Healthcare Trust Ltd

Penbownder House

Inspection report

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Date of inspection visit:
16 July 2018

Date of publication:
21 September 2018

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

This inspection took place on 16 July 2018 and was unannounced. Penbownder House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service was previously inspected on 20 June 2016 when it was found to be fully compliant with the regulations and good in all areas.

Penbownder House accommodates up to 29 people who do not require nursing care. It is an old country house with extensive gardens. The accommodation is split into two units. The older persons unit is located in the main house with accommodation over three floors accessible by passenger lift. At the time of the inspection 14 people were living in this unit. The mental health unit is located in an annex attached to the main house. Nine people were living there at the time of the inspection.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service had a full time registered manager in post who worked alongside the director. The director lives in the grounds of Penbownder and was fully involved in the running of the service.

The roles and responsibilities of the registered manager and director were well defined and understood by staff. Staff told us they were well supported by the service's leadership team and commented, "[The director and registered manager] are approachable you can go to them with any issues" and "You can always go and talk to management if you need to." Records showed staff had received regular supervision and there were appropriate on call management arrangements in place to enable staff to access support outside of office hours if required.

People were relaxed and comfortable at Penbownder House and told us, "I am happy. I am all right, they are looking after me", "I get on well with staff here" and "I am looked after well here."

Staff had received safeguarding training and understood their responsibilities in relation to protecting people from abuse and harm. Issues in relation to a recent safeguarding investigation were discussed with the director. They told us they would update their policies and procedures to help ensure people were fully protected from risk if similar events reoccurred in the future.

Risks to individuals had been assessed. Care plans were sufficiently detailed and provided staff with guidance on how to manage identified risks to ensure people's safety. When accident and incidents occurred, these were recorded and investigated by the registered manager to identify any changes to procedures that could be made to prevent similar incidents reoccurring.

The well-established staff team were sufficiently skilled to meet people's care and support needs. Training

was regularly refreshed and there were appropriate systems in place for the induction of new members of staff. Staff told us, "I've done loads of training" and "They remind you if you are due to refresh anything."

Records showed planned staffing levels had been routinely achieved and staff told us, "There are enough staff." Recruitment processes for new members of staff were robust and all necessary pre-employment checks had been completed.

People got on well with their care staff who responded to requests for support without hesitation and provided assistance at a relaxed pace. People told us, "The staff are wonderful, I can speak to them about anything" and "I get on well with staff here, they encourage me to get up and I can always talk to staff if I have any problems."

People's medicines were generally managed safely. However, we identified some instances where people were not receiving their medicine with food as recommended. Staff had not been provided with sufficient guidance on how to support people who were receiving their medicines covertly. We have made a recommendation about this in the report..

People needs were assessed before they moved into the service to help ensure those needs could be met. Initial care plans were developed from information gathered during the assessments process. Peoples care plans had been regularly reviewed and updated where changes in people's care needs had been identified. These documents provided staff with sufficient guidance to help ensure people's needs were met. The service was in the process of introducing a digital care planning system. The provider's director told us this system was being gradually introduced, "To make sure we have had the training and feel confident with the system." In addition, useful care plan summary documents had been developed which were stored in people's bedrooms and immediately available if required by staff.

There was a part time activities coordinator in post who supported people in both units to engage with a variety of activities. Records showed external entertainers visited regularly. A mini bus and two cars were available to enable staff to support people to access the community when they wished. People went shopping and to visit local beauty spots during our inspection and were regularly supported to attend a memory café in the local town. During our inspection we saw that staff enjoyed spending time with the people they supported taking opportunities throughout the day to support people to engage with individualised activities. One person who was working on a jigsaw puzzle told us, "The staff want to join in and help."

Staff had a good understanding of the Mental Capacity Act 2005 (MCA). People's care plans provided staff with information on how to present information to support people to make decisions and where people lacked the capacity to make specific decision the service had consistently acted in the person's best interests. Where the care plans of people who lacked capacity were restrictive, appropriate applications had been made to the local authority for their authorisation.

The service had a complaints procedure in place to ensure any complaints received were fully investigated. People and their relatives feedback was valued and questionnaires were used regularly as part of the service's performance monitoring system. Recently completed survey responses had been consistently complimentary and included, "You provide a lovely caring and homely care facility that you and your staff should be proud of" and "I am very confident and thankful for the high standard of care provided." In addition, regular audits had been completed by the registered manager to identify any areas where improvements could be made in relation to the quality of support people received. The auditing system was designed to drive improvement in the service performance.

The environment was clean and well maintained. Bedrooms were spacious and people were able to access a variety of shared lounges when they wished. In the mental health unit people were able to access the gardens without restriction while in the older persons service staff supported people to enjoy the weather outside when they wished.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Penbownder 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 16 July 2018 and was unannounced. The inspection team consisted of two adult social care inspectors an expert by experience and a specialist advisor who was a registered nurse. An expert by experience is a person who has experience of, or has cared for a person who uses similar services.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The 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 also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we met and spoke with 22 people living at Penbownder. We also spoke with four members of care staff, the activities coordinator, the administrator and the provider's director. We used our Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also observed staff supporting people throughout the home and during the lunchtime meal. A range of records were inspected. These included six care plans, four staff files, training records, staff duty rotas, meeting minutes and the services policies and procedures.

Good

Is the service safe?

Our findings

People were relaxed and comfortable throughout the inspection and told us, "I am looked after well here" and "I feel safe here." A member of staff commented, "People are safe."

People were protected from the risk of abuse because staff had received training to help them identify possible signs of abuse and understand what action to take. Safeguarding training was included in staff induction training and had been regularly updated. Information about local safeguarding procedures was displayed throughout the service and staff told us they would report any safeguarding concerns to the registered manager or director who they were confident would take any action necessary to ensure people's safety.

Prior to the inspection a safeguarding investigation was completed by the local authority into allegations of poor care practices by a member of staff. The registered manager and director had been informed of these concerns. They had sought feedback from other staff before deciding to allow the staff member concerned to continue to work in the service under direct supervision at all times. The decision was made in accordance with the service's policies and procedures. We discussed this decision with the director during the inspection who agreed that, in future if a similar concern was raised, the staff involved would be suspended. This action would help ensure people using the service and the member of staff were protected.

Risks in relation to people's care and support needs had been identified and assessed. People's care plans provided staff with specific guidance on the actions they must take to ensure the safety of the person they were supporting and themselves. Where risks had been identified in relation to people's skin integrity staff were provided with guidance on how equipment should be used to manage these risk, how often people should be supported to reposition and how and when to make referrals to health professionals.

Some people had been identified as at risk of choking, these concerns had been raised with health professionals including Speech and Language Therapists. Information and guidance on how to manage the person's individual choking risk was included in their care plan. In addition, staff had completed specific training on how to respond to choking incidents and de-choking first aid equipment was available in the service's dining areas.

Accidents and incidents were recorded by staff and reported to management. Where appropriate, incidents had been reported to health care professionals. We saw examples where changes in people's behaviour identified through the incident recording system had led to changes in their medicines. The director told us this had been a positive outcome for one person and commented, "Persons name is a lot better than [they] were."

Accident and incident records were audited each month by the registered manager to identify any trends or areas of increased risk within the service. Any patterns that were identified resulted in changes to procedures to protect people from the identified risk. For example, audits had identified that people were at

increased risk of falls while moving around upstairs in the early morning. As a result, changes had been made to staff deployment to ensure more staff were present upstairs at this time of day. Where any specific learning was identified from the investigation of accidents or incidents this was shared with all staff. This helped ensure lessons were learned and reduced the likelihood of similar incidents reoccurring.

There were appropriate emergency procedures in place and all staff had completed fire safety training. Personal emergency evacuation plans (PEEPS) including photographs had been developed for each person detailing the level of support they would require in the event an evacuation was necessary. Fire-fighting equipment had been regularly serviced and regular drills were carried out. Utilities and lifting equipment had been serviced as required by suitably qualified contractors.

People were protected from discrimination and harassment. Staff had received training in this area and were aware of their responsibilities. People were not disadvantaged because of their disability. For example, equipment was provided and reasonable adjustments had been made so people were able to access the outdoor areas.

We observed staff using manual handling equipment safely to support people to move around the building. Transfers using equipment were completed correctly by staff who provided clear instructions and reassurance throughout the process. However, we noted occasions when staff moved one person in their wheelchairs without first correctly fitting foot plates. We reviewed the person's care plan and read that they refused to use foot plates. The information in the care plan instructed staff to wheel the person backwards to eliminate the risk of their foot becoming entrapped while being pushed forwards. Staff did not consistently follow this guidance during the inspection. We discussed this observation with the director who advised us that a new specialist wheelchair was on order to eliminate the known risk associated with this person's refusal to use foot plates. They assured us they would remind staff of the need to follow the guidance in the care plan until the new equipment was in place.

There were enough staff available to meet people's needs. Five staff were on duty in the older persons unit throughout the day. No staff were required to be permanently based in the mental health unit as people were relatively independent. During the week the director, registered manager and administrator were based in offices above the mental health unit and immediately available to provide any support required. The lay out of the service meant staff had to walk through the mental health unit to visit the managers offices. Staff often took opportunities to sit and chat with people to check on their wellbeing on route to or from the manager office. At weekends there was a dedicated member of staff on duty in the mental health unit. Staff told us, "There are enough staff" and "If staff are (in the mental health unit) too much people become agitated." Staff rotas showed that planned staffing levels had been routinely achieved and that any instances of staff sickness were covered by management.

The service had suitable recruitment procedures in place and these had been recently reviewed following learning from an unsuccessful appointment. All necessary checks had been completed to demonstrate that staff employed had the skills and knowledge necessary to meet people's needs. Staff files contained records of pre-employment checks including references from previous employers and Disclosure and Barring Service (DBS) checks.

Medicines were administered to people by staff that were trained and competent to carry out this role safely. Medicines Administration Records (MAR) had been fully completed. However, where handwritten alterations had been made to people's MAR charts these had not been consistently counter signed by a second member of staff to confirm the accuracy of the updated information.

We found that some people were not receiving their medicines as prescribed. For example, records showed people whose medicine should be taken, "with or just after food' had been given it at 16:00 when food was not normally served. In addition, some people were receiving their medicines covertly in accordance with guidance provided by their GP. However, there was a lack of guidance for staff on how medicines should be given covertly and the service had not sought guidance from a pharmacist on how specific medicines could be administered covertly.

We recommend that the service reviews it's current systems for supporting people with their medicines to ensure support is provided in accordance with best practice guidance.

Some prescription medicines required stricter controls. These medicines were stored correctly and their use had been accurately documented. The service had appropriate systems in place for the ordering, management and disposal of medicines and medicine audits had been regularly completed by the registered manager.

The environment was clean, tidy and free of any adverse odours. Each day there were two domestic staff on duty and cleaning schedules were in place to help ensure all areas of the service were regularly cleaned. Staff used personal protective equipment appropriately and there were hand wash gel dispensers available throughout the service. Infection control policies and procedures for reference in the event of an outbreak of infection were discussed with the director during the inspection. These documents were subsequently updated in the week following our inspection.

There were systems and procedures in place to support people to manage their finances. The service held small quantities on some people's behalf. This money was stored securely and there were detailed records and receipts available for all expenditure. These records were audited each month by the registered manager and the records we reviewed were accurate.

Good

Is the service effective?

Our findings

People's care and support needs had been assessed by the registered manager or director before individuals moved into the service. This was done to help ensure the service could meet the person's needs and expectations. Information gathered during the assessments process was used as the basis for the person's initial care plan.

The director told us they were in the process of introducing a new digital care planning system and a number of tablet computers had been purchased to enable staff to access care plans and update daily care records using the new system. The director told us this system was being gradually introduced, "To make sure we have had the training and feel confident with the system." WiFi internet access was available throughout the service to support the digital care planning system and was available for people and their visitors to use. There was a call bell system to enable people to request staff support from their rooms and motion sensors and alarm mats were used appropriately to alert staff when people got up independently at night.

The well-established staff team had a detailed understanding of people's individual needs. Records showed training had been regularly updated and staff had the skills and knowledge necessary to meet people's needs. Staff told us, "I've done loads of training" and "They remind you if you are due to refresh anything." Staff records showed training in topics the provider considered mandatory, including, safeguarding adults, first aid, medication, fire safety and The Mental Capacity Act, had been regularly reviewed and updated. Where additional specific training needs were identified these had been addressed. For example, records showed staff had completed additional falls prevention training in response to an increase in the number of falls that had occurred within the service.

There were appropriate systems in place for the induction of any new members of staff appointed. The director told us any staff new to the care sector would be supported to complete the care certificate. This nationally recognised training package is designed to provide new staff with an understanding of current good practice.

Staff told us, "I had a supervision last week" and we found there were systems in place to ensure all staff received regular supervision and annual performance appraisals. Where issues had been identified in relation to the performance of individual members of staff these had been raised appropriately during staff supervision meetings. Staff meetings were held regularly and staff told us these provided additional opportunities for any issues or concerns to be discussed and resolved.

Staff had received training in how to support people if they became upset or anxious. Each person's care plan included information about events likely to cause anxiety, and guidance on how people preferred to be supported while they were feeling upset. This include details of how to approach and talk with people and information about distractions techniques that had previously been used successfully. The service's director told us, "We don't have anybody here who has any type of restraint at all." Staff confirmed physical restraint techniques were not used at Penbownder House.

People were complementary of the meals provided and told us, "The food is very good" and "The food is mostly ok, we can also have salad or an omelette each day." At lunch time there were two main options available and the food served was well presented and tasty. Staff asked people what they wanted for lunch during mid-morning and told us people could always have a light snack if they preferred. Snacks and beverages were served regularly during the day and drinks were available in people's rooms throughout the night.

Fresh fruit and vegetables were readily available and catering staff prepared all meals from these ingredients. The service operated a four-week rolling menu and a number of new seasonal dishes had been recently introduced. Photographs were available to support people to make menu choices and were being updated to include the recently introduced options. Where people required support with their meals this was provided. Generally staff sat next to the person they were supporting and chatted quietly while providing support. However, we did observe instances where staff attempted to support two people with their meals at the same time while eating themselves. This meant staff were unable to focus on ensuring people had a pleasant dining experience.

People were supported to access external healthcare services whenever necessary. Where health professionals had provided specific guidance or advice in relation to people's care needs this had been recorded within the person's care plan. Records showed people had been regularly supported by a variety of health and social care professionals including, GPs, opticians, social workers, dentists and specialist nurses.

The service was well maintained and appropriately decorated. Bedrooms were spacious and had been personalised with the inclusion of a variety of furniture, ornaments and pictures. In the mental health unit people had been involved in decisions about colour and decoration of their bedrooms which were highly individualised. In the older persons unit pictorial signage was used to help people navigate around the service and there was an indoor garden and quiet lounge on the first floor where people could relax." People and their relatives had been consistently complimentary of the service's environment during a recent survey. Their comments included, "The accommodation is superb, as good as a 4-star hotel. I would not mind living there", "The room is well decorated and kept clean and tidy" and "The home is clean, fresh and welcoming."

Staff sought people's consent before providing support and respected people's decisions where support was declined. There were systems in place to formally record people's consent to their planned care. Some people had agreed for their access to cigarettes to be restricted this had been recorded within their care plan.

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. The director, registered manager and staff team had a good understanding of this legislation. People were offered choices in relation to how care was provided and people's care plans included guidance on how to support people to make specific decisions. Where people lacked capacity to make specific decisions the service had consistently acted in the person's best interests. Records showed relative and health professionals had been appropriately involved in these decision making processes.

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, and whether any conditions on authorisations to deprive a person of their liberty were

being met. The service had correctly identified that some people who lacked capacity had restrictive care plans and had made appropriate applications to the local authority for their authorisation. Some DoLS authorisations had been granted with conditions. Records showed all conditions had been complied with. The service regularly reviewed both the restriction in place and people's capacity to make decisions in relation to these issues. Restrictions on people's movements had been removed where they had regained capacity. One person, who had previously been subject to significant authorised restrictions told us they were now able to leave the service without support and were observed leaving the service independently during the inspection.

Good

Is the service caring?

Our findings

The atmosphere throughout the service was calm and relaxed. People told us they enjoyed living at Penbownder House and commented, "I am happy. I am all right, they are looking after me", "I get on well with staff here, they encourage me to get up and I can always talk to staff if I have any problems."

People were comfortable requesting support from staff, who they knew well and approached without hesitation. Staff responded promptly when people requested assistance. Support was provided at a relaxed pace. People told us, "The staff are wonderful, I can speak to them about anything" and "The staff are very good, excellent, I couldn't wish for better." It was clear the established and stable staff team knew people well and had a detailed understanding of their individual care and support needs. Throughout the day we observed numerous occasions where staff took opportunities to sit with people, provide reassurance and have fun while assisting people to engage with individual activities. One person who was working on a jigsaw puzzle told us, "The staff want to join in and help" while another person commented, "The staff here are good people."

In their conversations with us people indicated they trusted and got on well with their support staff. Comments received included, "[Staff members name] is excellent, he takes me into town and advises me to slow down when I get breathless" and "If [Staff members name] can help me, he will".

In the mental health unit, we saw people moved around the unit and accessed the service's garden without restriction. In the older persons unit people were able to move around the service independently and were supported by staff to access the gardens when they wished.

People were able to make choices about their daily lives and staff respected these decisions. Care plans included guidance for staff on how to support people to make meaningful decisions and staff told us, "People can choose what they want to do" and "Some people like to get up at nine o'clock, others prefer to have breakfast in bed."

People were supported to maintain relationships with family and friends and staff told us, "Families come in often." There were some visiting time restrictions as the service operated a protected meal time system to ensure people were not disturbed while eating. These arrangements were well understood and people said their visitors were always welcomed. Feedback from relatives indicted they were made to feel welcome and comfortable while visiting.

Staff respected people's privacy. They knocked on people's doors and waited for responses before entering. Some people held keys for their own rooms and chose to lock their doors while in shared areas or away from the service. While providing personal care staff ensured doors and curtains were closed to ensure people's dignity was protected.

Some people who were living with dementia had dolls to provide them with comfort and reassurance. We observed staff checking on these individuals with compassion and ensuring their dolls were available when

required. On another occasion staff observed a person becoming sleepy on a hard, dining room chair. Staff discreetly supported this person to a more comfortable arm chair to enable them to relax more comfortably.

Good

Is the service responsive?

Our findings

Before people moved into Penbownder managers met with them at their home or their previous care placements to complete detailed assessments of their individual care needs. In combination with details supplied by care commissioners and people's relatives this information formed the basis of people's initial care plans. The information covered all aspects of people's lives including their physical and mental health needs and emotional and social well-being.

People's care plans were sufficiently detailed and informative. They provided staff with guidance and direction on how to meet people's physical and emotional support needs. Where people needed specific support with individual tasks this was highlighted. Managers recognised the value of supporting people to remain as independent as possible and people's care plans included guidance for staff on how to encourage people to do things for themselves. For example, one person's care plan stated, "Staff need to encourage [Person's name] to walk independently each day even if it's only for a short time until he is once again fully mobile."

In the mental health unit people's care plans also included specific guidance for staff on how to support people while they were feeling unwell. The guidance emphasises the need for staff to be non-judgemental in their approach. For example, one person's care plans stated, "Accept [Person's names] moods, do not comment or criticise [their] behaviour, nor should you attempt to make [the person] try to change."

Information about people's preferences, normal routines, life history and interests was recorded within their care plans. This helped staff who did not know people well to understand how people's life experiences and background could impact on their current care needs.

Some people's care plans included information that had not changed for a long period of time. However, records showed care plans had been regularly reviewed and staff told us they accurately reflected people's current care and support needs. Where any significant changes in needs had been identified people's care plans had been updated to reflect these observed changes. This meant that although care plans included some information that appeared old they accurately reflected people's current needs. The service was in the process of introducing an electronic care planning system and all care plans were in the process of being reviewed to ensure their accuracy before being uploaded onto this system.

Staff had ready access to information about people's care needs. The service had developed summary information sheets about each person which were kept in their bedrooms so they were easily available to staff. These documents provided staff with an overview of the person's care needs and a brief summary of their life history information.

Each day staff completed records of the care and support provided. These records were accurate and informative. They included details of the care provided, how the person had chosen to spend their day and any activities they had engaged with. There was
a staff handover system in place to help ensure information about any observed changes to people's care

needs was shared with staff as they came on duty.

The director understood the requirements of the Accessible Information Standard. Care plans included specific guidance on how to meet people's communication needs and information on how to raise a complaint was available in a pictorial format. Staff had been provided with specific training on how to support people with their hearing aids and were observed helping people during the inspection to ensure these aids were working correctly.

There was a range of activities available within the service for people to engage with. On the day of our inspection we observed people playing board games, having their nails polished by a visiting manicurist, painting and completing exercise routines. The service employed a part time activities coordinator who was on duty on the day of our inspection and external entertainers visited the service every other week.

We observed throughout the day that staff often took opportunities to support people to engage with individualised activities. For example, one person particularly enjoyed playing chess and a staff member was enjoying a game with them. When the chess board was moved away to enable a group activity the staff member returned the board to the person so their game could continue. Staff told us "People have enough to do" and "The activities co-ordinator takes people out for walks or drives."

The service owned a mini bus and two cars to enable people to access the nearby town and visit local attractions if they wished. People's relatives were able to use these vehicles to enable people with restricted mobility to attend family events. On the day of our inspection two people choose to visit a local beauty spot while another person went to town to collect some shopping. People were regularly supported to attend a memory café in the local town..

People were encouraged to take on responsibility for specific tasks and chores within the service to encourage people to remain independent. On the day of our inspection one person had set the table for lunch and staff reported that other people enjoyed gardening in the service's allotment. Another person enjoyed helping the gardener and maintenance staff with repairs. The registered manager had purchased steel toe-capped boots for this person to enable them to engage with these tasks safely. Two people enjoyed playing golf at a local course and a two hole pitch and putt course had been set up in the garden in the hope of further encouraging interest in this activity.

While playing bingo in the afternoon staff recognised that one person was having difficulty recording their score due to their poor eye sight. Discreet assistance was provided to enable the person to continue to enjoy this activity.

Some people were known to regularly decline to participate in activities and this was recorded in their care plan. Staff were provided with guidance on how to encourage people to engage in activities and how to respond if individuals became interested in an activity. For example, one person's care plan stated, "If [Persons name] wants to go outside drop everything and go as this does not happen often and he does not respond well if delayed."

The service had appropriate systems in place to help ensure any complaints received were documented, investigated and resolved. Information for people and their relatives detailing how to make a complaint was readily available. This was also available in accessible formats. The service had not received any recent complaints but was regularly complimented and thanked by people's relatives. Recently received compliments included, "You provide a lovely caring and homely care facility that you and your staff should

be proud of", "You have made my mum so welcome and your care of her has been exemplary" and "Thank you and the wonderful care staff for looking after my dad, as always and your support to me."

There were systems in place to enable details of people's preferences in relation to end of life care to be recorded. However, this information had not been consistently completed in the care plans we reviewed. We discussed this with the director who told us some people found this a difficult subject and were reluctant to talk about it. Records showed all staff had completed training in how to support people at the end of their lives and where people had chosen not to be resuscitated this information was appropriately recorded and readily available for emergency responders. There were facilities available to enable relatives to stay with people to provide reassurance at the end of their lives.

Good

Is the service well-led?

Our findings

The service is required to have a registered manager. 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. There was a registered manager in post at the time of our inspection but they were off duty on the day of our inspection.

The registered manager was supported by the director who lived on site and played an active role in the leadership of the service. In addition, there was an administrator who provided assistance to the leadership team. They also supported people to access the community when they wished. The individual responsibilities of the registered manager and the director were well defined and understood by the staff team. There was an open door policy in place where staff and people who used the service were encouraged to raise any issues promptly with management so they could be resolved. People told us they were comfortable raising any issues and their comments included, "I would tell them if I was not happy here' and "I would tell [Director's name] if I was not happy".

The staff team were well motivated and enjoyed the company of the people they supported. Staff said they felt well supported and told us, "Morale is good", "[The director and registered manager] are approachable you can go to them with any issues" and "You can always go and talk to management if you need to."

People spoke warmly of both the director and registered manager who were both regularly present in the service providing support at meal times and enabling people to access the community when they wished. People said, "[The director] is nice" and one person who had lived in a number of care homes previously told us, "She is one of the nicest, kindest managers I have ever had." Throughout the inspection it was clear the director was passionate about their role and committed to ensuring people needs were met.

The registered manager and director did not normally provide care and support but were available to cover care shifts at short notice if required. Either the registered manager or director was on duty each week day and there was an appropriate on call system in place to ensure staff had access to management support outside of office hours.

There were procedures in place to monitor the quality of care the service provided and drive improvements in performance. Regular audits were completed of care plans, daily records, medication records, the environment and any accidents and incidents that had occurred.

There were a variety of systems to gather feedback on all stakeholders experience of the service. These included questionnaires and surveys designed to gather the views of people, their relatives and staff. The feedback provided was consistently complimentary with relatives stating, "I am very confident and thankful for the high standard of care provided for [Person's name], especially when his behaviour is challenging and difficult. He is well supported with the staff, who show patience and understanding at all times", "The staff are wonderful" and "All have an excellent approach and are respectful of the clients." While staff reported,

"We are given good training, regular supervision and I can speak to managers anytime I need to" and "Managers listen and help make our job easier to do because they really understand some of the issues we face and deal with – they find solutions to help."

Information was stored securely when not in use and the service had made all necessary notifications to the commission. Details of the findings of the service's most recent inspection were displayed prominently within the service.

Equality and inclusion within the workforce was promoted. Staff told us they had not encountered discrimination in the workplace. Any staff who required additional support to enable them to carry out their duties were provided with this. For example, a specialised telephone was in place so staff with a hearing impairment were not disadvantaged.