# Kingfisher Healthcare Limited

# Somerset House

## Inspection report

Somerset House
157 High Street
Yatton
North Somerset
BS49 4DB

Tel: 01934832114

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09 June 2016
10 June 2016

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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 |

# Summary of findings

## Overall summary

The inspection of Somerset House took place on 9 and 10 June 2016 and was unannounced. At the previous inspection of Somerset House in September 2013, we found the home was meeting the requirements of the outcomes we assessed.

Somerset House is a care home situated in Yatton. The home is registered to provide care for up to 26 older people. At the time of our inspection there were 18 people living at the home.

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.

People who lived at the home told us that they felt safe, and this was confirmed by family members we spoke with.

People were protected from the risk of abuse. Staff members had received training in safeguarding, and were able to demonstrate their understanding of what this meant for the people they were supporting. They were also knowledgeable about their role in ensuring people were safe and that concerns were reported appropriately.

Medicines at the home were well managed. People's medicines were stored, managed and given to them appropriately. Records of medicines were well maintained.

Staff at the home supported people in a caring and respectful way, and responded promptly to meet their needs and requests. There were enough staff members on duty to meet the physical and other needs of people living at the home.

People who chose to remain in their rooms for part of the day were regularly checked on.

Staff who worked at the home received regular relevant training and were knowledgeable about their roles and responsibilities. Appropriate checks took place as part of the recruitment process to ensure that staff were suitable for the work that they would be undertaking.

All staff members received regular supervision from the manager or senior carer, and those staff we spoke with told us they felt well supported.

The home was meeting the requirements of The Mental Capacity Act 2005 (MCA). Staff members had received training in MCA and DoLS, and were able to describe their roles and responsibilities in relation to supporting people who lacked capacity to make decisions.

People's nutritional needs were well met. Meals were nutritionally balanced and met individual health and cultural requirements as outlined in people's care plans. Alternatives were offered where required, and drinks and snacks were offered to people throughout the day.

People's food and liquid intake was recorded and monitored.

Care plans and risk assessments were person centred and provided guidance for staff about how they should work with people to meet their needs. Daily records of people's care were well maintained. Effective systems were in place to share information between outgoing and incoming staff at shift changes.

The home provided a range of individual and group activities for people to participate in throughout the week. Staff members engaged people supportively in participation in activities.

People's cultural and religious needs were supported.

People and their family members we spoke with knew how to complain.

Care documentation showed that people's health needs were regularly reviewed. The home liaised with health professionals to ensure that people received the support that they needed.

There were systems in place to review and monitor the quality of the service, and we saw action plans had been put in place and addressed where there were concerns. Policies and procedures were up to date and staff members were required to sign that they had read and understood any new or amended ones.

People who used the service, their relatives and staff members spoke positively about the management of 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?

Good

The service was safe.

People were involved in the recruitment process and were supported by staff that had undergone pre-employment checks prior to commencing work.

People were supported to access their medicines safely.

People were supported by sufficient numbers of staff. People felt staff always had time for them.

### Is the service effective?

Good

The service was effective.

People spoke highly of staff members and were supported by staff who received appropriate training and supervision.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA), and the associated Deprivation of Liberty Safeguards (DoLS).

People were supported to eat sufficient and nutritious food and drink. People had choices of meals and where they ate them.

People had access to health and social care professionals as required.

### Is the service caring?

Good

The service was caring.

People who used the service and their family members told us they were satisfied with the care provided by staff.

We observed staff members respected people's privacy and dignity.

Staff members spoke positively about the people they supported, and we observed interactions between staff members and people who used the service were caring and respectful.

People's religious and cultural needs were respected and supported.

## Is the service responsive?

Good

The service was responsive.

People had opportunities to be involved in a wide variety of activities.

People felt confident raising concerns. Complaints were responded to appropriately and people were happy with the outcomes.

People received appropriate support in a timely way and in line with their care plans.

## Is the service well-led?

Good

The service was well led.

People and relatives spoke positively about the registered manager and how the service was run. Everyone we spoke with felt they could approach the registered manager.

Staff felt supported by the registered manager and were clear about their roles and responsibilities.

People were able to give their views via questionnaires and meetings. Any feedback they gave was valued and acted on.

Systems were in place to monitor the quality and safety of the service and used to plan on-going improvements. Where issues were identified, action was taken to improve the service people received.

# Somerset House

**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 9 and 10 June 2016 and was unannounced. It was carried out by an adult social care 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 some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the home before the inspection visit.

We met with all of the eighteen people who lived in the home and we spoke to eight of them in some depth and four visiting relatives.

We spoke with the registered manager, the cook, housekeeping staff, seven members of the care staff and a visiting hairdresser.

We reviewed eight care files and care plans. We looked at six staff files; these had details of recruitment, induction, training and supervision. We also saw a copy of the record of training and of the proposed training plan.

We saw a wide range of quality assurance documents. We looked at documents related to food and fire safety, infection control and maintenance of the building.

We also spoke with the local authority contracts and compliance officer, health and social care professionals before, during and after the site visit.

Good

# Is the service safe?

## Our findings

The service was safe.

People told us they felt safe living at the service. We were told, "Once I was here a few days, I thought I'm not going anywhere else." Another person told us, "I love it here, I feel safe and well cared for." A third person told us, "They [staff] all get five stars from me."

People told us that there were enough staff, "They [staff] come quickly when I call them to help me." Another person told us, "Sometimes they [staff] are busy but they are never too busy to come and talk to me if I want them to." We saw that staff had time to sit and interact with people. A relative told us, "I feel the service is staffed appropriately. The staff have more than enough time for my relative. They are always around and available if I need anything." We spoke with staff and asked them about whether if they felt there were enough of them on duty at any one time. One staff member told us, "It doesn't happen often that we are short staffed, it really isn't too bad." Another staff told us, "When we have staff sickness or holiday, we cover each other". We were also told by a staff member, "We never use agency staff, we believe in consistency and people like it." This meant that people were always looked after by staff they knew well.

We asked the registered manager about the level of staff and how the numbers required were calculated. The registered manager told us they did not use a specific tool used to calculate how many staff were needed on each shift. They told us they knew the people who lived at Somerset House very well and their care needs, so used that knowledge to determine the number of staff needed on each shift. They also said if more staff were needed for a particular event or activity then more staff would be rota' d on.

We saw that staff had time during the day to talk to people and they spent spend time with them. The interactions between people and staff were not task focussed. Staff told us and we saw they had the time to sit and chat with people and discuss any issues or topics people brought up.

Staff told us, and records seen confirmed that all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Where allegations or concerns had been bought to the registered manager's attention, they had worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected.

People had individual risk assessments in place, and these were always reviewed regularly, for example, falls, walking with mobility aids. When we spoke with staff, they were confident they knew about people's current support needs and associated risks and these were in line with the risk assessment on file.

People using the service were involved in the recruitment process. People talked with potential new staff and were able to be involved selecting which staff would support them. The registered manager told us this was an important part of the process. We viewed six staff files to check the recruitment process and checks

carried out before staff commenced employment. Staff confirmed that they did not start to work at the service until their pre-employment checks were completed. Records showed staff were vetted through the Disclosure and Barring Service (DBS) before they started work; records of these checks were kept in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable people. The records we viewed showed the appropriate checks had been carried out. The registered manager told us the average length of time staff had been working in the home was eight years, therefore people was cared for by staff who knew them very well and people told us they liked having the same staff caring for them, because they didn't have to get to know new people and they felt comfortable with them.

A local pharmacy supplied medicines to the home. These were usually delivered as a monthly supply, although additional medicines were supplied if people needed them, such as antibiotics. Medicine administration records showed that medicines were signed for when received from the pharmacy and when they were administered or refused. Medicines no longer required or refused were returned to the pharmacy. Each was recorded, witnessed and signed for on removal. This gave a clear audit trail and enabled staff to know what medicines were on the premises.

There were suitable systems in place to ensure the safe storage and administration of medicines at the service. All medicines were administered by staff who had received appropriate training. The medicines training was followed up with a competency check and observation of staff practice administering medicines. One staff member said, "I shadowed a senior and was then watched several times to make sure I was safe to administer medicines." Our observations showed people were supported with their medicines in an unhurried and discreet manner. The medicine trolley was attended by staff or kept locked at all times and we observed staff only signed for medicines once the person had taken them. Medicines were stored in a designated medicines cabinet in a locked cupboard. Records were in place for the recording of medicines administered to people. We were told by a member of staff that daily audits of medicines administered and signed for were undertaken. We were also told that a weekly audit of medicine stock levels was undertaken to ensure people did not run out of their medicines. We saw evidence of these audits.

We observed one person talking to one staff member about her medicine which had come in a new and different pack. It was still in a blister pack but was a different colour. In talking to the member of staff about this they said "I do know that you will give me the right thing".

We found the service supported people who wanted to self-administer their own medicines. One staff member told us "Two people are able to take their own medicines and some like us to support them with it. It is whatever they feel comfortable with and how we can support them." Records showed there were specific guidelines for people about how they wanted to take their medicines and any risks involved were highlighted in the person risk's assessment. We asked staff how they ensured people who self-administered took their medicines on time. A member of staff told us they conducted a weekly audit to make sure the person had taken their medicines. One person using the service told us "They make sure I have my medication."

We saw a number of health and safety checks were carried out. We saw relevant checks to ensure the environment was safe were undertaken. For example, temperature monitoring, fire alarms tests, hoists and slings checks, and kitchen and laundry equipment checks were undertaken and recorded.

We noted the cleanliness of individual rooms and communal areas, particularly considering the ongoing building work. One person spoke of the housekeeping staff as her "Pal. She cleans underneath all of my clutter".

Good

# Is the service effective?

## Our findings

The service was effective.

People told us they received effective care and their individual needs were met. One person told us, "They look after me very well". Another said "you've just got to sneeze and there will be someone there". A relative said, "My relative is doing very well, they really look after them". Another relative added, "I have no criticism of the staff and I'm sure my [relative] is happy with them too".

We looked at the way people were encouraged and supported to eat and drink well. The service accessed appropriate guidance for example, around appropriate levels of nutritional and hydration. The service was able to develop nutritional action plans and the use of risk assessments around people who may be at risk of losing weight had been implemented. The registered manager ensured this information was kept up to date and was accessible to staff. People had an initial nutritional assessment completed on admission, and their dietary needs and preferences were recorded. This was to obtain information around any special diets that may be required, and to establish preferences around food.

There was a varied menu. People were offered the choice of three meals and could eat at their preferred times though most people preferred to eat at the same time each day. People told us they were offered alternative food choices depending on their preference if they did not like one of the three choices on offer. A member of staff told us, "People get food all of the time and snacks as well". Another member of staff said, "People are getting plenty of food, most people put weight on when they come to live or work here as it's so good ".

We observed breakfast and lunch. It was relaxed and people were supported to move to the dining area if required or could choose to eat in their bedroom or the lounge. People were encouraged to be independent throughout the meals and staff were available if people required support or wanted extra food or drinks. People ate at their own pace and some stayed at the tables and talked with others and staff, enjoying the company and conversation. Some people had requested porridge for breakfast and this had been prepared for them. One person said, "This breakfast] is nice". A member of staff said to one person, "You got your porridge, is it nice?" and the person tapped their plate, nodded and smiled. Throughout breakfast and lunch, staff constantly checked people liked their food and offered alternatives if they wished. People were also offered drinks and snacks throughout the day. They could have a drink at any time and staff always made them a drink on request. One person said the food was "very edible and a great variety".

People's weight was regularly monitored, with their permission. Some people were provided with a specialist diet to support them to manage health conditions, such as diabetes. The details of people's special dietary requirements, allergies and food preferences were recorded to ensure the cook was fully aware of people's needs and choices when preparing meals. The staff we spoke with understood people's dietary requirements and how to support them to stay healthy.

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.

We checked whether the service was working within the principles of the MCA. Staff had knowledge of the principles of the MCA and gave us examples of how they would follow appropriate procedures in practice. Staff told us they explained the person's care to them and gained consent before carrying out care. Throughout the inspection, we saw staff speaking clearly and gently and waiting for responses. One member of staff told us, "I've had training around the MCA. I'm always asking people first before we do anything". Staff members recognised that people had the right to refuse consent. The registered manager and staff understood the principles of DoLS and how to keep people safe from being restricted unlawfully. They also knew how to make an application for consideration to deprive a person of their liberty, and we saw appropriate paperwork that supported this. The registered manager had recently completed the paperwork to apply for one DoLS and was waiting for the decision from the local authority.

Staff told us the training they received was thorough and they felt they had the skills they needed to carry out their roles effectively. Training records confirmed staff received essential training on areas such as moving and handling, equality and diversity and infection control. Staff had also received training that was specific to the needs of the people living at the service; this included caring for people with dementia, nutrition and diabetes. Staff spoke highly of the opportunities for training. One member of staff told us, "I've got my NVQ 2 (National Vocational Qualification Level 2 which is a nationally recognised qualification to ensure staff have the skills and experience necessary to provide care) and I could do my NVQ 3 if I wanted to. The manager is supporting me to do this". Another added, "We get lots of regular training, I'm up to date". Our own observations supported this. Staff were seen to be confident and competent and demonstrated they had the appropriate skills in relation to the care they delivered.

The manager operated an effective induction programme, which allowed new members of staff to be introduced to the running of Somerset House and the people living at the service. Staff told us they had received a good induction, which equipped them to work with people. One member of staff told us, "The induction, from what I can remember, was very useful and the manager was very helpful. The shadowing let me get to know the residents". The registered manager added, "I carry out observations, and sign off the induction when I feel the member of staff is competent".

There was an on-going programme of supervision. Supervision is a formal meeting where training needs, objectives and progress for the year are discussed. Staff members commented they found the forum of supervision useful and felt able to approach the registered manager with any concerns or queries.

People commented their healthcare needs were effectively managed and met. Visiting relatives/friends felt confident in the skills of the staff meeting their loved one's healthcare needs. A relative told us, "When [my relative] became ill and needed medical help, they kept me up to date with all the developments. I liked that as I felt in the loop and involved". Staff were committed to providing high quality, effective care. One member of staff told us, "We are always asking about people's health and we discuss it at handover". Another member of staff said, "I'd always let the manager know if somebody was ill". The registered manager told us, "Staff are well trained and we record people's observations, they would know if someone was unwell".

People's health and wellbeing was monitored on a day-to-day basis. Daily notes recorded how people were

feeling and whether they required input from healthcare professionals including doctors, district nurses, occupational therapists and chiropodists. Where required, people were supported to access routine medical support, for example, from an optician to check their eyesight. We spoke with a visiting health professional and they told us they had been visiting the home for four years and sometimes had very intimate conversations with the residents because of the nature of their work. They told us people living at Somerset House had never said anything negative about the staff and had only ever given them the highest praise. They also said that there was a 'lovely atmosphere' in the home.

Good

# Is the service caring?

## Our findings

The service was caring.

People and their family members told us staff members were caring. Comments included, "The staff are lovely," and "Staff are so kind fetching me books. I like frightening thrillers and they get them for me." Another person said "I cannot speak too highly of the staff - domestic, care, management...they all deserve to be highly praised". Another said "[The manager] allowed me to decorate my room so I brought lots of possessions. I had quite a few possessions that meant a great deal to me - pictures from grandchildren etc. and [the manager] said they would supply me with six boxes for all these personal things and I could put them under my bed and get them out and look at them when I wanted to". A family member told us, "They have taken such good care of [my relative]."

During the inspection, we spoke to some people in their own rooms. We spoke to one person who explained they were a very private person, used to caring for themselves. However, they had developed a condition that had restricted their movement. One consequence of this was that they were now unable to do their own personal care. They stated that at first they were anxious and embarrassed. However, the response of the staff was very caring. They explained staff said things like "it's ok, we're here to help", "We understand how you must feel, but this is why we are here for you", "Now just relax and we'll sort this out". The person told us, "All my anxieties disappeared. They helped me maintain my dignity and pride and I would not hesitate to approach the staff because my personal care is second to none".

People also told us they had opportunities to express their views and staff listened to them. We saw staff members interacted with people in a positive and respectful manner. We observed staff initiating conversations with people and chatting to them with them when providing support. During the first day of our inspection, we observed a staff member sat with a person who did not wish to participate in the activity because they were new to the service. They chatted in a gentle and positive way about topics of the person's choice, and offered to bring them drinks and snacks if they wished We saw that the person began to smile and laugh with the member of staff and eventually joined in the activity.

People were supported to maintain the relationships they wanted to have with friends, family and others important to them. The family members we spoke with who were visiting the home spoke positively about the approach of staff members. The registered manager told us when family members visited; staff members were encouraged to ensure they had privacy.

We asked staff and the manager about the home's approach to supporting people's sexuality. Staff told us they had had a married couple live with them but they had chosen to have separate rooms. The manager said they would encourage people to maintain their relationships if required and had recently arranged for all staff to have equality and diversity training in order for them to keep up to date with current practices.

We observed where people required personal support; this was provided in a timely and dignified manner. Some people chose to spend time in their rooms. We saw staff checked on their welfare regularly and asked

them about any needs or wishes in relation to care and support. Staff spoke positively about the people whom they supported. One told us, "I really enjoy spending time with the residents."

Relatives we spoke with expressed satisfaction with the information and contact that they received from the home. People's care plans included information about preferences in relation to communication needs and preferences in relation to delivery of personal care. Care documentation also included assessment and guidance about promoting people's independence. All the staff we spoke with knew about what was contained in the care plans and could give examples of people they were caring for.

Care plans included information about people's cultural and spiritual needs. People's care plans included information about their histories, interests and faiths. The staff members we spoke with were knowledgeable about people's individual cultural needs and interests. A local minister visited the home once a week and held a service. This appeared to meet the needs of the people living at Somerset House. We were told by staff there was one person who belonged to another faith but was happy to attend this service.  This person had, been offered to have their religious needs met separately if they wished. When we asked them about this, they said that they were happy going to the weekly service with everyone else.

Some care plans we looked at also recorded information about peoples' end of life preferences and needs. This included information about whether or not people wished to remain at the home or be admitted to hospital, along with information about how they would like to be supported. Some end of life plans had not been completed. The registered manager told us this was a difficult subject for some people to discuss and the home's approach was to build up a picture gently and in their own time, involving family members where appropriate. The manager also stated, in their opinion, the home provided excellent end of life care and were going to be applying for gold standard framework accreditation, which means that Somerset House will promote and deliver best practice in end-of-life care consistently to all people living there.

The activities co-ordinator told us special attention was paid to people at the end of life and that staff spent time reading to them, chatting with them and supporting their family members. Staff had received training in end of life support as many people wished to remain at Somerset House and not be moved if possible. The registered manager also said staff can access counselling should they need it to help them with dealing with the loss of people.

Good

# Is the service responsive?

## Our findings

The service was responsive.

Records showed people had their needs assessed before they moved into the service. This ensured the service was able to meet the needs of people they were planning to admit to the service. Following an initial assessment, care plans were developed detailing the care needs, support, actions and responsibilities, to ensure personalised care was provided. Staff spoke highly of the care plans and supporting documentation. One staff member told us, "I am involved in the care plans and they are easy to follow. We are always looking to improve the paperwork to make it better for us, residents and their family."

We saw care plans were reviewed and updated whenever the needs of the person changed. Daily record showed people's needs were being met. Care plans included 'This is my life' section, which provided a social history for the person. Care review meetings were attended by the person and their keyworker. This meant people were involved in their care planning. Relatives and other professionals were involved if required or requested by the person.  Staff spoke confidently about people's needs. We saw staff knew people and their needs well

We spoke to one person about their care plan. They explained their illness to us and we saw that they had a care plan to take account of their daily needs. This included supervised self-medication, a plan for support that staff followed when they had a crisis moment, which included quiet time and soft music. They stated the care plan supported them to become involved in many aspects of the life of the home. The person told us, "The staff are always doing their best". They told us they had always had a great interest in art and craft and explained that when the home were informed of this some of the activities were personalised to meet their needs. The items made had, in the past, been sold to help raise funds for people who suffer from autism.

The service had an activities coordinator and people were offered a range of activities that included arts and crafts, board games and bingo. The activities coordinator also arranged for outside entertainers to visit the home. On the first day of the inspection, the pre-arranged singer did not attend and the coordinator spent time trying to arrange for someone else to come in. Unfortunately, no one was available so the people did another activity with the co-coordinator in house. People also told us that they had a mini bus available every Monday and they could go out if they wanted to.

We also saw a recent event arranged by the people who lived at Somerset House to raise money for a charity chosen by people in their residents meeting. They came to this decision after watching a DVD of recent television programmes about Autism, which helped the residents to decide which charity to support. The programme was shown as an activity.  This meant the service supported people with activities that were important to them and gave people a sense of involvement in the community.

We spoke with the registered manager about possible social isolation of people who chose to remain in their rooms and they told us, "It's really important we support people to avoid isolation, if not people can go

down in mood and that has a knock on effect to others things, so the activity coordinator see's everybody every day and makes sure they feel involved". This meant people who chose to stay in their rooms were not socially isolated.

People chose to sit in different areas of the home. People told us they were not forced into doing activities if they did not want to take part. A member of staff told us "Activities are important but activities are not forced on anyone, we just encourage people to join in if they would like to." Two people we spoke with recalled activities they had done with the activity coordinator. One person said," I love what we do. We wanted to have more poetry readings, [name] listened, and we started to do this straight away, another stated, "[name] is wonderful".

The home had three visiting hairdressers, as people were keen to keep their own hairdressers and the manager encouraged this. We spoke with one of the hairdressers after they had visited a person to do their hair and they said [Somerset House] has a "Lovely, lovely atmosphere - I enjoy coming here".

People told us their relatives and friends could visit whenever they wanted and often they would go out for tea and cake. One relative told us birthdays were celebrated with birthday cake and family could use the quiet rooms to have family celebrations. Another person who spent a lot of time in their room had a large picture of his wife, who lived in another local care home. This person said he enjoyed going to see her and was able to do this whenever he wished. This was facilitated by outside agencies and staff. He told us, "I can see her any time I want. The staff know how important it is to me."

We asked the provider to provide information before the inspection and the manager told us, 'We have an 'open door' policy and Residents, Relatives and Visitors can raise concerns, complaints and compliments through our formal and informal process. We also hold regular Resident / Relative meetings.'

The home had systems in place to deal with concerns, complaints and compliments, and people were provided with information about the complaints process and a complaints policy. On the day of the inspection, we saw that in the last five years there had been no formal written complaints. The registered manager explained most of the complaints they received were "little niggles" that staff were able to put right straightaway or issues were brought up in the residents meetings and acted upon there. Staff confirmed they were aware of any complaints or concerns from people in the home and this was evidenced in the staff meeting minutes, which showed concerns were discussed in order to prevent re-occurrence of issues. This meant the home responded immediately to people's concerns.

People who used the service and their relatives all told us they would feel confident to complain if they needed to; and felt they could approach any staff member or the registered manager. One person told us, "One time I pressed the buzzer the care staff came and I told them that my tea was cold, immediately they got me another one." A relative told us, "I would raise any issues with staff and I would feel these would be dealt with." Another relative explained if they made a complaint, they would be confident the matter would be dealt with effectively by the manager and staff. One relative said a concern she raised some time ago, was addressed immediately and practice changed as a result, and they were very happy with that.

The home had also received many thank you letters and cards. Examples of these were '[Name of person] is very settled here thank you for making her feel welcome." Another example was "Thank you for making [name] last years of their life so wonderful".

Good

# Is the service well-led?

## Our findings

The service was well led.

People, relatives and staff expressed confidence and trust in the homes management. Staff spoke of the, "Person centred approach" and, "Open, friendly, supportive culture" of the service. Our observations during the inspection showed the service was inclusive and promoted an independent, positive approach to people and their needs. One member of staff told us, "I feel really well supported, the manager is always available and I feel listened to and appreciated...I feel privileged to work here". Many of the staff had been working at the home for a considerable length of time. The staff who spoke with us were all supportive of each other and confident any personal issues that could have an impact on their ability to care would be shared, to ensure this did not negatively impact on the people living in the home. They adhered to the ethos of the home, which was that "the residents come first".

The provider undertook regular visits to the service; however, they had not completed any provider audits for some time. When we spoke with them, they assured us they would begin to do this once again and provide us with their findings. We saw records of the last quality-monitoring audit that had been conducted by the registered manager on the service. The reports were detailed and covered all of the areas that a Care Quality Commission inspection would cover. This meant there were systems for reviewing the quality of the service provided to people.

We saw questionnaires that were to be used for seeking people's thoughts and feedback on the service provided. These were clearly written which enabled people to express their views. Once completed the questionnaires were used to ensure a continuous quality review of the service. The outcomes of these were displayed on notice boards.

Staff we spoke with told us they knew there were policies and procedures about raising concerns, and said they were comfortable to raise any issues they had. Staff were aware of the whistle blowing procedures should they wish to raise any concerns about the service. There was a culture of openness in the home, which enabled staff to question practice and suggest new ideas if they wished.

Records showed staff meetings were held and detailed minutes were completed so everyone could see who had been present, what had been discussed and what actions agreed. Staff told us communication within the home was good and relatives commented they were always kept involved and had a good understanding about the service that was provided. We saw people's needs and information about people's care and support was discussed at staff handover meeting, at the end of each shift to ensure people got continuity of care throughout the day. Records showed audits had been completed on a range of topics to ensure people's care needs were met.

Accidents and incidents were recorded and there was a clear system in place to review and analyse accidents and incidents to see if any patterns or trends were emerging. Referrals to specialist teams, such as the Falls Team were made if needed and we saw evidence of this. These audits included; support plan

reviews, medication, infection control, health and safety and a range of environmental premises checks such as, gas, portable appliance testing, fire systems and furniture, doors and window checks. We saw evidence, which showed that any actions resulting from the audit were acted upon in a timely way.

The manager told us about the homes' residents meetings that gave people the opportunity to contribute and feel involved with the running of the home. These meetings allowed people to discuss topics and ideas as well as any items of concern or improvements, for example, the use of thinly sliced bread for sandwiches or the availability of easy peel oranges. The minutes and outcomes of the meetings were available for all people and visitors to home on the main notice board.

The home was having extensive building work done at the time of the inspection. The provider was adding three new bedrooms with en-suite facilities, a new laundry room, welcome desk and another larger communal room with a fountain for people to enjoy. The building work was due to be completed by the beginning of August. This had been risk assessed and the provider had produced a weekly bulletin for people and visitors detailing the progress of the build and what was going to be happening next in response to concerns raised by people living in the home.