

South Devon Rural Housing Association Limited

Forder Lane House

Inspection report

Forder Lane
Dartington
Totnes
Devon
TQ9 6HT

Tel: 01803863532

Website: www.southdevonrural.com

Date of inspection visit:
07 December 2016
09 December 2016

Date of publication:
24 January 2017

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 7 and 9 December 2016 and was unannounced. Forder Lane House provides care and accommodation for up to 25 older people. On the day of the inspection 22 people lived in the home. Forder Lane House is owned by South Devon Rural Housing Association Limited.

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

People told us they were cared for by staff who knew them well. Comments included, "Staff are really caring, really good." Staff spoke about people with respect and compassion and had received training to meet people's needs. Staff were supported in their role by an ongoing programme of supervision, appraisal and competency checks; they also told us they received sufficient support from senior staff whenever they needed it.

People told us they felt safe using the service. There were risk assessments in place to help reduce any risks related to people's care and support needs. Staff had received training in how to recognise and report abuse and were confident any allegations would be taken seriously and investigated to help ensure people were protected.

People were kept safe by suitable staffing levels and we observed unhurried interactions between people and staff. This meant people's needs were met in a timely manner. Recruitment practices were safe. Checks were carried out prior to staff commencing their employment to ensure they had the correct characteristics to work with vulnerable people.

People had their healthcare needs met. For example, people had their medicines as prescribed and on time. People were supported to see a range of health and social care professionals including social workers, chiropodists, district nurses and doctors.

People told us they enjoyed the food and mealtimes were a positive experience. People told us meals were of sufficient quality and quantity and there were always alternatives on offer for them to choose from. People were involved in planning the menus and their feedback on the food was sought. Where people had specific needs or wishes relating to food, these were catered for.

The registered manager and staff had attended training on the Mental Capacity Act 2005 (MCA).

Staff were knowledgeable about the Mental Capacity Act and how this applied to their role.

People, and where appropriate, their family members, were involved in planning their care and staff sought their consent prior to providing them with assistance. People's care plans reflected their needs and wishes and were updated regularly.

There was a positive culture within the service. The registered manager had clear values about how they wished the service to be provided and these values were shared by the whole staff team. Staff talked about

providing a homely atmosphere for people and respecting people's individual choices.

There was a management structure in the service which provided clear lines of responsibility and accountability. A registered manager was in post who had overall responsibility for the service. They were supported by other senior staff who had designated management responsibilities. People told us they knew who to speak to and any changes or concerns were dealt with swiftly and efficiently.

Feedback received by the service and outcomes from audits were used to aid learning and drive improvement across the service. The manager and staff monitored the quality of the service by regularly undertaking a range of regular audits and speaking with people to ensure they were happy with the service they received. People and their relatives told us the management team were approachable and included them in discussions about their care and the running of the service.

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.

There were sufficient staff on duty to meet people's needs safely.
Staff were recruited safely.

People were protected by staff who could identify abuse and who would act to protect people.

People had risk assessments in place to mitigate risks associated with living at the service.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People received support from staff who knew them well and had the knowledge and skills to meet their needs.

Staff were well supported and felt confident contacting staff or the registered manager to raise concerns or ask advice.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and sought consent whenever possible.

Is the service caring?

Good ●

The service was caring.

People were looked after by staff who treated them with kindness and respect.

People and visitors spoke highly of staff. Staff spoke about the people they were looking after with fondness.

People said staff protected their dignity.

Is the service responsive?

Good ●

The service was responsive.

Care records were written to reflect people's individual needs and were regularly reviewed and updated.

People received personalised care and support, which was responsive to their changing needs.

People were involved in the planning of their care and their views and wishes were listened to and acted on.

People knew how to make a complaint and raise any concerns. The service took these issues seriously and acted on them in a timely and appropriate manner.

Is the service well-led?

Good ●

The service was well led.

There was a positive culture in the service. The registered manager and staff were committed to providing a homely environment for people.

People's feedback about the service was sought and their views were valued and acted upon.

Staff were motivated and inspired to develop and provide quality care.

Quality assurance systems drove improvement and raised standards of care.

Forder Lane 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.

The inspection took place on 7 and 9 December 2016 and was unannounced.

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses adult social care services.

Prior to the inspection we reviewed the records held on the service. This included the Provider Information Return (PIR) which 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 previous inspection reports and notifications. Notifications are specific events registered people have to tell us about by law.

During the inspection we spoke with 12 people, two relatives and three healthcare professionals; these were a foot health practitioner and two GPs.

We reviewed three people's care records in detail. We also spoke with four members of staff and reviewed three personnel records and the training records for all staff. Other documents we reviewed included the records held to show how the registered manager reviewed the quality of the service. This included a range of audits, questionnaires to people who live at the service, minutes of meetings and policies and procedures.

Is the service safe?

Our findings

People felt safe. Visitors told us they felt Forder Lane House was a safe place for their family member to live.

People were protected by staff who had an awareness and understanding of signs of possible abuse. The PIR stated "All staff have received training in the Awareness of Safeguarding Vulnerable Adults and the training is updated yearly. The Manager and Deputy manager have completed the practitioner's level in Safeguarding, which was provided by Devon County Council. Some staff have completed the Alerter's course also run by Devon County Council. Every staff member is aware of what to do if they suspect that a resident is being harmed or is at risk of harm including how to contact the safeguarding authority or CQC."

Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly and knew who to contact externally should they feel that their concerns had not been dealt with appropriately. For example, the local authority or the police. The contact number for the local authority safeguarding team was displayed within the home.

There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information. People had personal emergency evacuation plans in place so staff and the emergency services would know their individual needs if an emergency occurred.

People were supported by suitable staff. Robust recruitment practices were in place and records showed appropriate checks were undertaken to help ensure the right staff were employed to keep people safe. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service.

People told us they felt there were always enough competent staff on duty to meet their needs and keep them safe. One person explained this meant when they needed help to move, they felt this was done properly and helped them feel safe. Staff were not rushed during our inspection and acted quickly to support people when requests were made.

The PIR stated call bell response times were regularly monitored, which meant the registered manager and provider could check people's needs were being met in a timely fashion. Where people could not use their call bell, other measures were put in place to help ensure they were safe and having their needs met. A visitor explained their relative could not use their call bell but that staff checked on them regularly. They told us they felt this was a satisfactory alternative to using the call bell.

People were supported by staff who understood and managed risk effectively. A staff member explained, "People are free here but if someone isn't safe, things are put in place to make them safer." Risk assessments were in place to support people to be as independent as possible. These protected people and supported them to maintain their freedom. The PIR stated, "Any identified risks are assessed and risk assessments put in place to ensure personal safety. Risk assessments are in place for residents wishing to administer their own medication, wishing to go out on their own to the local shops, or using public transport. Family

members are aware of these risk assessments and have been involved, with the permission of the resident."

Occasionally people became upset, anxious or emotional. Staff gave us many examples of personalised responses they had found helped reassure people on these occasions. A staff member told us about one person, "They love music and just having someone there. You get to know the person and recognise the signs they're stressed. They love a laugh and a dance and some music." Although staff we spoke with were aware of how to manage these situations, this information was not always recorded in people's care plans or risk assessments. The registered manager told us they would ensure this was recorded in the future.

People told us their medication was administered on time. Staff were knowledgeable with regards to people's individual needs related to medicines and had received training on the safe administration and management of medicines. People understood the purpose of the medicines they were given. One person who sometimes experienced anxiety about the medicines they took had been given information explaining what each medicine was for. This helped relieve their anxiety around their medicines. Other specific needs relating to people's medicines were also catered for. The PIR explained, in consultation with the GP and pharmacist, the registered manager had facilitated changes to suit people's individual needs or lifestyle. For example, changing the size or the quantity of the tablets, or changing the time medication was administered.

Medicines were managed, stored, given to people as prescribed and disposed of safely. However, people's creams had not always been dated when they were opened to help ensure staff knew when they were out of date. The registered manager told us they would remind staff to check creams were always dated.

Medicines were locked away as appropriate and, where refrigeration was required, temperatures had been logged and fell within the guidelines that ensured quality of the medicines was maintained. However, medicines administration records (MARs) had not always been completed when people's medicines had been administered. This meant it would be difficult to establish if the person had taken these medicines or not. The registered manager told us they regularly reminded staff to complete the MAR correctly and had previously taken disciplinary action if staff had regularly made mistakes. A staff member confirmed, "The manager hates missed signatures on medicines records. She's passionate about it." Two senior staff members had now been recruited who would take responsibility for administering medicines. The registered manager told us this decision had partly been taken in order to reduce medicines administration errors.

When people wanted to retain the ability to manage their own medicines, there was clear guidance for staff about exactly what support each person needed. The PIR explained, "We have at least two residents that want to remain in control of their own medication, which we adhere to and we have completed a risk assessment form together with the residents."

Medication audits were carried out regularly to help ensure staff were following best practice relating to medicines administration. The PIR explained, "Medication audits are carried out monthly and controlled medication audits are carried out weekly. We also have medication audits carried out by our local pharmacist."

Staff were aware of the reporting procedures for any accidents or incidents that occurred. Staff reported incidents and acted on promptly. Records showed appropriate action had been taken when accidents or incidents had occurred and where necessary changes had been made to reduce the risk of a similar incident occurring in the future.

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us they were skilled to meet their needs. Healthcare professionals described staff as approachable, professional, respectful and competent.

New members of staff completed a thorough induction programme, which included being taken through the home's policies and procedures along with training to develop their knowledge and skills. Staff then shadowed experienced members of the team, until both parties felt confident they could carry out their role competently. Staff told us they found the induction useful and explained it gave them an insight into people's needs before they worked alone.

On-going training was planned to support staffs' continued learning and was updated when required. This included core training required by the service as well as specific training to meet people's individual needs, such as incontinence and dementia training. Staff told us they had the training and skills they needed to meet people's needs. Comments included, "The training is really good. I've really learnt a lot, for example not to try to do everything for people, as it can strip them of their independence." Another staff member told us, "I asked for some specific training and the manager said they'd book me onto it. I felt really supported."

People benefitted from a staff team who were supervised and felt supported in their work. One staff member told us, "I've had a lot of support, the manager has been amazing. If I'm struggling with anything, I can go to them for support." The PIR explained, "Our methods of supervision include observing staff practices and monitoring the quality of their engagement with the residents. For example whether residents are being treated with dignity and respect. Staff have regular supervisions, regular informal chats and twice a day a thorough documented handover takes place." Staff told us supervision enabled them to discuss a wide range of topics relating to the service and to people's needs. One member of staff told us, "We talk about equality and diversity, health and safety and CQC's Key Lines of Enquiry, and how they impact on our role. I didn't know about them before so I've really learnt a lot."

We checked whether the service was working within the principles of 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 made on their behalf must be in their best interests and as least restrictive as possible. Staff had attended training on the MCA and understood how to support people when they lacked capacity to make certain decisions for themselves.

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). The registered manager was in the process of seeking advice from the local authority designated officer regarding some people with complex needs, who's care plans contained guidance which may have required a DoLS. This would help ensure the person's rights were protected.

People told us staff always asked for their consent before commencing any care tasks. In addition to this, the PIR stated, "On the back of the key worker document (a regular meeting held with each individual), is consent information. The resident will sign if they are still happy to consent to the administration of medication, personal care, holding information about them; and consent to sharing relevant information to relevant authorities to ensure their health and wellbeing needs are being met." People's consent to have welfare checks through the night had also been sought after a discussion about how many checks suited the person.

People told us the food was very good. One person told us, "We have a choice every day". People were encouraged to say what foods they wished to have made available to them and when and where they would like to eat and drink. We observed staff take time to ensure people's choices were respected. One person explained they wanted to remain in the lounge at lunch time, so a staff member offered to bring their lunch to the lounge for them. People's care plans also detailed where people tended to prefer eating but reminded staff they must always check with the person first. For example, one person told us, they usually ate in the dining room but they had not been feeling well, so had requested that their lunch be brought to their room. They confirmed this had been respected.

Staff were all aware of people's dietary needs and preferences. The food people disliked or enjoyed and what the service could do to help each person maintain a healthy balanced diet were also clearly recorded in their care plans. The registered manager told us, "One person particularly likes a fry up. They are very specific they like it by 7.30am. If not it will ruin their day. Another person likes beef sausages, so we buy them specially and always have some available." Residents' meetings were used to discuss people's meal preferences so they could be incorporated within the menu. One person had highlighted their enjoyment of barbeque ribs and chilli con carne at a residents' meeting. This had been recorded and the registered manager ensured these meals were always available for the person. One person told us they liked a glass of red wine with their meal and we observed staff make sure this was available for them.

The service had a proactive approach to respecting people's human rights and diversity. A senior staff member told us that during staff supervisions, they always discussed examples of how they promote equality and diversity within the home. Staff confirmed this was the case and explained it helped them recognise and respect people's individual needs and rights.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. People confirmed a GP visited the home regularly. A relative told us, "Residents have a better (GP) service than I do!" During the inspection, staff reported to senior staff and the registered manager they were concerned about someone's health. The GP was immediately contacted and attended the same day. Staff shared guidance given by the GP with the rest of the staff team to help ensure the person's needs were met. They also worked in partnership with the GP to update the person's relative. Healthcare professionals told us staff referred people to them appropriately and in good time; and followed any guidance left to help maintain people's health. A relative confirmed they were always kept informed when staff had contacted an external professional on behalf of their loved one.

Records of actions taken following advice from healthcare professionals were not always completed accurately. One person had recently been found to have a pressure sore. The district nurse had advised the person be moved every two hours to help their skin heal and prevent further sores. The staff were aware of the advice but had not recorded times when they had supported the person to move. This meant it was not possible to tell if the person had been moved as frequently as had been advised. By the second day of the inspection, the correct paperwork was in place and the registered manager had highlighted with all staff the importance of recording these actions. They explained, "We have just appointed two senior care staff whose

responsibility it will be to check throughout the shift that staff are completing people's care as required and recording it accurately."

Is the service caring?

Our findings

People felt well cared for, they spoke highly of the staff and the quality of the care they received. Comments included, "Staff are really caring, really good" and "They're part of us." A relative confirmed, "Very good staff; outstanding actually." A healthcare professional added that people seemed happy living in Forder Lane House and that they found the staff to be very caring. Another healthcare professional told us they thought staff were very loving towards people and treated them like their own family.

The provider extended their ethos of caring to the local community. The registered manager told us a person who did not live at Forder Lane House visited every day. The registered manager had met them in the community and found they lived alone, so had invited them to Forder Lane House for a cup of tea; they then invited them to lunch. They explained, "They come every day now and they really enjoy the company of one of the other residents." They added they had recently contacted local organisations to offer several people meals on Christmas day or Boxing day, who would otherwise be alone.

People told us their privacy and dignity was respected. When in communal areas of the home, staff spoke discreetly with people when discussing private topics and they explained they always knocked on people's doors before entering. Staff informed us of various ways people were supported to maintain their dignity. For example, one staff member commented how they would always get people's clothes ready before commencing any personal care so the person was not left undressed longer than they needed to be. However, people's confidential records were not always kept locked away to help ensure other people did not have access to them. Office doors were sometimes left open, even though they contained confidential information about people. The registered manager told us they would ensure the offices were kept locked on the future.

Staff showed concern for people's wellbeing in a caring and meaningful way and responded to their needs quickly. For example, as one person came into the dining room a staff member asked them, "Are you feeling better today?" When the person confirmed they were, the staff member responded, "That's fantastic!"

Staff were particularly sensitive to reducing the impact of people's changing needs on their wellbeing. One staff member told us someone had recently had a change in their health needs, explaining, "We've got to find ways to make things easier for them without taking away their independence." The person's care plan contained guidance regarding this. For example, it identified that staff should now cut up the person's food for them, so they could eat safely but retain their independence.

We saw staff interact with people in a caring, supportive manner and took practical action to relieve people's distress. One member of staff explained, "If someone's feeling unwell, we try to make them smile and comfort them. We let them know they're not alone." Some people were living with dementia and would experience episodes of confusion, where they believed they were at an earlier stage in their life. Their care plans gave staff details about what the person may be experiencing and gave staff guidance on how best to support the person at this time. This helped maintain people's wellbeing and helped them avoid any undue stress.

People were treated with kindness and compassion in their day-to-day care. The registered manager and staff were keen to create a homely atmosphere at Forder Lane House. The PIR explained, "Residents private accommodation reflects their tastes and choices. Several residents were unhappy with the colour of the red room, they felt it was too dark so we had the room painted magnolia, which was the choice of the residents." A staff member added, "We encourage people to bring in their own things. If the residents ask for something, for example new chairs, the manager listens. They definitely try to make it as homely as possible for people." They went on to explain how this approach had been successful with one person saying, "They say they feel they are sitting in their front room, when they are in their room here. It's nice to hear that and it reassures their family too."

People were encouraged to be as independent as possible. We observed a staff member supporting someone to stand up. They patiently explained to the person the best place to put their hands, to help pull themselves up. They later explained, "I don't want to take away the person's ability to do it for themselves." Another staff member described how, when providing personal care for someone, they only helped the person with what they couldn't do for themselves. They commented, "It could be quite distressing for us to just grab the shower and do it for them."

People received care and support from staff who had got to know them well. Staff were knowledgeable about things people found difficult and how changes in daily routines affected them. They were also able to tell us about individuals likes and dislikes, which matched what people told us and what was recorded in individual care records. A healthcare professional told us they thought staff knew people well and had good knowledge of their needs.

People told us, staff listened to them and took appropriate action to respect their wishes. The PIR stated, "We are very much a resident led service and their needs, welfare and happiness is paramount." Meetings were held regularly with each individual to help ensure they were happy with the service. During these meetings people were asked whether staff supported them to maintain their dignity and independence and whether they were happy with different aspects of the service such as the food and activities. Any suggestions for improvement were acted upon. During the inspection, one person told us they felt slightly isolated due to the location of their room. Following the inspection the registered manager explained, "I went straight to talk to the person and asked if they would like to move to one of the rooms downstairs where, they also have access to a patio area too. They were very keen to do this. We put some flowers in their room for when they moved in and they're much happier now."

People were given information and explanations about their treatment and support when they needed them so they could be involved in making decisions about their care. A relative told us they felt their family member would benefit from having bed rails on their bed. They explained the registered manager and staff, "were very concerned about acting against [...]s wishes". The registered manager asked the relative to explain the benefits to the person and help them decide what they wanted to do.

People's end of life wishes were discussed with them and, where possible, documented as part of their care plan.

Is the service responsive?

Our findings

People told us staff were responsive to their needs. One person told us, "They'll do anything for me"; and we overheard a staff member telling one person, "If you need me for anything, you just call."

People had their needs assessed before they moved to the home. The PIR stated, "When a person first comes to the home we make sure that we have as much information as possible about them as an individual, their background, current lifestyle, likes and dislikes, including dietary, cultural and religious needs, interests and by what name they liked to be called." This information was recorded in people's care plans so staff were immediately aware of people's needs and wishes. The PIR explained, "More often than not family members are heavily involved in the moving of their family member and will sit down together with the person and the manager and discuss their care plan. Staff are then briefed, so that they have a basis for developing their understanding and relationship with that person and are in a position to engage in person centred care." A relative confirmed they had been asked to share information about their family member's likes and dislikes before their family member had moved into Forder Lane House. The PIR added, "Some residents that move in have a diagnoses of some form of dementia and that's when we ask the family to complete a 'This Is Me Form' which was developed by the Alzheimer's society."

Thought was also given to allowing people time and information to help them settle in the home. The PIR confirmed, "Before a resident moves into the home, we give them a service user guide and the homes brochure. New residents have the option of a trial period which can be extended month by month until they are sure that they want to make the move permanent." People were also given a 'checklist' when they moved in to help ensure staff had explained all information people would need when living in the home, such as the layout of the building and what the fire procedure was.

People's care plans included information about their health and social care needs and how they preferred to be supported with these. One person's care plan detailed that when they felt too hot, they particularly enjoyed a cold flannel on their face and on the back of their neck. Another person's care plan stated they liked to have a gin and tonic occasionally and their pillows plumped up a lot. The person confirmed these wishes were respected by staff. Information about people's daily routines and their life histories had also been documented in detail.

People's needs and their care plans were reviewed regularly and as required. Where necessary, health and social care professionals were involved. Staff told us support plans were kept up to date and contained all the information they needed to provide the right care and support for people. When a person's care plan was written or updated, staff were asked to read it and sign to confirm they had done this. This helped ensure staff were up to date with people's needs and wishes as they changed. Handover between staff at the start of each shift ensured important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored. A senior staff member explained, "Staff have 'allocation' sheets so they know what their responsibilities are during the shift. Anything they note on them, I then communicate at handover to the next shift." □

People were empowered to make choices and have as much control as possible. The PIR stated, "The home is run as a happy home with residents having considerable flexibility and choice over their daily lives, and with staff supporting them to choose and to carry out their decisions." People's care plans clearly recorded when people had made specific decisions about their lifestyle, for example what clothes they wore or when they wanted to get up or go to bed. A staff member explained, "If someone doesn't want a wash that day, we won't make them. If they regularly don't want a wash, we have our duty of care and risk assessments in place so we know they're safe." Another staff member explained, "People's care plans are a preference. It all depends on the person on the day. You should never assume because people change their minds." One person explained how they liked to have their door onto their patio open from time to time when it was warm enough and confirmed staff were very good at responding to this request.

People told us they were able to maintain relationships with those who mattered to them. The registered manager explained friends and relatives were welcome to eat at Forder Lane House at any time and added they would be providing Christmas lunch for some family members who wanted to spend the day there with their relative. A relative told us they were always made to feel welcome as were the rest of their family, when they visited. They explained, "They always offer us a cup of tea and take the children off for a biscuit!" The PIR added, "We are upgrading our phone and internet system to give our residents greater freedom to be able to contact and communicate with their family and loved ones."

People had a range of activities they could be involved in, which changed according to people's preferences and requests. People were able to choose what activities they took part in and suggest other activities they would like to complete. A staff member told us they adapted to provide whatever people wanted to do at that time. They explained, "One person wanted to peel potatoes for tea one day, so we did that with them."

In addition to group activities people were able to maintain hobbies and interests, staff provided support as required. Care plans detailed what activities or pass times people enjoyed, for example, what newspaper they liked to read or what radio station they preferred. The registered manager told us people were also invited to attend any training, staff were completing. They explained people had previously taken part in health and safety, first aid, food hygiene and manual handling training adding, "It helps keep their mind working!" The PIR added that special dates through the year, for example Christmas, Easter and New Year's Eve were always celebrated in the home.

People told us they felt able to raise a complaint if needed. The service had a policy and procedure in place for dealing with any concerns or complaints. People and those who mattered to them knew who to contact if they needed to raise a concern or make a complaint. People's concerns and complaints were encouraged, investigated and responded to in good time.

Is the service well-led?

Our findings

The service was well led. A staff member told us, "I love it here. I love the way the management fight for the residents"; and a healthcare professional told us they would be happy for their mum to live at Forder Lane House.

The registered manager took an active role within the running of the home and had good knowledge of the staff and the people who lived at Forder lane House. The PIR explained, "The senior staff team believe in being hands on and constantly visible to residents and staff." A relative confirmed they often saw the registered manager around the home, saying talking to everyone.

Staff were positive about how the service was run and the support they received to carry out their job role. One member of staff told us, "I feel confident in my role because I feel supported." Staff meetings were regularly held to provide a forum for open communication. One staff member explained, "We all voice our opinions and sort things out. All staff seem confident to speak up."

The service inspired staff to provide a quality service. Staff told us they felt empowered to have a voice and share any opinions and ideas they had. Comments included, "We can definitely raise ideas. If the registered manager thinks it's a good idea, it gets sorted."

Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care. Staff had clearly adopted the same ethos and enthusiasm for the quality of care being provided as the registered manager. This showed in the way they cared for people. A new member of staff told us, "I think they want people to feel this is their home and to give them as much freedom and choice as possible."

People benefited from staff who understood and were confident about using the whistleblowing procedure. The service had an up to date whistle-blowers policy which supported staff to question practice. It clearly defined how staff who raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns to the registered manager, and were confident they would act on them appropriately. One staff member told us, "I feel I could speak up and there'd be no tolerance for bad practice. We're passionate about everything going well for people."

People and those important to them had opportunities to feedback their views about the home and quality of the service they received. The registered manager valued people's feedback and acted on their suggestions. The PIR explained, "We hold monthly residents meetings where a variety of topics are discussed and on occasions some families members have attended." It also added, "Family members are also sent questionnaires every year and these are completed and returned to our head office for the attention of the quality assurance manager. They analyse the questionnaires and where necessary an action plan is put together with the home manager. Our last feedback survey which was in July 2016 showed that we were meeting their expectations of a person centred care service."

There was an effective quality assurance system in place to drive continuous improvement within the service. The PIR explained, "We have a quality assurance system to meet registration and commissioning standards and to effect continuous improvements to the service. We obtain regular feedback about care from the residents, relatives and other stakeholders through informal discussions, regular meetings and annual surveys. We also complete audits on the different areas of service."

The manager was required to send a regular report detailing the outcomes of the audits, to the provider. This enabled them and the provider to have an overview of any changes to people's health care needs, any operational concerns within the service and to identify any emerging themes. Through regular audits, areas of concern had been identified and changes made so that quality of care was not compromised. For example, in response to areas identified as not meeting the standards required by the organisation, the registered manager had appointed two senior members of staff. They would have a role in making sure care staff were completing tasks in a timely way and recording care accurately. One of the senior staff members confirmed, "We're in charge of the staff on the floor and making sure records are being completed. We meet professionals and report any concerns."

People, visitors and staff all described the management of the home as approachable, open and supportive. A health care professional who had involvement with the home confirmed to us, communication was good. They told us the service worked in partnership with them, followed advice and provided good support. Another health care professional confirmed the management were open and called for advice whenever appropriate.

The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. The PIR stated, "We are honest when we make mistakes and communicate this to the residents and their family members. We are confident that we already exercise a duty of candour." The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. CQC used this information to monitor the service and ensure they responded appropriately to keep people safe.