Care Quality Commission

# Clarence House (Ferndown) Limited

# Clarence House

## Inspection report

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## Ratings

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|---|---|
| **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** |

## Overall summary

This inspection took place on 27 and 28 November and 1 December 2014 and was unannounced. Clarence House provides accommodation and personal care for up to 29 older people, including people with dementia. There were 26 people living there when we visited. 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 and associated Regulations about how the service is run.

Staff sought people's consent to care and support and respected people's choices; however, formal processes and systems needed to be followed more consistently to ensure the service operated within relevant legislation and guidelines at all times. People received care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities effectively.

People were supported to have sufficient to eat and drink, and to maintain a balanced diet. People were supported to maintain good health, to access appropriate healthcare services and to receive ongoing healthcare support.

People's care and health needs were responded to effectively. The service had appropriate systems in place to learn from any concerns and complaints raised by people or their representatives.

# Summary of findings

People were supported by staff who were trained to recognise different forms of abuse and respond appropriately to safeguarding concerns. There were sufficient numbers of suitable staff working to keep people safe and meet their needs. The service had effective systems in place for the safe management of medicines. We identified a small number of specific concerns related to cleanliness and hygiene. The manager responded immediately to address the specific concerns. They also took steps to minimise the future risk of infection for all people using the service.

People told us the staff were caring, which matched our own observations made during the inspection. Staff spoke warmly and knowledgeably about the people in their care. People's privacy and dignity were respected and promoted, and they were involved in making decisions about their own care.

The provider and manager had created a culture that was person-centred, open, inclusive and empowering. They were visible and readily accessible, which helped inspire staff to provide a quality service. The service had appropriate quality assurance systems in place, which helped to identify necessary improvements and to maintain the quality of the care provided.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

**Is the service safe?**

Good

The service was safe. People were supported by staff who were trained to respond appropriately to safeguarding concerns, and there were sufficient numbers of suitable staff working to keep people safe and meet their needs.

The service had effective systems in place for the safe management of medicines, which protected people from risks associated with medicines.

We identified a small number of specific concerns related to cleanliness and hygiene, but the manager's response reduced the future risk of infection for all people using the service.

**Is the service effective?**

Requires Improvement

The service was not entirely effective in all key areas. Formal processes and systems were not always followed consistently to ensure the service operated within relevant legislation and guidelines concerning mental capacity and consent at all times.

People received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities.

People were supported to have sufficient to eat and drink, and to maintain a balanced diet. People were supported to maintain good health, to access appropriate healthcare services and to receive ongoing healthcare support.

**Is the service caring?**

Good

The service was caring. People told us the staff were caring, and staff spoke warmly and knowledgeably about the people in their care.

People's privacy and dignity were respected and promoted, and they were involved in making decisions about their own care.

**Is the service responsive?**

Good

People's care and health needs were responded to effectively.

The service had appropriate systems in place to learn from any concerns and complaints raised by people or their representatives. People felt listened to and that their concerns were taken seriously.

**Is the service well-led?**

Good

The service was well-led.

The provider and manager had created a culture that was person-centred, open, inclusive and empowering.

They were visible and readily accessible, which helped inspire staff to provide a quality service.

# Summary of findings

The service had appropriate quality assurance systems in place, which helped to identify necessary improvements and to maintain the quality of the care and support people received.

# Clarence 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 27 and 28 November and 1 December 2014 and was unannounced. The inspection was carried out by an inspector. Before the inspection we asked the provider to complete a Provider Information Return (PIR). The Provider Information Return (PIR) 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 reviewed the information we held about the service, which included the provider information return and notifications they are required by law to make to us.

The service is one of a number of residential services run by the provider. During our inspection we spoke with a representative from the provider, the registered manager, two senior care workers, two care workers and the service's cook. We spoke with five people who were using the service and four relatives.

We reviewed the care records of four people who used the service, four staff files, staff duty rosters, and four people's medicine administration records. We looked at other records relating to the management of the service. This included records related to regular checks and ongoing maintenance of key emergency equipment and equipment used to support people at the service. We undertook observations in communal areas and during mealtimes.

Good

# Is the service safe?

## Our findings

People told us they felt safe and secure at the service. When asked if they felt safe living at the service, one person told us "Yes, certainly." Another person told us, "Oh I do, yes." People's relatives told us they believed their relatives were kept safe. A person's relative told us, "Yes, I do [think the service is safe]," and that "the security seems good."

People were supported by staff who were trained to recognise different forms of abuse and respond appropriately to safeguarding concerns. Policies and procedures for staff whistleblowing and safeguarding people from abuse were in place. A whistle-blower is a member of staff who reports wrongdoing in the place where they work. The service worked according to agreed local safeguarding vulnerable adult protocols. Staff were able to define abuse, and gave examples of different types of abuse and of potentially abusive situations. For example, one told us that discrimination was, "Anything that causes somebody to be treated in a different way," that discrimination was itself abusive and could lead to further abuse. All care staff had received training in safeguarding and the staff we spoke with were able to explain appropriate steps they would take to respond to any safeguarding concerns. One told us they would tell the registered manager immediately, as "She's good like that." They were confident the manager would respond swiftly to address any concerns. Staff told us they would go outside of the service and speak to agencies such as the Police and Local Authority if necessary, if they felt that safeguarding concerns were not being addressed within the service.

Guidelines were in place for staff to ensure strict control over the use of restraint. The service's 'General practice for the restraint of a service user' policy, instructed that staff were to use the least restrictive form of restraint and only in an emergency situation or to protect another person at the service. Staff were not required to carry out any restraint of people at the time of our inspection. The policy instructed that if a specific form of restraint was required for a person who had been assessed as lacking mental capacity, staff would involve the person's family representative, advocate, and relevant health and social care professionals in reaching a 'best interests' decision regarding that restraint. This ensured any restraint used would be minimal and closely controlled, to ensure the person was safe and their rights were protected.

Risks specific to people using the service were managed effectively, which helped to ensure people's safety without being too restrictive of their freedom. We looked at four people's care plans. Risk assessments were carried out for each person on an individual basis. These assessments included risks of falling and tripping, and risks associated with leaving the building alone, continence, self-neglect, and behaviour. For example, one person was identified as being at high risk of falls. Their assessment contained clear steps staff were to take to minimise the risk, including monitoring them discreetly and supporting them gently when they mobilised. The same person's night care assessment had recommended the use of a pressure mat alarm, which we found was in place at the time of our inspection. In this way, the person was not restricted from moving about the service in any way, but staff were made aware if they were moving from their room at night and so were able to monitor and offer support. Another person's assessment covering occasional mild physical aggression included non-restrictive steps staff were to take to support them at such times. This included giving them one to one support and using distraction techniques until they became calmer. In this way, the person and other people at the service were protected, but the person was supported safely and in a way they chose. Risk assessments had been regularly reviewed and were amended when necessary and according to any required changes identified.

Learning from accidents and incidents took place, which improved safety for people at the service without restricting their freedom unnecessarily. For example, one person had fallen in their own bedroom. The steps taken in response and recorded in the accident and incident log showed how the person was supported to remain as independent as possible, but steps had been taken to further lessen the risks associated with that independence.

Risks to the location as a whole were managed effectively, which supported continuity and consistency of service delivered. The building was well maintained and all essential equipment was regularly serviced to ensure it remained safe. A new boiler had been installed in May 2014. Records showed regular checks and servicing of equipment were carried out, including the service's lift, all hoists, wheelchairs and call bells. Portable appliance testing (PAT) of all electric equipment was done annually. Monthly checks of water temperature throughout the home were carried out, to ensure safe temperatures were maintained.

Good

# Is the service safe?

People, their relatives and staff told us there were sufficient numbers of suitable staff working to keep people safe and meet their needs. People told us their call bells were responded to quickly and requests for assistance were met promptly. A person's relative told us, "There's always someone around," and that staffing had "got better" and was more consistent under this provider.

We observed people were kept safe, and their care and support needs were met promptly and effectively throughout the three days of our visit. For example, we observed there were three or four staff present at all times to support people during meals in the dining area. This was sufficient staff to meet people's different support needs. Mealtimes were unhurried and observed to go smoothly. The manager told us they had recently put in additional care staff in the mornings and afternoons to meet an increase in the level of people's needs. They said they had told the provider, "we needed to adjust staffing levels to accommodate that," and the provider had agreed to the increase. Staff rotas recorded that staffing levels were consistent, so that people received the same level of support regardless of the time of day or day of the week.

Staff records showed background and employment reference checks were carried out during the recruitment of all staff. This helped to ensure people were kept safe and that staff were suitable to carry out the responsibilities of their individual roles.

People benefited from the service's effective systems and records related to the management of medicines. Medicines were handled appropriately. The manager and a senior member of staff booked in new medicines and checked exactly what had been delivered from the pharmacy. We were shown photographs of incorrectly blistered medicines and also of an error on a person's medication administration record (MAR) as received from the pharmacy. Both discrepancies had been flagged up immediately with the supplying pharmacy, and the errors rectified. Medicines were stored safely and securely. The temperatures of both the clinical room and the medicines refrigerator were checked and recorded twice daily, which allowed staff to monitor and ensure medicines were stored at the correct temperature. There was appropriate secure storage of all medicines, including controlled drugs. People received their medicines as prescribed. We checked four people's MARs for the preceding month and all were accurate and complete. Records of monthly audits of all MAR sheets had identified a small number of errors or omissions in the year, which the manager had then been able to address with the staff concerned. This allowed for continuous improvement and helped to reduce the risks associated with medicines. Unused medicines were stored and disposed of safely, in line with relevant regulations.

We checked all communal living areas and most people's bedrooms and en-suite bathrooms. The majority of the service's rooms were visibly clean, free from malodours and to an appropriate hygienic standard. However, we identified a number of specific concerns related to cleanliness and hygiene, which meant not all people were properly protected against the risk of infection. We found two commode stands had not been cleaned properly underneath, and two people's bedrooms were not clean. We brought these issues to the manager's attention and they responded immediately to address the specific concerns. This included raising the cleaning of the commode stands with the responsible staff and replacing items of soiled furniture with brand new replacements. They also took steps to implement improvements to the service's systems and procedures for hygiene and cleanliness, which helped to minimise the risk of infection for all people using the service and staff.

Requires Improvement

# Is the service effective?

## Our findings

Staff sought people's consent to care and support and respected people's choices; however, formal processes and systems needed to be followed more consistently to ensure the service operated within relevant legislation and guidelines at all times.

We saw some evidence of good practice in relation to mental capacity and consent. Care staff had all had training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). People told us they got to make choices concerning their care and day-to-day living, and we observed that staff sought people's consent and respected people's choices as a matter of course in carrying out their duties.

Some of the people at the service lacked mental capacity to make decisions or give consent to some or all aspects of their care and support. We looked at four people's care plans. Three of them contained insufficient evidence to confirm whether the person themselves consented or was unable to give their consent to all the care and treatment they received.

In one person's care plan it was recorded that their cognitive abilities had deteriorated considerably. It was recorded that the person's personal care and continence needs had also changed, and that they needed more support from staff. Staff told us the person sometimes declined support with personal care, and that it was becoming increasingly difficult for staff to gain the person's consent at times when they needed to provide such support. The manager acknowledged that due to the person's deterioration, the service needed to carry out a mental capacity assessment to confirm whether the person had the capacity to decline or consent to support with their personal care. They also acknowledged the person very likely lacked capacity to make that decision for themselves, and that a formal process should be followed to reach a decision concerning their personal care support which was in their 'best interest.' This process would result in clearer guidance for staff to follow, and help to ensure staff acted lawfully in the event of the person declining essential support with personal care.

The records for another person who had recently entered the service contained an appropriate mental capacity assessment and best interest decision regarding their discharge from hospital. This demonstrated there had been consultation with the person's representatives and social worker, and also contained a record of steps taken to communicate effectively with the person to find out their wishes. The mental capacity assessment had been carried out correctly, sensitively, at a time that best suited the person and in the comfort of their own room. A best interest decision had subsequently been recorded because the person lacked capacity to decide whether they should remain at Clarence House or return home. The service had acted effectively in the person's 'best interest', according to the guidelines set out in legislation.

The Deprivation of Liberty Safeguards (DoLS) are intended to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that people are only deprived of their liberty in a safe and correct way, and that this is only done when it is in their best interests and there is no other way to look after them safely. We were shown the paperwork related to an application for authorisation to deprive a person of their liberty under the Deprivation of Liberty Safeguards (DoLS). The manager had followed the correct process to ensure the person was properly protected by safeguards intended to protect vulnerable people who lack mental capacity.

This was the only DoLS application that had been made at the time of our inspection. We discussed the MCA and DoLS with the registered manager. They understood their responsibilities under the governing legislation. They were aware of a supreme court ruling which broadened the scope of DoLS, and had identified other people in the home to whom the safeguards now applied. The manager subsequently contacted us to confirm that additional applications for DoLS authorisations had been made, which demonstrated they had followed correct practice and acted to meet their legal responsibility.

People received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. People who used the services and their relatives spoke positively about staff and the care and support they provided. One person told us simply, "The staff are good." Another person told us, "I can only say I've been very happy here," and that the care staff gave them "suits my needs." A relative told us, "They all seem to know what they're doing, they're well trained." Another relative

# Is the service effective?

told us, "I can see that they're doing the best they possibly can." A third relative stressed that, "Even the newest staff seem to have had training in dealing with dementia very well."

Staff told us they had received regular training on a broad spread of job-related topics. They were also given additional training specific to meeting people's needs, for example training in conditions such as Parkinson's disease. They told us they had been encouraged to gain further qualifications to support their own development, including vocational qualifications in health care and management. A new member of staff told us they had undergone appropriate training in another job before starting work at the service, but the manager was putting them through their training again to ensure they were up to the service's required standard. They had completed an induction to Skills For Care's Common Induction Standards, and were now going through a three month probationary period of supervision and assessment to make sure they were suitable for the role.

We reviewed the service's staff training records, which confirmed all staff received up to date training in topics such as safeguarding vulnerable adults, fire safety, first aid, moving and handling, infection control and falls awareness. The manager confirmed that all staff's training time was paid, and that staff could request additional training if it supported their personal development and enabled them to meet people's needs more effectively. Staff records confirmed that staff received regular supervision with their line manager, where any additional training and development needs were raised.

The service carried out regular food questionnaires and an annual quality questionnaire to gather people's feedback about the food and drink provided. We spoke with five people who lived at the home and they each confirmed they were happy with the quality and choice of food and drink provided. One person told us "It's very nice," and another person said "there is always a choice." A third person told us what they particularly liked about the service was that they had "plenty of friends and food." A fourth person told us there was "too much food for me," and that they had been "surprised" at how good the quality was.

We observed that people were offered a choice of hot and cold drinks throughout the day, and that included a glass of wine with meals if they chose. At lunch time people were given support to eat when necessary, and that staff were polite and helpful without being intrusive. Staff were able to tell us about people's specific food and drink requirements, including which people required different textured food such as pureed in order to support eating and which people were diabetic. Staff's knowledge matched what was written in care plans and also matched what was on the kitchen's list of people requiring specific diets.

Care plans contained records to show that people's food and fluid intake and requirements were closely monitored. Malnutrition risk assessments were carried out regularly, which allowed staff to identify and monitor more closely those people who were at risk of malnourishment. Records showed people were weighed regularly, which allowed staff to identify if anybody had significant weight loss or gain. Staff told us that if they identified anybody was at risk, they spoke directly to the kitchen staff who would then modify or fortify the person's food as appropriate. We looked at the care plan for one person who was identified as being at particular risk of malnutrition. Their plan contained information concerning the person's difficulties with swallowing, and instructions as to the steps they were to take to give them appropriate food and support. Food and fluid charts had been filled out fully and recorded exactly what the person had eaten and drank. Close monitoring allowed staff to identify changes and then take steps to meet more effectively the person's changing needs. People were supported to have sufficient to eat and drink, and to maintain a balanced diet.

People were supported to maintain good health, to access appropriate healthcare services and to receive ongoing healthcare support. People told us staff met their healthcare needs and their relatives told us they were happy with the care the service provided. A person's relative told us, "I know the care is good, there are no pressure sores, I know they are looked after, not just pushed into a room and ignored." People told us that appropriate healthcare professionals were brought in to see them as needed. One person told us the district nurse visited "If you've any problems," and another person said "they all come," referring to the GP and district nurse.

Staff were able to tell us how they met people's different health care needs. For example, they said people with specific skin care needs were supported to change position when lying down and were provided with special

Requires Improvement

# Is the service effective?

mattresses and beds to lessen the risk of pressure sores. Repositioning charts were in place and completed, and they recorded that regular repositioning was taking place for people who needed it.

Care records showed that healthcare professionals were brought in to assist with meeting people's specific needs as and when required. We looked at four people's care plans, and they each contained records of frequent visits by healthcare professionals in the daily care notes. This included visits from physiotherapists, mental health nurses, district nurses and GPs. The service's Accident and Incident log contained recent examples of how staff had responded quickly and effectively to meet specific medical needs in emergency situations. For example, one person had received emergency first aid following a fall and then been taken to the local hospital to check for further injuries. Another person had received a minor injury during personal care, and the district nurse was called in to check the wound after it had been cleaned and dressed by the service's staff.

Good

# Is the service caring?

## Our findings

One person told us, “We’re very well looked after.” Another person told us staff were “very nice, absolutely super.” A person’s relative told us they thought the staff were “very gentle with people.” They told us, “They make sure they talk to [the person] when they feed [them], they have fun, jokes, they look after things.” One person told us they particularly enjoyed how staff would take time to sit and talk with them. We observed staff sat talking with people during our inspection. We noted how staff naturally got down to people’s level when talking to them, responded swiftly to people’s questions and requests for help and entered willingly into positive conversations according to people’s different interests. Staff spoke warmly and knowledgeably about the people in their care. A senior member of staff explained to us that, “If you work with people, day in and day out, you can’t help be fond of them.” People and their families experienced care that was provided by staff who treated them with kindness, dignity and respect.

People were involved in making decisions about their own care. They felt listened to and that their views were acted upon. One person told us staff always asked how they wanted to be supported when receiving help with personal care. Another person told us they were always able to choose their own clothes. A person’s representative told us they felt involved in their relative’s care and that “If I thought there was something, I could sit down and talk to them [staff] about it.” Another person’s relative told us they had not been formally involved in planning their relative’s care, but it had not been an issue as the care fit their relative’s need. A member of staff told us, “I always ask, everything. I think, what would I want? This is somebody’s family member. I care for them as if they’re family or a friend.”

People’s privacy and dignity were respected and promoted. A person’s relative told us they treated their relative “with great respect and understanding.” We observed staff were polite and treated all people in a dignified manner throughout the course of our inspection visit. If people required support with personal care, they were supported discreetly back to their rooms to receive the necessary care in private.

Care plans stressed the importance of maintaining people’s privacy and dignity. For example, continence care plans gave specific instructions to staff as to how they should give support discreetly and supportive of people’s privacy. Elimination care plans told staff that the condition of people’s skin should be monitored discreetly during personal care, so as to minimise the intrusion into people’s privacy.

Staff told us about different ways in which they supported people’s privacy and dignity. One told us they always made sure doors were firmly closed before supporting people with personal care. They also said they supported people back to their own rooms if they became upset or emotional and wanted privacy. Another member of staff told us they always kept people covered as much as possible during personal care. They said they would make conversation to reduce people’s anxiety, if that helped: “Try and have a laugh, it makes it more pleasant for them.” A third member of staff told us they tried to maintain people’s privacy as much as possible, always knocked upon doors before entering, and delivered personal care sensitively. They said they took as much time as was necessary to deliver support with personal care in line with people’s needs and wishes.

Good

# Is the service responsive?

## Our findings

People's care and health needs were responded to effectively. Care plans were detailed and focused on meeting people's care needs in ways that suited and respected their individuality. Detailed pre-admission assessments were recorded in each of the four care plans we looked at. These had been carried out by experienced senior staff, and covered people's fundamental health and personal care needs and medical histories, and also looked in detail at the person as a whole. For example, there were sections in the assessments for such things as people's likes and dislikes, and with whom they liked to socialise.

The care plans themselves were focused on the person as a whole. For example, one person had a specific care plan for their angina which was broken down into an assessment of need and then action to be taken by staff. It stated: 'The care team must monitor the person diligently for any signs of an angina attack [it then gave full details of those signs] – naturally, the person may become distressed at this time and the care team should offer them reassurance and support. However, if in doubt the care team should ring 999 immediately.' So, it explained the issue, but then gave clear guidance for staff to follow and focused on meeting the person's emotional as well as physical needs. Another person's care plan for personal care stated the practical support they needed, but also stressed the importance of that person being allowed and supported to do as much for themselves as possible.

Staff told us they thought the care plans were fit for the purpose of supporting them to meet people's different needs. One told us, "the stuff you need to look up is in them." The four care plans we looked at had all been regularly reviewed and updated, including the monthly review of care and risk assessments.

One person's relative told us they had been involved in their relative's care planning at the point of admission to the service, and they were happy that the person's needs had subsequently been met. Another person's relative told us staff respected their relative's choices and that they were given as much choice as possible regarding their own care. People confirmed they were happy with the way in which their different care needs were met.

The service had appropriate systems in place to learn from any concerns and complaints raised by people or their representatives. The service had a straightforward and easy to follow complaints policy and procedure. This contained steps people should take if they wished to complain, who to contact and the timescale for response. The policy also contained up to date contact details for external agencies, including the local authority and CQC, for people to contact if they did not feel the provider had dealt fully with their concern or complaint.

The complaints log recorded that no formal complaints had been received in the last 12 months. A person's relative told us that if they needed to raise any complaints they would be "never about the care." However, if they were unhappy about any aspect of the service they would speak directly to the registered manager and "It would be done, even if she had to do it herself it would be done." Another person's relative told us if they had any concerns they would also speak to the manager, who was "very approachable." They told us they had raised some minor complaints in regard to their relative's personal care in the past, and their concerns were all swiftly addressed. A senior staff member also told us that the manager listened and responded effectively to any complaints, which "Would be dealt with straight away." The people we spoke with who lived at the service all told us they were happy to talk to staff or the manager if they wanted to raise any concerns or make a complaint. One told us, "She's alright [the manager], if there's any problems she'll sort it for you." People felt they were listened to and that any concerns or complaints they raised were answered properly.

A person's relative told us they believed the activities provided for people were good and that people seemed to enjoy them. A second person's relative told us, "Their activities are wonderful, very well planned." However, some of the people were not satisfied with the activities provided. One person told us, "I enjoy the music, but I would like a few more things to do." Another told us, "There's not a lot of activities. I would like a few more things to do." A third person told us, "We don't get anything like activities or trips out." They told us that whether people went out depended on if they had family or friends to accompany them. A member of staff told us they went out with people to hospital or doctor's appointments, but that social trips and outings did not take place. We discussed our findings with the registered manager. They told us they were aware of the lack of outings, and that the service's activities coordinator had begun to develop more

Good

# Is the service responsive?

individualised activities plans for people at the service. The provider told us that a number of planned trips out had been cancelled due to people choosing not to attend on the day.

Residents' meetings had taken place previously, but not in the last year. This meant a forum for people to raise common issues or group requests, such as wanting different activities and trips out, had not been in place for over 12 months. The provider told us that feedback was informally sought and action taken in light of this feedback, for example, introduction of new activities.

Good

# Is the service well-led?

## Our findings

The provider and manager had created a culture that was person-centred, open, inclusive and empowering. People who used the service and their relatives told us that the provider and manager had created a positive atmosphere and culture at the service. One person's relative told us, "They're approachable [the provider]," and that staff "look at relatives, and make sure they are looked after as well." Another person's relative told us the manager and provider were "Very approachable," and that had contributed to there being "a lovely atmosphere here – homely." A third person's relative told us they visited at different times of the day and on different days, and that it always felt "like coming home." Our inspection ran over three days, and the atmosphere was observed to be positive throughout that time.

Staff told us they had opportunities to raise any concerns or issues with the management, through regular one-to-one supervision and staff meetings. Minutes from a recent staff meeting showed staff had a varied discussion covering such topics as morale, call bell responses and manual handling. One member of staff told us they had made suggestions for improvements at the service, and that these had then been taken up by the management team. For example, they had suggested people might like puzzles and games, and these were then provided. They said this showed "that they listen to you." A member of staff who was new in post said the positive atmosphere meant they felt "at home here, like I live here."

The service's leadership team were visible and readily accessible, which helped inspire staff to provide a quality service. The manager told us the Nominated Individual visited weekly, so was known to people at the service and their representatives. This was confirmed when we spoke with people, their relatives and staff, and we also met with the provider during their weekly visit in the course of our inspection. A person's relative told us, "there's always someone senior working." Another person's relative told us there was always a senior member of staff or the manager to speak to, which meant any concerns or questions could be quickly addressed. A member of staff told us the provider usually responded immediately to requests or concerns raised. Other staff told us the manager was "always appreciative for the work you do," and that they were "the nicest manager I've ever had, a helpful manager." Staff felt valued, which in turn helped inspire them to provide a quality service.

The provider and registered manager had taken steps to ensure their legal obligations were met, working within the conditions of their registration. Correct notifications were sent through to CQC following incidents such as expected deaths of people at the service.

The service had quality assurance systems in place, which helped to identify necessary improvements and to maintain the quality of the care provided. Comprehensive annual audits were carried out of areas such as record keeping, staffing, staff training, the environment, and catering. Where necessary improvements had been identified, steps were being taken to address any concerns and make those improvements. For example, errors with medicines records had been identified and addressed with staff. Checks of the building and furniture identified when improvements were necessary, and these were then incorporated into the ongoing maintenance schedule. The standard of service provided indicated the quality assurance systems were able to effectively identify improvements needed.

People who used the service and their relatives were enabled to provide feedback as part of the quality assurance process, through annual 'Residents and Relatives' questionnaires. The most recent questionnaire had been completed in March 2014, and had gathered overwhelmingly positive responses from those who had completed it. Only minor complaints or concerns had been raised. For example, two people had answered they enjoyed the food only "sometimes." The provider's response to this was positive and sincere: 'Although it is difficult to please everyone all of the time, we must strive to do so, as each individual has the right to receive a menu which provides choice, good nutrition, an acknowledgement of their likes and dislikes and a diet which pleases the palate.' When we discussed food with people who used the service, eight months after the questionnaire, they all told us they were happy with the quality and choice of food provided.

People who used the service, their relatives and staff all told us they believed the service was well-led. One person told us the manager was "very good, doesn't neglect anybody." A person's relative told us, "If you ask them to do

Good

# Is the service well-led?

something, you know it's going to be done." Staff were positive about the provider and their manager. One gave an example of how the manager had gone above and beyond what might have been expected to support them when they had an accident away from work. The provider had created new staff surveys in order to gain more formally staff's input and feedback, but these had not yet been completed at the time of our inspection. When we raised any concerns during the inspection, the manager's response was positive and open. This openness to criticism and desire to respond effectively to any concerns identified helped to ensure the quality of care the service provided.