North Yorkshire County Council

Woodfield House

Inspection report

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Ratings

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

Overall summary

We undertook this unannounced inspection on the 27 January 2015. We last inspected Woodfield House on the 9 December 2013. At that inspection we found the home was meeting the regulations that were assessed.

Woodfield House is owned and managed by North Yorkshire County Council. The service provides residential care services for up to 28 older people, including specialist short term care for people living with dementia. The home has single bedrooms and there is disabled access into and throughout the home. The accommodation is set on two floors and there is a passenger lift serving all floors. There were several comfortable lounge and dining areas and the home provides a day centre. Woodfield House is located in a residential area near the centre of Harrogate.

The home employs a registered manager who had worked at the home for over twelve years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 was safe. People we spoke with said they felt safe at the home. Staff were recruited safely and they were trained appropriately to be able to support people. People's medicines were managed safely.

Staff we spoke with understood how to make an alert if they suspected anyone at the home was at risk of abuse. Training had been given to staff about safeguarding procedures.

Safety checks were carried out within the environment and on equipment to ensure it was fit for purpose.

Staff followed the principles of the Mental Capacity Act 2005 to ensure that people's rights were protected where they were unable to make decisions for themselves.

Staffing levels at the home were flexible to ensure people had the support they needed.

People were provided with nutritious food. Assistance and prompting was given by staff where necessary to assist people. Adapted cutlery and crockery were available to people for them to use to help maintain people's independence.

Staff were seen to be attentive and kind to people and they respected people's individuality, privacy and dignity.

Care plans were person centred and up to date however, they could be improved by adding more information about people's personal histories. Risks to people's health and wellbeing had been identified. These risks were being monitored and reviewed which helped to protect people's wellbeing.

The service was well led. The registered manager had an effective quality assurance system in place which ensured that the home remained a safe place for people to live.

We received information from Healthwatch. They are an independent body who hold key information about the local views and experiences of people receiving care. CQC has a statutory duty to work with Healthwatch to take account of their views and to consider any concerns that may have been raised with them about this service. We also consulted the Local Authority to see if they had any concerns about the service, and none were raised.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People told us that they felt safe living at the home. Staff were recruited safely and received training to help them to look after people.

Staff knew how to report issues of abuse and said issues raised would be dealt with appropriately. They had been trained in safeguarding procedures.

Medicines were managed and stored safely within the home.

Is the service effective?

Good

The service was effective. Staff had received appropriate training to enable them to care for people at this service.

Staff were supported through supervision by senior staff.

The service cared for people at this service in line with the principles of the Mental Capacity Act 2005 and Mental Health Act.

Is the service caring?

Good

The service was caring. People living at the home told us that staff were kind and caring and that the atmosphere was 'homely.'

People were treated as individuals and their privacy and dignity was respected by staff.

People were encouraged to be independent and were supported to spend time in the way they wanted.

Is the service responsive?

Good

The service was responsive. Staff were knowledgeable about people's changing health care needs. They worked closely with health care professionals to maintain people's wellbeing.

People who used the service knew how to make a complaint or raise concerns.

Care plans were not always sufficiently detailed with regards to people's life histories with significant memories being often left unrecorded.

Is the service well-led?

Good

The service was well led. The home had an experienced manager in place who promoted high standards of care and support. This was evident through discussions with staff, relatives and professionals providing support to people at this service.

The ethos of the home was positive; there was an open and transparent culture. There was a friendly welcoming feel to the home.

There was an effective quality assurance system in place.

Woodfield 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.

We inspected the home on 27 January 2015. The visit was unannounced. At the time of our inspection there were 19 people living in the home. We spent some time observing care in the lounge and dining room areas to help us understand the experience of people who used the service. We used the 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.

The inspection team consisted of two inspectors and an expert by experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider is asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This document should be returned to the Commission by the provider with information about the performance of the service. We were unable to review a Provider Information Record (PIR) as one had not been requested for this service.

During our visit we spoke with the registered manager, five members of care staff, and with twelve people who used the service. We spoke with one visitor. We also spoke with a doctor who was visiting the home. We looked at all areas of the home including people's bedrooms, the kitchen, laundry, bathrooms and communal areas. Owing to people's complex care needs we were not able to ask everyone directly about their care. However we observed the care and support people received which gave us an insight into their experiences. We reviewed records relating to the management of the home including the statement of purpose, surveys, the complaints procedure, audit files and maintenance checks. We looked at four people's care plans and observed how medication was being given to people. We checked the medication administration records (MAR) for four people including a random check of controlled drugs stock against the register for one person and we observed a medicines round.

We also reviewed the information we held about the service, such as notifications we had received from the registered provider. We planned the inspection using this information.

We contacted the commissioners from the local authority and Healthwatch to ask for their views and to ask if they had any concerns about the home. From the feedback we received no one raised concerns.

Good

Is the service safe?

Our findings

We found this service to be safe. People we spoke with including those people who were staying at the home on respite care or were there for the day told us they felt safe in the home and did not have any concerns. One person told us, “They (staff) help me to shower so that I'm safe, because sometimes I fall over. If I was ever worried about something, I'd tell the staff – that works here.” Another person said, “I do feel safe here. I used to feel quite nervous in the other place (name of home), especially at night, but not here. If I see staff down the corridor, they always wave. It's so homely, it's got a lovely atmosphere.” One person told us, “I've been before and they look after me alright, they make sure I feel safe and comfy. It's A1. I've nothing but praise.” Another person said, “I've stayed before. I always feel safe here, even when I stay, I sleep with the window open.”

A visitor told us said, “(name) is very happy here and is most definitely safe here. Overall I am quite happy (name) is here. I am worried about the closure and I worry where (name) will go.”

We looked at four care plans and saw risk assessments had been carried out to cover daily activities and health and safety matters. The risk assessments we saw included moving and handling, falls and nutrition. These identified hazards that people might face and provided guidance about what action staff needed to take in order to reduce or eliminate the risk of harm. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. The risk assessments detailed what might trigger each person’s behaviour, what behaviour the person may display and how staff should respond to the situation. These were clear, updated and signed by the person making any changes. This meant people were protected against the risk of harm because the provider had suitable arrangements in place which staff were aware of.

Records showed that staff recorded accidents and incidents that happened at the home. The manager told us that accidents and incidents were all investigated and reported upon. A risk assessment was undertaken where necessary and action plans developed to reduce the risk of a reoccurrence. We observed throughout our visit that call bells were being answered and responded to in good time by the care staff. We saw that there was a personal emergency evacuation plan (PEEP) in each person’s care plan we looked at.

Safe recruitment practices were followed. We examined three staff recruitment files and saw that appropriate checks had been made to determine whether or not people were suitable to work at this service. People had been checked through the Disclosure and Barring service to check if they had a criminal record and had two references to check their suitability to work in a care setting.

Disciplinary procedures were in place. The registered manager informed us that there were currently no staff facing disciplinary proceedings. Staff were aware of the whistle blowing procedures should they wish to raise any concerns about the registered manager or the organisation. This helped to ensure standards were maintained and people were kept safe.

Through our observations and discussions with people we met on the day of our visit, we found there were enough staff, with the right experience and training, to meet the needs of the people living in the home. Everyone we spoke with told us there were sufficient staff on duty at all times.

We observed staff pre-empting and avoiding potential accidents. For example one person set off at a brisk pace across the lounge announcing, “I need the loo.” A member of staff immediately went and took their arm, saying “Steady (name), we don't want you falling over on the way” and assisted them there and back.

Staff told us there were enough staff on duty to keep people safe. The manager told us there were five members of care staff on duty each morning. This reduced down in the afternoon to four care staff. There were two care staff on duty each night. We observed that on the dementia care unit there were two dedicated staff to care for five people**.** In addition to the staffing within the home there were three staff on duty in the day centre. We were informed by the manager that staffing in the day centre fluctuates and was dependent on how many people were attending on the day. People who lived at the home told us that they were able to join in activities that were taking place in the day centre if the wished to do so. The home also employs ancillary staff which included a cook, a kitchen assistant, three domestic staff and one laundry staff, and a gardener

Good

Is the service safe?

/handyman. The management team included the manager and two deputies. The home also employs an administrator. We checked the staff rota for a one month period which demonstrated staffing was provided consistently at the levels described to us. This ensured people had the support they needed.

We spoke with members of staff about their understanding of protecting vulnerable adults. They had a good understanding of safeguarding adults and were able to give good examples of situations which they had experienced and where concerns had been reported to the manager. All the staff we spoke with told us they had received safeguarding training during 2014. Staff said the training had provided them with enough information to understand the safeguarding procedures and they knew what to expect if they reported an incident. The staff training records we saw confirmed staff had received safeguarding training.

Before our visit the local authority contracts and compliance team confirmed there were no safeguarding or other concerns that they were aware of. The Care Quality Commission (CQC) had not received any notifications in relation to serious incidents, whistle blowing or safeguarding alerts in the past year. Staff told us they knew how to make a safeguarding alert.

We observed notices giving information about whistle blowing in several places throughout the home, as well as posters about Dignity in Care and Care Standards, safeguarding and information about consultation on the Mental Capacity Act.

We looked at the arrangements in place for the administration, storage, ordering and disposal of medicines and found these to be safe. Medicines were stored securely in locked cabinets, which were kept in a locked medication room. We completed a random check of controlled drugs stock against the register for one person and found the record to be accurate. A register was kept, as required, and this was signed and checked by two members of staff at the time controlled drugs were given. We also randomly checked four people's medication from the monitored dosage system (MDS). These were found to be accurately maintained as prescribed by the persons GP

The medications needing to be kept in a refrigerator were being stored in a designated fridge and staff were recording the temperature of this daily. We saw, from the training records, all staff had received up to date medicines training. We saw from records we looked at medication was audited weekly. This helped ensure there was accountability for any errors. One person in discussion with us about their medication told us, "(Name of staff) comes round with the medicines and makes sure I get them on time. She's on the ball. She remembers what I need to take."

All areas of the home were clean and on the whole well-maintained. Although parts of the home appeared somewhat dated. The décor had become tired and dated in most of the communal and bedroom areas we saw. We discussed this with the manager who informed us that there were plans to close the home. If the proposed move to an alternative site occurs, refurbishment and significant changes would be unnecessary.

People we spoke with told us the home was always kept clean. A relative told us that the home was always very clean. A doctor visiting the home said, "The home is always clean."

Records showed that the managers completed a range of safety related checks such as first aid, infection control and medication and these were audited. We looked at a range of maintenance certificates relating to the safety of the home including gas safety checks, fire alarm system checks and electric safety and these were all up to date.

Good

Is the service effective?

Our findings

This service was effective. People living at the home who we spoke with told us they were effectively supported with their care. One person described to us their experience on admission into the home and were very positive saying, “I had a good introduction, the full tour, and they always say if I need anything, I should just buzz.”

People confirmed that they were able to follow their preferences for daily routines such as getting up and going to bed as they wished. One person said, “I'm a night owl, so I like a lie in in the morning.”

Everyone we spoke with felt that they had control over where their meals were served including their breakfast. One person said, “More often than not, I eat breakfast in my room. They (staff) just bring my breakfast to me.” We also observed lunch time in two of the dining rooms.

We saw that lunch was not rushed, and people were offered choices. We saw where people needed support with their meal the staff were available to help where necessary. Meals smelled and looked very appetising with good quality ingredients. We observed staff members created a relaxed atmosphere. One person had said that they enjoyed Dolly Parton and the member of staff went to get the CD and put the music on. The member of staff and the person sang along to this and we saw that the person was moving in time to the music in their chair. Another person came into the dining room for their lunch and the member of staff said, “(name), you’ll like this one.” The person they were speaking to replied, “I think she’s great, I used to watch her on TV.”

We saw a copy of the menus available to people which showed that these were on a four weekly cycle, with choices each day available. When we spoke with the cook they explained that they always aimed to offer what people really wanted. We observed that the store room in the kitchen was well stocked and there was fresh fruit and vegetables. We saw that there were home- made cakes and the cook explained that most food was home cooked using fresh ingredients.

People we spoke with all said that they liked the food and that they had choice, One person said, “If there's nothing I fancy on the list, they'll make something else for me”. People told us that they could have a snack any time they liked, and we observed staff regularly asking people (even those in their rooms) if they would like a drink and biscuit or a slice of cake. One person said, “The food is exceptionally nice for somewhere like this. I used to work in hospitality, so I know about catering. I've found it brilliant. You can always ask for something that's not on the menu, and they'll always make a snack of toast and jam if I'm peckish.” We spoke to people following lunch and people told us that they had enjoyed their meal, and that they had had braising steak, one person saying “The steak just falls apart, like it's supposed to.” Another person said, “I was late for dinner today, but they just kept it warm for me. There's no fuss.” One person told us, “I come here every Tuesday. I love being here. I'm coming to stay in March for a week. I've stayed before. I like the food.”

The service had policies and procedures in place in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards (DOLS). We spoke with the manager about how consent was obtained from people especially those who were unable to give their consent to care and where they maybe at potential risk. The manager explained that in those instances where people were unable to give consent to their care, a mental capacity assessment was undertaken. Where appropriate a Deprivation of Liberty Safeguards (DoLS) authorisation was applied for or a best interest decision was made. Best interest decisions are a collective decision about a specific aspect of a person's care and support made on behalf of the person who did not have capacity following consultation with professionals, relatives and if appropriate independent advocates.

There was one person currently living at the home who had a DoLS in place. Application for DoLS was being made for a second person. The provider had the necessary assessments and authorisations in place which were carried out by the local authority for the person living at the home. Following this process demonstrated openness and transparency in providing services for people who lack capacity as defined within the Mental Capacity Act 2005 (MCA).

The care records we looked at for four people showed that every area of identified risk also had an accompanying detailed care plan, which incorporated people’s choices and preferences as well as their identified needs. This meant that co-ordinated assessments and care planning was in place to ensure effective, safe, appropriate and personalised care. We saw from the care plans that people

Good

Is the service effective?

were involved in discussions about their care, their preferences and this was recorded and signed by the staff member and the person themselves where possible or by their representative. In each care plan there were details of visits to or visits by health professionals which demonstrated that people had regular check- ups for vision, hearing and chiropody. Details of visits by doctors were listed with details of the outcome of the visit. We saw that where this was the case all decisions had been documented.

We spoke with a doctor who was visiting the home. They told us that the home was "excellent". They said, "People's needs are noted and reported promptly. Staff are well organised and prepare well for visits". They went onto explained that for people who come to stay on the dementia unit in a respite bed, continuity is maintained with their own GP but they are registered on a temporary basis with the local practice.

People we spoke with during our visit confirmed they had access to other health care professionals when needed. One person said, "I can see the doctor or the dentist any time I want. I just tell them." This meant that the home made sure that people's health care needs were continually met.

When we spoke with staff we found that they had a detailed knowledge of the people that they supported. When we talked with one member of staff who was a key worker, they explained that they had gradually got to know the person and what their preferences were.

Staff described the programme of training available for induction, ongoing mandatory training, updating training, qualifying training and any additional training that staff might discuss during their supervision. Records we looked at confirmed that staff at the home had completed all the necessary training. Staff told us that supervision covered whether they were happy in their work, with the hours, were there any problems and to ensure their training was up to date. Staff meetings were held and staff said that if they were off duty or remained on the units, the minutes were always typed up and available to check what had been discussed.

We found the décor in communal areas and bedrooms had become tired and dated, although still remaining homely. The communal areas were comfortable and there were different areas for people to sit and eat, relax, watch TV or chat with each other. There was a large day care unit where people were able to play games and chat with each other. One lounge on the ground floor was available for people to go and relax and one person who was visiting on a day care basis enjoyed spending time in there after lunch to watch 'Loose Women' which they said they really enjoyed. On one unit which was for people who were living with dementia, there were appropriate signs in this unit on the toilet and bathroom doors. This meant that the home had ensured that specific areas could be identified by the use of appropriate signs which people using the service could recognise easily.

Good

Is the service caring?

Our findings

The service was caring. We asked people about how the staff treated them. All were very positive in their responses. One person said, “Nothing's too much trouble for them. The staff are beautiful. It doesn't matter what time of day or night, they're always happy to help.” Another person said, “It’s so homely, it's got a lovely atmosphere. The girls all seem happy with each other and they're so patient. I've liked it right from the word go, they made me so welcome. They never make me feel like I'm a nuisance. The girls get on so well, and they're always happy to help.” Other people made comments to us such as “The staff are alright. They know what they're doing” and “I know all the staff, and they know what they're doing” and “I like the staff. They're all good lasses, they're my pals. We saw throughout our visit staff treated people with respect and kindness.

Some people who had complex needs were unable to tell us about their experiences in the home. So we spent time observing the interactions between the staff and the people they cared for. Our use of the Short Observational Framework for Inspections (SOFI) tool found people responded in a positive way to staff in their gestures and facial expressions. We saw staff approached people with respect and support was offered in a sensitive way. We saw people were relaxed and at ease in the company of the staff who were providing their care and support.

We observed staff speaking with and assisting people throughout the day. They clearly demonstrated that they knew everyone well, knowing their likes and dislikes. They provided respectful and dignified support to people throughout the day of our visit. There was a very friendly atmosphere throughout the home, and people we spoke with all said that they felt they were amongst friends. We observed staff involving people throughout the day especially those people who were unable to communicate verbally. We saw where one member of staff came into a lounge and said to one person “Ooh, …, would you like a dance? I know you like your dancing.” The person indicated that they would, and brightened up immediately, smiling broadly, and clearly enjoying the dance. We saw the person felt very at ease with the member of staff.

We observed people looked well cared for as everyone looked well groomed, clean and well dressed. People spoke positively about how staff at the home cared for them and how they always maintained their privacy and dignity. People were able to give us good examples. One person told us, “I can have a bath or a shower when I want. They will take me up to do it. I can't do it on my own, but I feel quite comfy, they don't make me feel embarrassed.” Even though the bedrooms were not en suite, we observed staff taking care to ensure people's dignity and privacy was preserved when using the communal bathrooms. One person told us they had specific personal care needs which the staff attended to really well they told us, “I never feel embarrassed.” Everyone we spoke with told us their dignity and privacy was respected. We noted how staff knocked on doors before entering areas where someone may be in a state of undress or having a private conversation.

The staff we spoke with told us the care plans were easy to use and they contained relevant and sufficient information to know what the care needs were for each person and how to meet them. They demonstrated an in-depth knowledge and understanding of people’s care, support needs and routines. Staff were able to provide clear examples and spoke with confidence about the different needs of people they cared for. One member of staff give us an example and explained that they had got to know what one person, who came for the day liked when having a bath, but always asked them. The member of staff said that they made sure that the door was locked saying, “I explain what I’m going to do, I always ask, do you want to wash your face.”

Another example we were given by a member of staff was when a person required help to go to the toilet and so staff supported them, made sure that the person was safe and then left them so that they had privacy.

We observed that people were relaxed with staff and confident to approach them throughout our visit. We saw staff interacted positively and warmly with people, showing them kindness, patience and respect. There was a relaxed atmosphere in the home and staff we spoke with told us they enjoyed supporting people.

People we spoke with said they were happy with the care provided and were very positive about their relationships with staff. They said they could make decisions about their own care and how they were to be looked after. People told us that they had been asked about their likes and dislikes when they first came, and about their preferences regarding their care package. One person said,

“I feel comfy with all the staff, even the high ups (managers), and especially (names of different members of

Good

Is the service caring?

staff) they're all lovely." Another person talked to us about a clinic appointment they had to attend saying, "I always had to go to the clinic on my own when I lived at home. I have to have some treatments and it's horrid and upsetting. They've told me (name of staff) will come with me next time if I want. It's just lovely. It's lovely to know she'll come with me."

During the time we spent in the home we saw staff encouraging people to be independent and make choices where possible. We observed that a number of people had their own mobile phones and some were making calls to relatives. People told us that their relatives and friends could visit at any time they please.

We saw reference to 'What is important to me' in all of the care plans we looked at and records were clear as to the discussions that had taken place and what was important to that person. We also saw that people's wishes regarding end of life care was discussed and recorded in their care plan.

One member of staff we spoke with told us that they had a good relationship with a person who had died shortly before the inspection. The member of staff explained that they had also built up a strong relationship with the person's family. On the day of the person's death, they said that family members had asked them to sit with their relative and hold their hand saying that the member of staff probably had as close a relationship with their relative over recent years as they had. Whilst the member of staff explained that they was keen not to push in, they were moved by the gesture and sat with the person until they died. The member of staff said, "You look at them like your grandma." Members of staff we spoke with explained to us that where a person was near the end of their life, staffing was scheduled to provide the necessary support to them.

Good

Is the service responsive?

Our findings

The service was responsive. People's needs were assessed and care and support was planned and delivered in line with their individual care plan. People had their own detailed and descriptive plan of care. The care plans were written in an individual way, which included family information, how people liked to communicate, nutritional needs, likes, dislikes and what was important to them. The information gave clear guidance for staff on how to meet people's needs. However, there were no life histories recorded in people's care plans. The manager informed us that the home had been part of a dementia collaborative pilot and the decision was made was not to have this information in care plans, in their current format, but to capture and record this information in a more meaningful way. For example for some people a picture board format would be more meaningful to them. However we felt because people's personal histories were not being recorded in their care plans meant that those documents did not have a strong personal feel of the individual. We found that significant memories were also unrecorded. Lack of this information could mean that staff might not be aware of what was important to the person when they could no longer express this themselves. This meant that care plans were not as person centred as they could have been, although we did not see that this had directly impacted on the quality of care people received.

We recommend that the provider reviews care plans to ensure that people's life histories are captured so that their care is not compromised because of the lack of information.

We spoke with people about how they passed the day and whether there was enough to do. People told us they were satisfied with the level of activity and that they could choose whether to get involved or not.

We were informed by the manager that there were a variety of activities available daily. The home employed an activities co-ordinator. We observed an activities session in the afternoon which was due to be bingo, but staff knew there were more people to arrive so filled waiting time in with a quiz, which the people clearly enjoyed. We saw that the bingo was an adapted game using playing cards and large counters. The seven people who were playing clearly enjoyed this activity and several remarked in conversation at other times that they like the bingo and dominoes (morning activity). There were music cds available with a wide range of music. We heard people being asked what they would like to listen to – Elvis and lots of 50s and 60s music. People were clearly enjoying the music and making selections. People clearly felt free to express opinions and make choices about activities. Nothing seemed rushed, and the activities felt inclusive and light hearted. The member of staff running the bingo session had also done several of the ladies fingernails, which they showed us with great delight. A number of people had also had their hair done. We spoke with the activities co-ordinator who informed us that other activities available were such things as Keep Fit and crafts. We were told that one to one activities with people included doing a crossword or a jigsaw puzzle or going out for a coffee.

We saw the complaints policy was displayed in the entrance to the home. The registered manager told us people were given support to make a comment or complaint where they needed assistance. They said people's complaints were fully investigated and resolved where possible to their satisfaction. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. We looked at the complaints records and saw there was a clear procedure for staff to follow should a concern be raised.

People we spoke with said that they had no worries about raising concerns, and felt confident that they would be listened to and the issue would be addressed. For example one person told us that they had not liked the bed they had been given during their last respite visit. They said "They (staff) know what I like. I didn't like the bed when I stayed last time. They'll not give it to me next time. I look forward to Tuesdays because I'm coming here. The only bad thing about it is the bus ride which goes all round the houses." Another person said, "If I was ever worried about something, I'd tell the staff – that works here. I don't grumble, but if you tell them something, they sort it out." They added "there's nothing I'd complain about. I think it's lovely. If I was worried about anything, I'd speak to (name of staff) or (name of staff), nothing bothers them, they just sort it out."

Relatives were encouraged and supported to make their views known about the care provided by the service. People told us that there were residents and relatives meetings held. We saw the minutes from the last meeting which had been held on the 29 December 2014. People

Good

Is the service responsive?

living at the home and their relatives were also asked about their views via surveys which were sent annually. The last survey was sent in October 2014. This made sure that people had the opportunities to express their views about the running of the home.

Good

Is the service well-led?

Our findings

The service was well-led. When we visited there was a registered manager in post who had worked at the home for over twelve years. During our visit we saw both the registered manager and senior staff were regularly in the communal areas of the home. They engaged with people living in the home and were clearly known to them. When we spoke with the manager we found them to be very knowledgeable about all the people living at the home or who were staying at the home on a short term basis. The manager told us that they always told the staff that "We (also meaning managers) are all here to care for people and we are all here to care for them well."

We found effective management systems were in place to ensure the service was well led.

There was a motivated staff team who were respectful towards one another and the people they supported. We found the ethos of the home was positive and there was an open and transparent culture. Staff we spoke with were clear about any concerns they may have and about who they could talk to. They told us that if they had any concerns they could talk with the manager, or deputy manager.

The manager and staff we spoke with talked about the respect for the different choices of the people who lived in the service. The underpinning philosophy was one of person centred care, respect for individual differences and the provision of care and support aimed to meet these needs. We saw evidence of this in the care planning process which provided a detailed plan of the different ways that people wished to be supported.

People we spoke with throughout the day told us they were very satisfied with the services provided at the home. They said they were happy there and there were no changes they would want to make at the home. People said, "I love being here" and "I've liked it right from the word go, they made me so welcome." One person said, "It's so homely, it's got a lovely atmosphere."

The discussions with staff about training, appraisals and supervision demonstrated that senior staff had the time to provide support for members of staff. The care plans demonstrated that staff had time to assess people's needs, regularly review those needs and spend time with people discussing their plan of care.

We saw from our visit and what people told us that the staff worked well together as a team. Staff appeared confident and enthusiastic in their roles. When we spoke with staff and asked them what they liked most about their job. They told us it was about making a difference to people's lives. Members of staff made comments such as, "The clients come first" and "Make sure all the clients have what they need and are contented." Members of staff were positive about the staff team. One member of staff said, "The staff are lovely, we've all been here a long time, it's absolutely great here, I can't praise it enough" another member of staff said, "The manager is very open to suggestions and she asks if anyone has issues." The home had a really friendly, safe and respectful atmosphere to it.

The discussion with a visiting doctor demonstrated that staff were well informed about everyone who lived or was staying at the home. Communication was effective and the home was well organised. The doctor said that they had never experienced a situation in the home where they were told "I don't know" staff were always well informed and they were always able to speak with whoever was in charge on the day of the visit. The doctor explained that calls were made in a timely way, visits were requested appropriately and staff understood when it was appropriate to ask for a telephone consultation.

We saw the registered manager carried out quality audits every month and these were checked by their line manager. We saw that audits had been completed monthly in areas such as medication, health and safety and infection control. Any findings from the results of these audits had been actioned.

We saw care staff were involved in a handover on a daily basis. We also saw staff meetings were held monthly, which gave opportunities for staff to contribute to the running of the home. We saw the minutes from the meeting agenda for January 2015.

Any accidents and incidents were monitored by the registered manager and the organisation to ensure any trends were identified. The registered manager confirmed there were no identifiable trends or patterns in the last 12 months. We saw that safeguarding vulnerable adult referrals had been reported and responded to appropriately.

We saw that notifications had been reported to the Care Quality Commission as required.