Derriford House Limited

Derriford House

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Derriford House is a privately run care home registered to provide accommodation for up to 34 older people. At the time of our inspection there were 34 people living in the home, although one was in hospital.

The inspection was unannounced and was carried out on 11 and 12 January 2017.

There was a registered manager in place at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the home. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the home is run.

People and their families told us they felt the home was safe. However, although medicines were generally managed safely, staff administering medicines did not always follow best practice guidance. We have recommended that the owners seek advice and guidance on adopting the latest best practice guidance in respect of managing medicines.

Staff knew the people they supported and were able to explain the risks relating to them and the action they would take to help reduce the risks from occurring. However, the supporting documentation was not always detailed and personalised to reflect staff's understanding. We raised our concerns with the registered manager and by the second day of our inspection they had taken action to ensure people's risk assessments were personalised and reflected people's needs.

Staff and the registered manager had received safeguarding training and were able to demonstrate an understanding of the owners safeguarding policy and explained the action they would take if they identified any concerns.

Staff sought people's consent before providing care and understood the need to follow legislation designed to protect people's rights. Healthcare professionals, such as chiropodists, opticians, GPs and dentists were involved in people's care when necessary.

People were supported by staff who had received an induction into the home and appropriate training, professional development and supervision to enable them to meet people's individual needs. There were enough staff to meet people's needs and to enable them to engage with people in a relaxed and unhurried manner.

Staff developed caring and positive relationships with people and were sensitive to their individual choices and treated them with dignity and respect. People were encouraged to remain as independent as possible and maintain relationships that were important to them.

People were supported to have enough to eat and drink. Mealtimes were a social event and staff supported

people, when necessary in a patient and friendly manner.

People and when appropriate their families were involved in discussions about their care planning, which reflected their assessed needs.

There was an opportunity for people and their families to become involved in developing the service. They were encouraged to provide feedback on the service provided both informally and through 'resident meetings' and an annual questionnaire. They were also supported to raise complaints should they wish to.

People's families told us they felt the home was well-led and were positive about the registered manager who understood the responsibilities of their role. The owners was fully engaged in running the home and provided regular support to the registered manager. Staff were aware of the owners vision and values, how they related to their work and spoke positively about the culture and management of the home.

There were systems in place to monitor quality and safety of the home and care provided. Accidents and incidents were monitored, analysed and remedial actions identified to reduce the risk of reoccurrence.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People's medicines were not always managed safely because staff did not always follow best practice guidance.

People told us they felt the service was safe and staff were aware of their responsibilities to safeguard people and report any concerns identified.

There were enough staff to meet people's needs and recruiting practices ensured that all appropriate checks had been completed.

Staff knew the people they supported, the risks relating to their health care needs and the action they would take to help reduce the risks from occurring.

Is the service effective?

Good

The service was effective.

Staff sought verbal consent from people before providing care and followed legislation designed to protect people's rights.

Staff received an appropriate induction and on-going training to enable them to meet the needs of people using the service.

People were supported to have enough to eat and drink. They had access to health professionals and other specialists if they needed them.

Is the service caring?

Good

The service was caring.

Staff developed caring and positive relationships with people and treated them with dignity and respect.

Staff understood the importance of respecting people's choices and their privacy

People were encouraged to maintain friendships and important relationships.

Is the service responsive?

Good

The service was responsive.

Staff were responsive to people's needs.

Care plans and activities were personalised and focused on individual needs and preferences.

The registered manager sought feedback from people using the service and had a process in place to deal with any complaints or concerns.

Is the service well-led?

Good

The service was well-led.

The owners' values were clear and understood by staff. The registered manager adopted an open and inclusive style of leadership.

People, their families and staff had the opportunity to become involved in developing the service.

There were systems in place to monitor the quality and safety of the service provided and manage the maintenance of the buildings and equipment.

Derriford 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was unannounced and was carried on 11 and 12 January 2017 by one inspector.

Before the inspection, we reviewed the information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with seven people living at the home and engaged with a number of others. We also spoke with a health professional who was visiting the home and received feedback from four other health professionals. We observed care and support being delivered in communal areas of the home.

We spoke with the two owners of the home, the registered manager, a deputy manager, the chef, the activities co-ordinator and five members of care staff. We looked at care plans and associated records for four people. We also reviewed records about how the home was managed, including, staff duty records, staff recruitment and training, records of complaints, accidents and incidents, policies and procedures and quality assurance records.

The home was last inspected in December 2013 when no concerns were identified.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe. One person said, "I definitely feel safe; no worries about that. When I ring the bell they come quickly". Another person told us they felt safe because, "There is always someone around if I need them. I just have to press a button and someone will be there". Other comments from people included, "Yes I feel safe here", "If I need someone I just ring my bell and they come straight away" and "I feel extremely safe. I never have to worry about anything". Health professionals told us they felt that people were safe. One health professional said, "People are safe and well looked after". Another health professional told us, "I have always found the home to be safe and clean and tidy".

However, although staff had received appropriate training and their competency to administer medicines had been assessed, they did not always follow best practice and National Institute for Health and Care Excellence (NICE) guidance. For example, one person had been prescribed pain relief by their GP to be taken four times daily. We looked at their medicines administration records (MAR) and found they had not always been completed correctly. The MAR chart provides a record of which medicines are prescribed to a person and when they were given. Staff administering medicines were required to initial the MAR chart to confirm the person had received their medicine or include the reason why it was not given. We reviewed the person's MAR chart for the four weeks period commencing 12 December 2016 and found that of the 112 occasions when the person should have received their pain relief medicine there were 73 occasions where the MAR chart was left blank. We also reviewed the person's care record and the staff handover book and these did not provide any evidence as to whether the medicine had been administered or not. The deputy manager told us the gaps were probably where the person had said he did not need pain relief, however, they were not able to provide any evidence to demonstrate whether the person had or had not received there medicine. Following our intervention, the registered manager contacted the person's GP regarding the person continually declining to take his medicine and the GP amended the medicine so that it can be given when required 'PRN'.

We looked at the MAR charts for two other people who were receiving pain relief on a PRN basis and found these had also not been completed correctly. One person's MAR chart indicated that they had been given 'PRN' pain relief on two separate days. However, staff had not recorded the time or the reason why the medicine had been given. Another person's MAR chart indicated they had been given 'PRN' pain relief on three separate days; on each of these occasions the staff had also not recorded the time or the reason why it was given. The failure to record the time when 'PRN' medicine was given and why, meant that staff may not have known whether the medicine had been effective and when it would be safe to give a further dose, if necessary.

NICE Guidance Managing Medicines in care homes 2014 requires care home staff to record the circumstances and reasons why a resident refuses a medicine (if the resident will give a reason) in the resident's care record and medicines administration record; and they should inform the health professional who prescribed the medicine about any on going refusal and inform the supplying pharmacy, to prevent further supply to the care home. It also requires care home staff to record when 'when required' medicines are given and the reason for giving it.

Another person had been prescribed additional medicine by a GP. An entry regarding this additional medicine had been hand written onto the person's MAR chart. However, a second person had not counter signed the record to confirm the entry was correct. Therefore, the provider could not assure themselves that the entry was accurate and that the person would receive their medicine in the manner prescribed by the GP.

We looked at the management of medicines that were subject to additional controls by law, which required two members of staff to sign a register to confirm when these medicines had been administered. We found that on one occasion a medicine subject to these controls had been administered but only one member of staff had signed the register.

The National Institute for Health and Care Excellence (NICE) guidance Managing Medicines in Care Homes (2014) identifies the need for providers to ensure that new, hand-written MAR charts are produced only in exceptional circumstances and the new record should be checked for accuracy and signed by a second trained and skilled member of staff before it is first used. In addition, the guidance requires that the care home staff member responsible for administering medicines subject to additional controls by law and a trained witness should sign the register. The guidance also requires the temperatures for storing medicines and how they are stored be monitored. We found that the temperature for the room where medicines were being stored was not being taken. We raised this with the deputy manager who told us, "There used be a thermometer but it is gone".

We raised the concerns regarding the failure to follow NICE guidance with the deputy manager, the registered manager and one of the providers and they undertook to ensure that all of the above issues were resolved.

We recommend that the owners seek advice and guidance on adopting the latest best practice guidance in respect of managing medicines.

There were suitable systems in place to ensure the safe storage and disposal of medicines and suitable arrangements were in place for medicines which needed additional security. A refrigerator was available for the storage of medicines which required storing at a cold temperature in accordance with the manufacturer's instructions. There was a medicine stock management system in place to ensure medicines were stored appropriately and a process for the ordering of repeat prescriptions and disposal of unwanted medicines. Staff supporting people to take their medicines did so in a safe, gentle and respectful way. People were given time to take their medicines without being rushed. One person told us, "They [staff] bring me my tablets. They wait while I take them". We observed part of a medicine round and saw that staff explained the medicines they were giving in a way the person could understand and sought their consent before giving it to them.

The registered manager had assessed the risks associated with providing care to each individual; these were recorded along with the actions identified to reduce those risks. However, these were not always detailed or personalised to help staff understand how to support people safely. For example, the mobility care plan for a person who was at risk of falls identified that 'two staff are required when mobilising'. There was no explanation as to what exact support the person needed or how they person preferred to be supported.

Although, the records were not detailed, staff knew the people they supported and were able to explain the risks relating to them and the action they would take to help reduce the risks from occurring. We raised our concerns with the registered manager and by the second day of our inspection they had taken action to ensure people's risk assessments were personalised and reflected individual needs. Where an incident or

accident had occurred, there was a clear record, which enabled the registered manager to identify any actions necessary to help reduce the risk of further incidents.

People experienced care in a safe environment because staff had the knowledge necessary to enable them to respond appropriately to concerns about people's safety. The staff and registered manager had received appropriate training in safeguarding. Staff knew how to raise concerns and to apply the owners' policy. One member of staff told us if they had any concerns, "I would go straight to the manager". They added "If nothing was done I would go to the safeguarding team. The number is on our board and [the owner s] are always here so I could go to them". The registered manager explained the action they would take if a safeguarding concern was raised with them including reporting any concerns to the appropriate authority in a timely manner.

People told us there were sufficient staff to meet their needs. One person said, "Staff are there if you need them". Another person told us, "Staff are very nice, there is always someone about. I can't complain about that". A health professional said, "There is always plenty of staff here when I visit". The registered manager told us that staffing levels were based on the needs of the people using the service. The staffing level in the home provided an opportunity for staff to interact with the people they were supporting in a relaxed and unhurried manner. The registered manager told us the owner s took a flexible approach to staffing and additional staff were available to support people who had specific needs, such as during end of life care.

There was a duty roster system, which detailed the planned cover for the home. This provided the opportunity for short term absences to be managed through the use of overtime and bank staff employed by the owners. The registered manager and the deputy manager were also available to provide extra support when appropriate.

The owners had a robust recruitment process in place to help ensure that staff they recruited were suitable to work with the people they supported. All of the necessary checks, such as references and Disclosure and Barring Service (DBS) checks were completed for all staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

There were plans in place to deal with foreseeable emergencies. Staff had been trained to administer first aid and there was a programme of fire safety training and fire drills in place. Fire safety equipment was maintained and tested regularly. There was a 'resident's dependency' fire safety chart available which identified people's ability to respond in case of a fire. Since the inspected this chart has been augmented by individual personal emergency evacuation plans which detailed the support people would need if they had to be evacuated in an emergency.

Good

Is the service effective?

Our findings

People told us they felt the service was effective and that staff understood their needs and had the skills to meet them. One person said, "I have been here a long time. The staff are excellent; they really know how to look after me". Another person told us, "I can get upset when I remember people [who have passed away] but staff are very good with me. They know how to cheer me up". A third person said, "I came here because I hurt my leg but they have helped me and now it's better". Health professionals told us that staff were knowledgeable about the people they supported. One health professional said, "Staff are very knowledgeable. Senior carers have been trained to take blood. They are very good I have no concerns". Another health professional told us, "This is a well run, efficient and caring home - probably the best in the area. They rarely request call outs for trivial matters and have an efficient and pragmatic approach to the problems of old age but without risking missing significant problems".

When appropriate people's ability to make decisions was assessed in line with the Mental Capacity Act, 2005 (MCA). The 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. The owners had clear policies, procedures and recording systems for when people were not able to make decisions about their care or support. The registered manager told us that none of the people living at the home lacked capacity to make their own decisions.

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 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. We found the owners and registered manager were aware of the necessary requirements. However, none of the people using the service required DoLS application to be made. Staff had been trained in MCA and DoLS and were aware of their responsibilities under the Act.

People told us that staff sought their consent when they were supporting them. One person said, "They [staff] come and say are you ready to get dressed now or whatever they are going to do for you". Another person told us, "Oh yes, they ask before they do something". We observed staff seeking consent from people, in line with people's needs, when appropriate using simple questions, giving people time to respond. One member of staff told us, "I always check with people before helping them. If they don't want to do something they don't have to. Depends what it is but I might try again later; it's their choice". Daily records of care showed that where people declined care this was respected.

People were supported by staff who had received an effective induction into their role, which enabled them to meet the needs of the people they were supporting. Each member of staff had undertaken an induction programme, including a period of shadowing a more experienced member of staff who assessed their suitability to work on their own. Staff who were new to care, received an induction and training, which

followed the principles of the Care Certificate. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life. The registered manager told us, "I expect all staff to do the care certificate. Some will only do certain parts, such as the activities co-ordinator and the hairdresser, will do part of the course, such as safeguarding and how to use wheelchairs. Staff new to care do the whole course and experienced staff use it as a refresher". A member of care staff said, "This was my first job in care. I found the induction and training very good and gave me the confidence to help people". A health professional told us, "I have seen the same staff over the past 2 years, I find this a good sign. The staff also attend training which is provided by external health staff".

The owners had a system to record the training that staff had completed and to identify when training needed to be repeated. This included essential training, such as medicines training, safeguarding adults, fire safety and first aid. Staff had access to other training focused on the specific needs of people using the service, such as, dementia awareness, end of life care, mental capacity act, continence management and skin pressure care. Staff were supported to undertake a vocational qualification in care. One of the owners told us "Staff receive two updates a year, which is focused on the needs of the people we support". They told us they had recently purchased an 'old age simulation suit' to help staff understand people's experiences. Staff were able to demonstrate an understanding of the training they had received and how to apply it. For example, how they supported people who were living with a cognitive impairment to make choices and maintain a level of independence.

Staff had regular supervisions. Supervisions provide an opportunity for management to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and identify learning opportunities to help them develop. Staff said they felt supported by the management team and senior staff. There was an open door policy and they could raise any concerns straight away. One member of staff said, "We have regular meetings when you can talk about what you are doing and ask for training if you want it. They also do spot checks to make sure you are doing things right. They are definitely good to work for".

People were supported to have enough to eat and drink. People told us they enjoyed their meals and there was enough to eat. One person said, "Fantastic chef, excellent food with plenty of choice". Another person told us, "We get to try all sorts of different food. We even had pigeon the other day which was horrible but you got to try it". A third person said, "The food is good. I don't like meat. I like fish, so they give me fish things or another choice".

The chef was aware of people's preferences and dietary needs. They told us that where people had dietary needs linked to medical conditions, such as diabetes, they adapted their food so they had similar to everyone else. For example, using sweetener rather than sugar. Meals were appropriately spaced and flexible to meet people's needs and when they wanted to eat. People were able to choose where they ate their meals. Some were happy to eat in the dining area and others in their bedroom. Mealtimes were a social event, tables were laid decoratively, with napkins and matching table mats. People were encouraged to sit with who they wanted and we heard lots of friendly banter and laughter during the meal. Staff confirmed people's choice before serving their meal. One person, who had asked for fish said they had changed their mind when they saw it and said and would prefer toad-in-the-hole. The member of staff immediately arranged for the alternative meal to be provided, so the person did not have to wait and could eat their meal with the rest of the table. People were offered a choice of drinks with their meal, including fruit juice and alcoholic beverages such as, stout, wine and sherry. A selection of drinks, bowls of fresh fruit and light snacks, such as chocolate and crisps were available throughout the day.

People were supported to maintain good health and had access to appropriate healthcare services. Their records showed they had regular appointments with health professionals, such as chiropodists, opticians,

dentists and GPs. All appointments with health professionals and the outcomes were recorded in detail. One person told us, "If you need a doctor or nurse they call them for you. I have a chiropodist every seven weeks and you can have your hair done anytime you want". A Health professional told us they had, "No concerns. The home is highly regarded by the practice team". Another health professional said, "I have visited and assessed clients at Derriford House on a number of occasions". They added that the home only called them in when it was necessary.

Good

Is the service caring?

Our findings

Staff developed caring and positive relationships with people. One person said, "I'm very happy here. The staff are lovely, kind and patient with me". Another person told us they, "Like it here. Staff are very kind and very nice. Nothing is too much trouble. They wait on you hand, foot and finger". A third person said, "I like it here very much. We have a laugh. I wouldn't want to be anywhere else". Other comments from people included, "Staff are nice", "Staff are excellent", "I am very happy here; everyone is lovely; brilliant" and "I'm very happy, I go out when I want. They look after me very well".

Health professionals told us that they did not have any concerns regarding the quality of care people received. One health professional said, "Staff are caring and kind and know their residents". They added, "There is lots of banter, it is like going into a family home". Another health professional told us, "The clients I have seen are well cared for and happy in their environments, the staff are very caring and know their clients well".

People were cared for with dignity and respect. Staff spoke to them with kindness and warmth and were observed laughing and joking with them. We observed one member of staff supporting a person to mobilise into a wheelchair. They provided gentle encouragement to the person to stand and patiently guided them to sit safely in their chair. They made sure the person was comfortable before asking them where they would like to go.

Staff understood the importance of respecting people's choice and privacy. One person told us, "I have an en suite which means I have my privacy. You can do what you want; get up when you want to; go to bed when you want; go out if you want". Another person said, "We went through a phase where staff called us Mr and Mrs but we told them we preferred first names so that's what they do now". A third person told us, "They come in everyday and clean and hoover round. I have my en suite which gives me my own bit of privacy". Staff spoke with us about how they cared for people and we observed that people were offered choices in what they wanted to wear, what they preferred to eat and whether they took part in activities. Choices were offered in line with people's care plans and preferred communication style.

We also observed that personal care was provided in a discreet and private way. Staff knocked on people's doors and waited before entering. One person said, "If your door is shut they knock and wait until you say come in. If it is open they [staff] still tap". Another person told us, "They knock on your door and wait until you say come in. They are not the sort of people who would burst in". A third person said, "I like my door open but if it is shut they [staff] do knock before they come in".

People and where appropriate, their families were involved in discussions about developing their care plans, which were centred on the person as an individual. We saw that people's care plans contained detailed information about their life history to assist staff in understanding their background and what might be important to them. Staff used the information contained in people's care plans to ensure they were aware of people's needs and their likes and dislikes. When asked staff were able to give detailed information about people and their individual likes, dislikes and life history.

People were encouraged to be as independent as possible. One person said, "I can go out anytime I want. I have been out today to one of my clubs". Another person told us that when staff supported them with washing, "They encourage me to do as much as I can. They do my back and legs". A third person said, "Staff leave you to do your own thing. It's up to you. They are there if you need them". A member of staff said, "A lot of our residents are self-caring so we try and encourage them to keep doing things". Another member of staff told us, "I always see if they can do something themselves before offering to help them".

People were supported to maintain friendships and important relationships; their care records included details of their circle of support. This identifies people who are important to the person. People confirmed that the registered manager and staff supported their them to maintain their relationships. One person told us, "Staff are very good they have arranged for someone to come out and give me communion. They are good like that". Another person said, "They encourage visitors, my daughter is visiting tomorrow". A third person told us, "I am lucky I have found a friend here. Another person who likes the same things as I do".

People's bedrooms were individualised and reflected people's interests and preferences and included photographs and items from their homes. One person told us, "They told me when I came here this is my home now and that is what it is". Another person said, "I am going to my room now, my home".

Information regarding confidentiality formed a key part of staff's induction training for all care staff. Confidential information, such as care records, was kept securely within the office and only accessed by staff authorised to view it. Any information, which was kept on the computer, was also secure and password protected.

Good

Is the service responsive?

Our findings

People and their families told us they felt the staff were responsive to their needs. One person told us there had be two occasions when they had needed urgent medical attention. They said staff, "were excellent, they got the ambulance and I was taken to hospital". Another person told us, "If you decide to stay in your room they [staff] always pop in and check you're okay. They also do a round at night as well to check if you need anything". A third person said, "They have given me an extra [portable oil filled] radiator for my room as I feel the cold. I also have my own phone with large keys".

Health professionals told us that staff knew the people in the home well and were responsive to their needs. One health professional said, "Staff are very good. They follow my advice and are quick to notify us of any risks". Another health professional told us, "The care staff are always responsive and are able to provide any information that I require, and so they appear to know their residents' needs very well. They always ask me to record any changes in the residents care records. The manager of the home always rings promptly if there are any concerns about the residents that I see". A third health professional said, "The care staff are willing to take on-board my suggestions and actively seek out my opinion".

Staff were responsive to people's communication styles and gave people information and choices in ways that they could understand. Staff used plain English and repeated messages as necessary to help people understand what was being said. Staff were patient when speaking with people and understood and respected that some people needed more time to respond.

People received care and treatment that was personalised and met their needs. People experienced care and support from staff who were knowledgeable about their needs and the things that were important to them in their lives. Staff's understanding of the care people required was enhanced through the use of care plans, which detailed people's preferences, backgrounds, medical conditions and other needs. Their care plans also included specific individual information to ensure medical needs were responded to in a timely way. For example, the care plan for one person with diabetes described the support needed to allow him to manage his own insulin. His daily record of care identified a request for a sandwich with his morning coffee which had been arranged. Care plans and related risk assessments were reviewed monthly to ensure they reflected people's changing needs.

People's daily records of care were up to date and showed care was being provided in accordance with people's needs. Care staff members were able to describe the care and support required by individual people. For example, one care staff member was able to describe the support a person required when mobilising. This corresponded to information within the person's care plan. We observed staff supporting this person to mobilise after their lunch and saw that it was in line with information in the care plan. Handover meetings were held at the start of every shift and provided the opportunity for staff to be made aware of any relevant information about risks, concerns and changes to the needs of the people they were supporting.

People had access to activities that were important to them. One person said you, "Get lots of activities to

keep your brain moving". They showed us their activities sheet and said, "We have knit & natter, games, quizzes, entertainers, film days, skittles and crafts. There is loads to do". Another person told us, "There is usually something going on. It is up to you to join in". A third person said, "They have good activities, singing goes on in the afternoon". Other comments regarding the activities included, "We had a good singer a couple of days ago" and "There are lots of activities which I try and join in".

The activities co-ordinator told us people had a choice of whether they wanted to join in activities or not. They explained that the activities were focused on the things people had enjoyed or wanted to do. They showed us a 2016 photo book which provided a visual record of the activities people had engaged with, the garden party and other significant events such as birthdays. People had consented to having their photographs in the book and were happy to show them to us. During our inspection we observed two activity sessions, one where people were asked to 'guess what's in the bag' and the other a bingo session. Both sessions generated much laughter and friendly banter; people appeared to be fully engaged and enjoying themselves. The registered manager had also arranged for external entertainers to come to the home. People were also supported to engage with activities in the local community such as shopping, visits to cafes, local attractions, and clubs. One person told us, "I have just been out to my church club, its great here I can go out and do things when I want".

People and their relatives were encouraged to provide feedback and were supported to raise concerns if they were dissatisfied with the service provided at the home. People had access to advocates who were available to support them if they were unhappy about the service provided. The registered manager sought feedback from people and their families on an informal basis when they met with them at the home or during telephone contact. They also held 'residents meetings' which were held every two or three months. We looked at the minutes of the latest meeting, which included discussions regarding the entertainment and activities; issues and concerns; and the menu and the food people would like. One person suggested lambs hearts and rabbit. We spoke with the chef who told us they had arranged for these to be included in the menu.

The registered manager also sought formal feedback through the use of quality assurance survey questionnaires, these were available by the front door for anyone to complete and sent to people's families and health professionals. These were sent out on a rotational sample basis each month, so that each family received one per year. We looked at the feedback from some of the questionnaires recently returned, which was all positive in respect of the care people received. Comments from family members included, 'Felt like home; All staff very friendly and welcoming; So nice to see [my relative] happy and relaxed in wonderful surroundings' and 'Thank you for the kindness you have shown to [my relative] especially as her needs have changed dramatically since she first came here'. A compliments book by the front door also contained positive feedback about the home. One health professional had written 'All very positive particularly in respect of end of life care'. The registered manager had also arranged for feedback to be obtained from people collectively during activity sessions such as the 'knit and natter' sessions. We looked at the feedback from those sessions which were generally positive, where concerns were identified action was taken. For example, people stated they were unsure of the fire safety drill. As a result the registered manager spoke with each person individually and as a group.

The owners had a policy and arrangements in place to deal with complaints. They provided detailed information on the action people could take if they were not satisfied with the service being provided. The information on how to make a complaint was displayed on a noticeboard within the home, in the 'service users' guide which was in each person's room. These included details of external organisations, such as the Care Quality Commission and the Local Government Ombudsman. One person told us "I have no complaints at all. If I did I would tell the manager and they would sort it out". Another person said, "I have

not had to complain but if I need to I would go to [the registered manager] and she would sort it out". The registered manager told us they had not received any complaints since the home was last inspected and was able to explain the action that would be taken to investigate a complaint if one was received.

Good

Is the service well-led?

Our findings

People told us they felt the service was well-led. One person said, "[The registered manager] is lovely you only have to ask her for something and she does it". Another person told us, "Oh yes it is well led. The owners come in about once a week. She comes and chats to us". A third person said, "The people who run [the home] are very nice. They care about you". Health professionals told us they did not have any concerns over the management of the home. One health professional said, "[The registered manager] is very involved with the people in the home. She always know why we are coming and where the people are". Another health professional told us, "I have very good feedback for Derriford House. My impression is that they are safe, caring and responsive. It appears well led and effective". A third health professional said, "From my experience of visiting Derriford House, I think it is well run and I would have no concerns if a relative of mine were to move into the home".

There was a clear management structure, which consisted of the two owners, the registered manager, and three deputy managers and senior care staff. One of the owners told us, "We recognised the need to support the manager so we have created three deputies who are champions for falls, diabetes and hydration". Staff were confident in their role and understood the part each staff member played in delivering the owners' vision of high quality care. The management team encouraged staff and people to raise issues of concern with them, which they acted upon. One member of staff told us that, "[The registered manager] ask us what we think about things". They added "She listens when we raise something". Another person told us "The owners are often here" and said they were "approachable".

The owners were fully engaged in running the service and their vision and values were built around creating an environment which has a comfortable and homely atmosphere where people are treated with dignity and had a choice of how they spend their time. Staff were aware of the owners vision and values and how they related to their work. One member of staff said, "We highly support people's independence and to do what they want to do". The owners vision and values were also integrated into the home's Facebook page, which provided the opportunity for family and friends to share in the experiences of people living in the home. The registered manager told us they used Facebook to show pictures of the home and activities. They explained that although people had consented, they do not put photographs of people on their social media page.

Regular staff meetings provided the opportunity for the registered manager to engage with staff and reinforce the owners values and vision. Observations and feedback from staff showed the home had a positive and open culture. Staff spoke positively about the culture and management of the service. They confirmed they were able to raise issues and make suggestions about the way the service was provided in their one to one sessions or during staff meetings and these were taken seriously and discussed. A staff member told us, "[The registered manager] is always about so you can talk to her and raise anything if you are worried". Another member of staff told there were regular staff meetings and they felt "well supported".

The registered manager had an open door policy for the people, families and staff to enabled and encouraged open communication. People told us they were given the opportunity to provide feedback

about the culture and development of the service. People all said they were happy with the service provided. The owners had suitable arrangements in place to support the registered manager, for example regular meetings, which also formed part of their quality assurance process. The registered manager confirmed that support was available to them from the owners. She told us, "I have a degree in social care, which was funded by [the owners]. I see them both regularly at least every couple of weeks. I have a monthly meeting with [one of the owners to discuss performance, such as whether staff are receiving regular supervisions and appraisals. [The other owners] comes in monthly and carries out an inspection as part of her quality assurance process".

There were systems in place to monitor the quality and safety of the service provided and to manage the maintenance of the buildings and equipment. In addition to the monthly inspections by the owners, the registered manager carried out regular audits which included, staff records and hours worked, falls, accidents and incidents, infection control, the cleanliness of the home and care plans. There was also a system of audits in place to ensure that safety checks were made in respect of water temperatures and fire safety. They also carried out an informal inspection of the home during a daily walk round. Where issues or concerns were identified an action plan was created and managed through the regular meeting processes.

The registered manager worked closely with other professionals to ensure people received care that was in line with current best practice. For example, the manager held a monthly meeting with a specialist nurse to discuss people who had had falls, were receiving antibiotics, or other concerns. They also discussed people who had been admitted to hospital and their appropriate discharge strategy. They were also a member of the Hampshire Care association and the Frimley care home forum. A health professional told us, "[The registered manager] knows her clients well and all speak fondly of her; [the registered manager] also attends training and is always willing to try new initiatives e.g. the phone in with quality matron at Frimley hospital and also the care forum. I find her receptive to new ideas when planning her care for her clients".

The home had a whistle-blowing policy which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. Staff were aware of different organisations they could contact to raise concerns. For example, care staff told us they could approach the local authority or the Care Quality Commission if they felt it was necessary.

The owners and the registered manager understood their responsibilities and were aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of the owners' registration. They also understood and complied with their responsibilities under duty of candour.