve and deliver higher quality care.

Holbrook Hall

Detailed findings

Background to this inspection

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

This inspection took place on 6 and 7 September 2016. The inspection team consisted of one inspector, an expert-by-experience and a professional nurse advisor. An expert-by-experience is a person who has personal experience of using or caring for a person who uses services. In this case the expert-by-experience had experience of caring for an older person who has used residential services.

Before the inspection we reviewed any information we held about the service, including any information the provider had sent us. This included the provider information return (PIR). A PIR is a report that we ask the provider to complete which gives details of how they deliver their service, including numbers of staff and people using the service, and any plans for development. We also reviewed any notifications the provider had sent us. Notifications are reports the provider must send to us to tell us of any significant incidents or events that have occurred.

In order to gather information to make an assessment of the quality of the service, we looked at a variety of records and spoke to different people. We reviewed three care records which included needs assessments, risk assessments and daily care logs; management records which included three staff records, policies, development plans and evidence of training. We also spoke to the registered manager, a director of the service, seven staff, two professional volunteers and ten people who used the service.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living at Holbrook Hall. One person told us, "I feel safe here I didn't feel safe at home" and another said, "I feel perfectly safe here, I've never had a problem". Staff told us they had training to help them recognise when people were at risk of harm or abuse and they had policies and procedures to follow if they needed to report any concerns. This helped ensure people were safe from the risk of abuse.

We saw that most people did not wear a pendant when they were in the communal areas or in their rooms. We asked one person who was sitting in their room and who used a walking frame to get around, what they would do if they needed something. They replied, "I would get up and get the buzzer" they also added, "I should be wearing it". This person's call bell was out of their reach when we were talking to them. Another person who was sitting in the downstairs lounge told us, "I've got a stick. I had a nasty fall here and was in hospital for days". When we asked them where their stick was, they told us it was upstairs in their room and they would go up and fetch it if they wanted to go outside. People told us they could ask staff for assistance if they needed it and staff would assist them. The registered manager told us many people were, "Quite independent" and chose whether or not to use their walking aids, wear emergency pendants or call for assistance to visit the toilet. She told us it was important for people to retain some independence and make their own choices regarding how much assistance they needed.

One person told us they were cautious about leaving their room and moving around the building, they said, "I haven't (found my way around); I've got a fear of something going wrong in the lift". When walking around the building we noticed it had a confusing lay-out, with lots of twists and turns and changes of levels on some corridors. There was no signage to help people to navigate themselves around the building or to identify different rooms, for example the bathroom, toilet or dining room. However, there was a lift and a stair lift to assist people to access the dining room and lounges which were on the lower ground floor and ramps in the corridors where there was space to do so.

We recommended the provider reviewed the signage in the building to help people navigate around and on the second day of our visit we were told that signs had been ordered.

Risks to people were identified and risk management plans were in place to reduce the risk of harm to people. For example we saw falls risk assessments in people's files, along with nutritional risk assessments. We saw that care plans were reviewed monthly and any changes recorded. However, we found that not all changes were recorded accurately. For instance, one person's moving and handling risk assessment had been reviewed and staff recorded 'no change' in the records. However, this person was seen to be walking with a frame and not a walking stick as recorded in their care plan, this meant the risk assessment was not accurate. We also found an action in a person's falls risk assessment which recommended the person call for assistance in the night when they needed to use the toilet. However, the daily logs reported that at 2am the previous night staff had found the call bell out of reach and on the wrong side of the bed. This meant staff did not always follow the recommendations of the risk management plan which could put this person at risk of further falls, if they were unable to call for assistance when needed.

We recommend the provider reviews how they assess, record and manage, changing risks to people and ensure that staff are up-to-date with people's needs; so that people receive appropriate care and support.

The registered manager told us they used a dependency tool to assess how many staff were required to care for people on a daily basis and this was used when planning the staff rota. We saw staff available to assist people in the communal lounges and responding to call bells during our visit. One person told us they felt there was not always enough staff on duty at night and they sometimes had to wait for assistance, especially if there was an emergency and staff were caring for someone else. This person said there were only two staff available at night. We saw the rotas included two staff at night and the registered manager confirmed this was the case. However, they also said night staff had the support of on-call (a staff member who lived on site) if they needed extra support in the night. Staff confirmed there was always a senior carer on duty each shift and members of the management team around to offer additional support if required. There was sufficient staff available to care for people.

The management team completed appropriate pre-employment checks before new staff started caring for people. This included interviews, references and a disclosure and barring service check (DBS). This ensured that staff had the right skills and knowledge to care for people and were of good character. Staff confirmed they did not start work until a DBS check had been completed and written references received. Records we saw confirmed that all appropriate checks had been completed prior to staff starting work. This meant people were safe from the risk of harm from unsuitable staff.

On the afternoon of our inspection we found two store cupboard doors unlocked and open. One contained two large boxes of wound dressings, some of which had expiry dates of July 2015 and were clearly out-of-date. Others had been dispensed in July 2015 for a person who no longer lived at the home; and a sterile dressing had been opened so was no longer sterile. Dressings should only be kept and used for the person they were prescribed for, they should be kept sterile and they should be disposed of when they reach their expiry date. When we advised the registered manager of the out-of-date items and storage of items not suitable for a service which is not registered to provide nursing, she removed them immediately.

The second store cupboard contained cleaning items in branded bottles or containers. However, it also contained decanted, unlabelled white coloured liquids in bottles. There was also a water bottle that had been opened; there was no way of knowing if anything else had been decanted into this bottle. There was also a mobile phone and items of outdoor clothing in the cupboard. We felt the storage of hazardous cleaning products was not appropriately managed and could put people and staff at risk of harm. When we advised the registered manager of our concerns, she removed the unidentified liquids immediately, locked the cupboard and advised us she would speak to the relevant staff as soon as possible.

We found the laundry room to be very small and cramped. The registered manager told there was a system in place to ensure soiled and clean clothes were kept separate. We observed the two tumble dryers in operation had lint build-up and there were no staff present during their operation. There was little ventilation and only one entrance to the room from the indoor corridor. It had no external exit to enable better ventilation or a fire escape route. However, no concerns had been raised at the last fire safety inspection in December 2015 or in more recent health and safety inspections by external assessors. The registered manager advised us that staff check the room regularly when the dryers and washing machines are in operation and lint is removed four times each day, so there is no long term build up of lint. The processes in place for the management of laundry were sufficient to maintain health and safety.

At the time of our inspection, there was no separate medicines room within the building and medicines were stored in a locked medicine trolley and locked storage cupboards in a section of the dining room. The

inspection took place on a warm day and the temperature inside the building was very warm. We noted that the temperature of the fridge where the drugs were stored was recorded at +11C; it is recommended that the fridge temperature should be in the range of +2C and +8C. The dining room temperature was recorded as being above the acceptable limit of +25C on 3 days in the week leading up to and including the day of our inspection. Staff we spoke to did not know what action to take when temperatures were recorded outside of this range. If drugs are stored outside of recommended ranges it can affect the efficacy of the product which meant people may have received medicines that were no longer effective at treating their conditions. When we discussed this with the registered manager, they made sure fans were placed in this area immediately and agreed to review how medicines were stored.

When we checked the contents of the medicines cupboard we found creams that had been opened, but had no dates of opening recorded on them. We were told by the registered manager later these were recorded on the MAR along with the guidance for application of creams. We saw no clear guidance for the application of patches including location, body map or dates of application; however, the registered manager later informed us that these records were kept in bedrooms, where the creams were applied. We found no information available on the dosage of warfarin tablets to be administered for one person; however, the registered manager explained the warfarin nurse was scheduled to test on-going requirements that day. Information to support the administration of medicines was not always located with the medicines; this could lead to discrepancies in the administration of medicines. This information was available on the second day of our inspection.

Controlled drugs were stored correctly in a separate locked cabinet. However, we found medicines that were not controlled drugs were also stored in the controlled drugs cabinet. We were advised these were for the district nurses to administer. This was not good practice. A staff member told us two people were required to witness the administration of controlled drugs and sign the controlled drugs register once they had been administered. They told us the registered manager was the second signature. However, we were told the registered manager did not routinely witness the medicines being administered, which meant they could not be assured controlled drugs were administered safely. The registered manager informed us that any staff member trained in medication is able to do this, not necessarily the registered manager. This meant staff did not always understand or follow the homes medication policy and medicines were not always managed safely.

Medicines were administered by senior care staff who told us they were suitably trained and felt confident to administer medicines. They told us they received training from a pharmacist and completed online medicines training. However, we found that competency assessments and observations did not take place after staff received training, so the registered manager could not be assured that staff were administering medicines safely.

We discussed our findings with the registered manager and director, who were both concerned that we felt medicines were not managed safely. They responded positively to our feedback and assured us they would take immediate steps to improve the areas we had identified. Before we left that day they had been in contact with the Warfarin Nurse to seek clarification regarding the correct diet and dosage required for the person who had been prescribed warfarin. When we returned on day two of the inspection the registered manager had already made some improvements to how medicines were managed. They had been in contact with the pharmacist to make the suggested changes to the MAR charts; agreed a Homely Remedies Policy and list of homely remedies with the GP and had finalised plans to create a more suitable 'treatment and medication room' which would enable safer storage of medicines.

Good

Is the service effective?

Our findings

Staff had the knowledge and skills to care for people. People felt their needs were met by staff who knew what they were doing. One person said, "My daughter knows I'm being looked after and am safe; and I think I am". Another person said, "Anything I want, they will try and sort it out". Staff told us how the rotas were arranged and included senior staff on each shift, who were responsible for medicines, directing staff and updating care plans. Senior staff told us they had access to training to enable them to build their team leading skills and had medicines training before they were able to administer medicines. One carer described supervision training as, "More useful than I thought it would be". Other staff explained how training had given them a better understanding of people's individual conditions which ensured they gave the most appropriate care to people. The provider expected new staff to undertake the Care Certificate as part of the development of their caring role. The Care Certificate identifies a set of care standards and introductory skills that non-regulated health and social care workers should consistently adhere to. This showed the provider recognised the need to ensure staff had the necessary training and skills to meet people's needs.

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 to 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We found there were no DoLS in place on the day of our inspection, as everyone had capacity to consent to their care and to living in the home. The registered manager advised us they were, "Not set up to accommodate people with dementia or very complex needs, owing to the layout of the building and the skills of the staff team". They advised us that if a person's needs increased and became more complex, then the managers would support them to find more suitable care and accommodation. They told us people were free to leave the building whenever they wanted and people confirmed this was the case. One person told us they went for a daily walk around the village each morning. We saw another leaving for a walk around the grounds. Other people told us of the trips they attended with staff to the surrounding countryside and places of interest. This showed that the provider took responsibility to ensure that they were operating under the principles of the MCA and were not placing unlawful restrictions on people.

We observed the lunchtime period where the meal was served in the dining room. The menu was written on a blackboard by one of the entrances to the dining room. There was no choice on the day of the inspection. There were mixed reviews about the food and meals available. Some people felt there was no choice at lunchtime. One person told us, "I can choose what I have for breakfast from a menu, but I can't choose at lunch time as there is no selection"; they went on to say, "If I don't like something they will substitute it". This person also told us they could not choose where to sit, they said, "We all have our places to sit, can't choose

where we sit". Another person confirmed this, "We all have to go down to the dining room at 9 o'clock for breakfast and we've got a set place to sit". We were told by staff that this was because the medicines round was organised around where people sat. The staff member administering medicines during lunch confirmed the MAR charts were organised around the seating plan in the dining room. People accepted this as a 'house rule'. We felt this process was institutionalised and did not promote peoples independence and choice about where to sit and what to eat.

In respect of the food, people had a mixed response. One person said, "Each week the food is more or less the same"; another person said, "The food's a bit boring at times" and a third person said, "We're told what's on the menu for lunch. Lunch is on a blackboard, no other choice". Other people told us the food was, "Quite nice"; "It's alright" and, "Very tasty, the sort of food I would have eaten at home". A fourth person said the food was, "Tasty, warm. It satisfies me, I'm not fussy". We felt the dining experience wasn't the social occasion it could be. There appeared to be little flexibility, people were told where to sit, they ate in silence, were presented with food and the meal time was interrupted by the medicines round. We felt lunchtime was a task focused process and not a personalised experience, or social occasion for people.

However, we later saw evidence that over the previous three months, the dining arrangements had been discussed with people in the resident and family meetings; and the whole 'dining experience' was being observed and reviewed by the staff and management team. Some people had expressed a preference to sitting at the same table, but others preferred the option to move around and sit with other people. We acknowledged that the dining arrangements were a 'work in progress' and it was difficult to please everyone, all of the time. We felt the staff team were taking action to improve the dining experience for people and were involving people in these decisions.

People told us they had access to a variety of community based healthcare services and staff supported them to make appointments as necessary. We saw records of referrals to, and visits by GP's, chiropodists, dieticians, falls team and district nurses in people's care files. We spoke to a volunteer counsellor who was visiting the home for an arranged appointment with a person. They advised us that they offered emotional support during the transition period to people who had recently arrived at the home. They told us this helped people with anxiety or concerns about their changing circumstances; and where people requested it, they also supported people to prepare for the end of their life and talk about their plans. This showed that people were supported to maintain their physical and mental health.

Good

Is the service caring?

Our findings

We observed positive interactions between staff and people, with friendly banter and conversation. People praised the way they were cared for, one person said, "I'm happy here and we're well looked after, the staff are good". Another person said, I can't think of anything not nice about this here, it's beautiful". A third person said, "The staff are beyond reproach, caring, kind and loving".

Staff told us they enjoyed working at Holbrook Hall, they said, "I like it here, I like the residents"; another said, "I love it" and another said, "The residents are all my favourites, such lovely people. I genuinely love my job". A visitor told us, "Everyone who works here is a carer, including the kitchen staff and the cleaners, they all do their best. It's like a family. They told us staff visited former residents who had now moved onto nursing homes and the previous manager comes in to visit people and do activities with them. This demonstrated that staff were kind and compassionate, they cared about people and formed good relationships with them.

People told us staff listened to them and their points of view. One person told us when a few people wanted something to do, staff helped them set up a knitting club, which they really enjoyed. The 'PAT (Pets As Therapy) dog' visited the home and provided opportunity for conversation with the dog's owner and other people. One person told us that during one of these conversations a few people mentioned they would like a quiz or something similar to stimulate their minds; the 'PAT dog' owner then helped staff set one up for people and this was now a regular event. Another person told us they had a phone put in their room, at their own expense, so they could phone their family and friends anytime and keep in touch. We saw staff using people's names during conversations and referring to family members, demonstrating that they knew people and what was important to them. People had choice and independence and contributed to their care and daily living decisions.

Staff promoted the dignity and privacy of people. We observed care that was discreet and respectful; staff lowered themselves to make eye contact with people, or talked closely to them if they were hard of hearing. We saw people moving freely about the home, using the communal lounges and garden. Where people needed support to mobilise, staff offered discreet assistance. One person told us, "I like to be independent; it's a mistake to do things for people if they don't need you to. I have my own walking frame, it's my choice I don't want to rely on people, I find my way around". A staff member described the service as, "Home from home, people feel comfortable and relaxed. They can talk to us; it's a nice atmosphere with lovely people". A visitor told us, "The staff seem kind, cheerful, friendly and helpful". Family and friends were free to visit at any time and there was plenty of space for people to meet in private. This demonstrated that people were cared for with dignity and respect and staff promoted their independence.

Good

Is the service responsive?

Our findings

People told us that staff understood their needs and responded appropriately. One person told us, "Staff know me, they know what I like". They told us if they needed assistance with their personal care, this was provided just as they liked it. Another person told us, "Staff are very nice to me and will do anything for you. They laugh and joke with me". A third person told us, "I wouldn't live anywhere else". Many people were independently mobile and walked freely between the different lounges and conservatory. Some people sat outside enjoying the sunshine and staff took their refreshments out to them on the patio. We saw staff set up a jigsaw for one person who enjoyed this pastime and we were shown examples of this persons 3D jigsaws which were on display in the library. There were lots of different seating areas for people to sit quietly and read without a TV in the background and other areas where people were grouped together chatting. People told us of the different activities they enjoyed, for example card games, board games, quizzes, embroidery and walking around the grounds. We saw posters advertising upcoming events including a singer, guitarist and visit to the garden centre.

One person told us, "I did my garden at home and I've joined the gardening club. A man comes in and we plant seeds and talk about cuttings". Another person said, "We're going to Ashbourne Garden Centre on a trip. I've been on one since I've been here and there is another one this week". This person also said, "My daughter is going to bring my mobility scooter and I'm going to charge it up outside my window". A third person told us, "I choose to do embroidery and play word games in the conservatory with my group of friends. A member of staff reads out the questions and I join in the quiz". We found another person sitting quietly reading in their own room, they told us they had brought their three tier garden stand from home and this was now outside their window full of flowers. They said, "I have a bit of my own garden here. It's my choice to sit in my room; I'm not a good mixer". This demonstrated that people's preferences were known and acted upon by staff and people received a personalised service.

Staff told us that the care plans had recently changed and were now more person centred. We saw evidence of personal likes and preferences in people's files along with their life history, this made it easier for staff to get to know people and identify their needs and interests. We saw staff asking people about their family members and family occasions or outings, this demonstrated that staff knew of people's interests and who was important to them. Visitors were welcome at any time and there were plenty of areas for people to meet with their visitors in privacy. It was very homely.

People told us their spiritual needs were met and they attended group bible readings with a member of a local church who visited the home. The 'PAT dog' was visiting on the day of our inspection and we saw people were visibly cheered by the presence of the dog and the opportunity to chat with the dog's owner. We met a counsellor who supported people therapeutically with their emotional needs and supported people through the transition of changing health, moving into the home, losing their independence and planning for their end of life. This person told us, "There is a huge amount of value for people moving to the end of their life, to talk in a professionally contained way about their personal issues"; they went on to say, "It says a lot about a home that they are sensitive to individual emotional needs". The registered manager confirmed that the visits from the counsellor and 'PAT dog' had a positive impact on people who used the

service.

People told us they were happy to report any complaints. One person said, "If I've got a complaint I'll get my carer and she'll get the manager and she will come and talk to me privately". Another person told us, "If I had a complaint I would talk to my carer and they would pass it on". There was a complaints policy in place and people knew how to use it.

We saw minutes of resident and family meetings from the previous three months; and found there had been a focus recently, on improving the dining experience after comments from people. This involved meal time observations, talking to people, reviewing menus, seating arrangements and timing of meals. Changes were suggested by people and staff, they were agreed and implemented; and there were plans for these to be reviewed after three months. This demonstrated how the management team responded positively to comments and suggestions.

We saw minutes of resident and family meetings where different aspects of care and life at Holbrook Hall, was discussed with people. Refreshment options were discussed and some people suggested ice cream and beer shandy on warm summer days. We saw these were available on the day of our inspection and luckily we inspected on a Friday when the ice-cream van visited. We saw people really enjoyed their ice creams and told us they looked forward to these visits in the summer. Activities and celebrations were also discussed at the resident and family meetings and these were arranged to cater for people's interests and accommodate seasonal celebrations and birthdays. We saw minutes of tea parties with new residents, where the registered manager actively sought feedback and checked to ensure people were settled and answer any questions they may have. The registered manager proactively sought feedback from people and families on their experience of care and welcomed this as an opportunity to improve the care people experienced.

Good

Is the service well-led?

Our findings

The management team promoted an inclusive and empowering culture where people and staff felt valued. People told us they knew who the manager was and we observed some really positive interactions between staff and people during the day. It was clear staff knew individual people, their preferences and interests and we saw from staff meeting minutes that this was positively encouraged by the registered manager. People told us there was always someone in the office, if they needed to discuss anything or make a request. People and staff told us the director was also, "In most days" and was "Quite hands on and involved".

Staff told us the registered manager was, "Lovely, really nice" and "Very approachable". One staff member said, "They are really supportive managers, they know I'm not very confident and talk me through it". We saw evidence of staff meetings with senior staff which took place regularly; however, one staff member said they would like more full staff meetings so everyone can get together to discuss things. Staff told us they were encouraged to develop their skills by taking on senior roles or becoming key workers. This was accompanied by extra training and competency checks. Staff felt this was a positive move and helped them develop their skills and knowledge. We saw evidence in newsletters where staff achievements were celebrated and staff received positive feedback from managers, people and their families.

The service had clear links with the local community and people accessed the local facilities, shops and church. Arrangements had been made for the PAT dog to visit people and with a volunteer counsellor who offered therapeutic support to people, by request. A local gardener supported the residents with maintaining flower tubs and baskets and the local ice cream van called each week in the summer. This supported people's sense of identity and wellbeing; and demonstrated that the management team had good links with the local community and actively encouraged community services to engage with people in the home and vice versa.

There was a registered manager in post who understood their responsibilities to the CQC and the terms of their registration. The registered manager told us they had excellent support and encouragement from the director of the company, who was also a visible presence in the home most days and was very 'hands-on'. The management team was available throughout the inspection and responded positively to feedback from the inspection team, taking immediate action where necessary. The registered manager was supported to gain further management qualifications and was finding this very useful in developing the service. Staff told us that both the registered manager and director did observations and supervisions and gave constructive feedback. Staff found the managers to be supportive and encouraging and focused on providing high quality care for people. Staff generally understood their roles and responsibilities, but some were still adjusting to the newer roles of key workers and senior carers. We saw evidence in staff meeting minutes that the registered manager was aware of this and it is was being addressed. There was visible leadership and management during our inspection.

On day one of our inspection, we identified a number of areas that required improvement or clarification. This included the management of medicines and information sharing regarding managing risks; which we discussed with the management team throughout our inspection. When we returned on day two, we were

informed that many of these had been addressed or plans were in place to improve the situations. We found the management team to be receptive to ideas and feedback. Although the quality assurance systems in place had not always picked up the inconsistencies in a timely manner as they were conducted monthly, we were satisfied that the management team would make the necessary changes to the areas that required improvement.

We saw evidence that the director completed monthly 'regulation 26 audits' of records; care plans were audited monthly by senior staff; staff supervisions took place and there was good support and documentation for staff returning from sick leave. We saw that incidents were recorded, reviewed and action plans in place to reduce on-going risks. Where the needs of people became greater than those that could safely be managed by the staff, the management team supported families to find more appropriate care and accommodation. The management and staff team were focused on providing high quality care for people.