

# Mr John Campbell & Mrs Ellen Mary Campbell

## Galtee More Rest Home

### 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

An announced inspection took place on the 18 and 19 November 2014.

Galtee More Rest Home is a terraced property, situated in the town centre of Southport, Merseyside. It is located close to public transport links, leisure and shopping facilities. The service is owned by Mr John Campbell & Mrs Ellen Mary Campbell. The home provides accommodation for up to 15 people with a learning disability or autistic spectrum disorder who require support with personal care. During our visit there were 14 people living in the home.

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

People living at the home were kept safe from abuse because the staff understood what abuse was and the action they should take to ensure actual or potential abuse was reported. People told us they felt safe.

# Summary of findings

Staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults.

Family members told us the home communicated well with them and they were kept informed of any changes regarding their relative's care needs. People were able to see their families and friends when they wanted.

People were supported by external health and social care professionals to maintain their health and wellbeing. We saw referrals to external professionals had been made at the appropriate time. Health professionals we spoke with were complimentary regarding the care and support people received.

Health plans were in place and these included associated risks with people's medical conditions and how to safely support them.

People told us they received their medication at a time when they needed it. We observed that medication was administered to people in a safe way. For people who administered their own medicines, this practice had been risk assessed to ensure people were able to undertake this practice safely.

Throughout the inspection we observed warm positive interactions between the staff and people they supported. There was a genuine sense of the staff caring about each person and this had a positive effect for people.

People were comfortable and relaxed with the staff. There was plenty of chatter and laughter and throughout our visit people were treated with respect. Staff supported people in a discreet and sensitive way, which ensured people's safety whilst maintaining a good standard of dignity. People who lived at the home and their family members told us the staff were polite and caring.

People we spoke with told us the home offered them independence to carry on with their chosen social interests and activities.

We observed the lunch time meal. This we found to be a very pleasant experience. People required little support with their meals however staff made sure they had time to enjoy their lunch and they checked to make sure the meal was to their liking.

The menus were displayed and offered a good choice of hot and cold meals. The menus were also in pictorial format for people to see what the meals looked like. People told us they were able to choose what they wanted to eat.

At the time of our visit sufficient numbers of staff were available to support people. This was confirmed when talking with people. Staff were skilled and trained to provide care to people at the home. Staff told us they received good training and support from the registered manager. We saw staff were supported through induction, team meetings, supervision and appraisal.

The registered manager and staff had a good knowledge of the principles of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS). DoLS is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests.

People who lived at the home and their family members were able to give feedback about the home through meetings and day-to-day discussions. Satisfaction surveys were also distributed to seek formal feedback from people and their family members. Positive comments had been received.

We looked at how the quality of the service was checked. We saw a number of weekly and monthly audits or checks on the service. These included health and safety checks of the environment. These checks helped monitor the service provision, identify potential risks and to drive forward improvements.

A service user guide provided information about the service. The registered manager sends statutory notifications to us to identify key events in the home.

The overall management of the service was effective and the registered manager demonstrated good leadership skills. It was evident that staff and home owner respected and valued the people they supported.

Staff told us there was an open culture and they would not hesitate to speak up if they thought any person was being placed at risk or if they required some further

# Summary of findings

training to support people. A process was in place for managing complaints and the quality of care was monitored to ensure it was safe and in accordance with people's individual care needs.

# 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?

The service was safe.

A protocol and procedure was in place to protect people when accessing the community. We found a lack of recorded information around managing risks to people's safety when leaving the home. Following the inspection we were informed risk management plans were being implemented for activities in and outside of the home to optimise people's safety.

Medicines were administered safely and medicine practices were monitored to ensure the safe management of medicines in the home. People were able to administer their own medicines once assessed as being able to undertake this practice safely.

Staff understood what abuse was and how to report an alleged incident.

Staff had been checked when they were recruited to ensure they were suitable to work with vulnerable adults. There were enough staff on duty to support people safely and in accordance with their individual needs.

Good



### Is the service effective?

The service was effective.

Staff understood and were following the principals of the Mental Capacity Act (2005) for people who lacked mental capacity to make their own decisions.

People told us they enjoyed the meals and were offered plenty of choice.

People had access to adapted bathrooms/showers and they told us they were able to access them safely.

Staff received training and were supported through induction, supervision, appraisal and a training programme. This was confirmed when talking with the staff.

Good



### Is the service caring?

The service was caring.

Throughout the inspection we observed warm positive interactions between staff and people they supported. There was a genuine sense of the staff caring about each person and this had a positive effect for people. One person who lived at the home said, "Everyone is just so kind to me."

People told us they were happy with the care and support they received.

Staff had a good understanding of people's needs and made sure people were comfortable and well cared for. Staff encouraged people to engage in social and to pursue their interests in the community.

Staff communicated well with people at the home. Staff recognised people had the right to make their own decisions about their daily lives and enabled people to make their own choices.

Family members told us the staff communicated well and they were advised of any changes regarding their relative's needs and care provision.

Good



# Summary of findings

## Is the service responsive?

The service was responsive.

People's care was planned in a way that reflected their individual needs and wishes. This was confirmed by people we spoke with.

People's care plans were reviewed regularly to ensure the information held was accurate and reflected their current care provision.

People had access to health professionals to continually monitor and assess their health care needs.

A process for managing complaints was in place and people we spoke with said they could raise any issues with the registered manager. They told us the registered manager would listen and respond.

Good



## Is the service well-led?

The service was well led.

Systems were in place to assess the quality of the service provided in the home. This included a number of audits and checks on the environment and care practices.

There was an open and positive culture within the home. Systems were in place to seek people's opinions and to get formal feedback about the quality of the service provided.

A registered manager was in post. Staff were complimentary regarding the registered manager and the owner's management of the home. They informed us the service ran well and the registered manager demonstrated good leadership skills.

Good



# Galtee More Rest Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 18 and 19 November 2014 and was announced. We gave 48 hour notice of the inspection because the service is small and the registered manager and people who live at the home are often out. We needed to be sure they were in. The inspection was carried out by a Care Quality Commission Inspector of adult social care services and an expert by experience (ExE). An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection the provider completed a provider information return (PIR) which helped us to prepare for the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. Prior

to the inspection we reviewed the information we held about the home, looked at the notifications the Care Quality Commission had received about the service and contacted the local authority who contract with the home. They did not hold any information about the service at this time. We also asked the local authority's learning disability team to share their views with us about the service.

The inspection was carried out with the registered manager. During our inspection we spoke with 11 people who lived at the home, four relatives, the owner and two staff. The staff were responsible for care and ancillary support. We sought the views of two health care professionals who were visiting the home at the time of our inspection. We looked at the care records for four people (to track people's care), three staff recruitment files, the staff duty roster for the month of the inspection, staff training, medicine charts and other records relevant to how the quality of the service was monitored. We looked around the home and conducted general observations in the communal areas. The areas we viewed included bathrooms, the lounge/dining room, smokers' lounge and the rear patio area. A number of people who lived at the home invited us to see their bedrooms and we conducted some interviews in people's rooms.

# Is the service safe?

## Our findings

When we arrived at the care home a number of people were going into Southport. People told us they let the staff know when they left the home and when they returned. They told us this was so the staff knew where they were at all times. Staff confirmed these actions and told us this measure helped assure people's safety when accessing the community. Staff were knowledgeable regarding community based activities people took part in, places people visited and the risks these posed. The registered manager informed us the need for staff support was assessed, managed and reviewed for each person to ensure their safety in and out of the home.

Whilst people at the home, staff and family members felt there were safe practices in place to support people outside the home, the only evidence of risk management appeared to be a general protocol for people having possession of an identification 'E' card with the care home address. People told us they carried this card at all times and what they would do should they need to contact the home. The registered manager told us they provided a 'gentle' reminder to people to make sure they carried this card. There was a procedure in place by which people informed the staff where they were going and when they were leaving and returning to the home. We observed this during our visit. People told us they felt that staff wanted to keep them 'safe in their life'. They told us they had received a talk from an external group about keeping safe when out and about.

Risk assessments were in place to support people with different activities and tasks in the home. Some were not detailed but the staff were aware of the risks and how to manage them to ensure people's safety.

Health plans were in place and these included information about risks associated with people's medical conditions and how to safely support them.

We noted however, that when people went out into the community alone potential risks were not clearly recorded. Nor were details of how staff should respond to such risks if they arose. The registered manager informed us they would document these risks in more detail, so that the staff had the information they needed to fully support people to take

informed risks outside of the home. Following the inspection the registered manager informed us they had started working on risk management plans for activities in and outside of the home to optimise people's safety.

We spoke with a visiting health care professional during our visit they told us the staff provided support in accordance with people's needs to maintain their safety and promote their independence.

We spoke with the registered manager about the staffing levels at the home. They told us there were always three staff on duty during the day and this included the manager, a chef and carer. The owner also attended the home on a daily basis to support people, to complete day-to-day jobs and general maintenance. The registered manager told us the care staff undertook cleaning and laundry duties though providing care and support to people always 'came first'. This we observed.

During our visit, the registered manager was on duty with a carer, chef and the home owner. The chef (who also undertook care duties when needed) administered medicines to people. We checked the staffing roster for the month of the inspection and saw that this pattern of staffing was consistent. Although the staff were responsible for a number of duties (not care based), it was evident the staff team worked very closely together to support people. The registered manager said they adjusted the staffing numbers in accordance with people's needs and that the staff worked additional hours to cover sickness or holidays. This helped to ensure people received support from a consistent staff team. People told us there were always enough staff to help them and they felt safe living in the care home.

We looked at the personnel files for three staff and this included the file for the most recently appointed staff member. We could see that recruitment checks had been carried out to confirm staff were suitable to work with vulnerable people. This included a police check, references and a photograph for identification purposes. The majority of staff had worked at the home for approximately 15 years and therefore staff turnover was very low.

We looked at the environment to see how it had been adapted to help maintain people's independence and keep them safe. There was no passenger lift or stair lift and

## Is the service safe?

therefore people's mobility was risk assessed to ensure they were able to use the stairs safely. During our visit everyone who lived at the home was able to access the stairs and handrails were in place to support them.

We saw environmental risks assessments and health and safety checks had been undertaken to ensure people's safety. These included checks on gas and electrical safety, legionella risk, infection control, equipment checks and fire risk assessment. We saw safety checks for fire prevention equipment, such as fire alarms, the smokers' lounge and hot water supply were undertaken on a regular basis.

We found the home to be clean and tidy; this included the kitchen and the laundry room where there was segregation of clean and dirty linen. In August 2014 the home had been awarded a five star food hygiene rating by the local council.

In respect of fire safety, Personal Evacuation Plans (PEEPS) had been developed for people who lived at the home. These were located next to the fire exits on the ground floor to help staff provide safe evacuation from the building in an event of a fire. A person who lived at the home told us they had fire drills at the home and knew how to get out of the building in the event of a fire.

We spoke with the registered manager and chef about the safe management of medicines in the home. They informed us how they supported people with their medicines and this included supporting two people to administer their own medicines. Risk assessments were in place to support people to self-administer and people had signed to say they were aware of the risks involved. A person told us they were supported by the staff with this practice and would speak to the registered manager if they felt they needed help or no longer felt able to look after their medicines.

With regards to medicines, the staff member checked the person's identify before administering the medicines to them and they stayed with the person till they had taken their medicine safely.

Medicines were kept secure in a locked medicine cupboard in the kitchen and the majority of medicines were administered from a blister pack (medicines dispensed in a sealed pack). Medicines were administered from the medicine cupboard to people on an individual basis.

Following each individual administration the medicine records (MARS) were completed by the staff. This helped reduce the risk of errors occurring.

We looked at a number of MARs. These were accurately completed and showed people had been given their medicines properly. This included eye drops and external preparations such as topical creams. The home did not have a drug fridge and medicines that were required to be kept at a certain temperature were kept in containers in the domestic fridge in the kitchen. The temperature of this fridge was recorded daily and found to be within safe limits.

The registered manager had completed medicine audits (checks) to ensure medicines were being managed safely in the home. The registered manager informed us the audits included checks on how people administered their own medicines to ensure the safety of this practice. The medicine audits however recorded the date only and not the content of the audit. We discussed with the registered manager the need to include more information to ensure the quality of the auditing process. We saw the registered manager had completed daily checks of the MARs to help identify any issues and resolve them on a daily basis.



# Is the service effective?

## Our findings

Galtee More Rest Home provides care and support for people with a learning disability or autistic spectrum disorder. These are disorders which can affect the way people communicate and how they relate to other people.

The staff we spoke with had worked at the home for a very long time and knew the people they supported. Staff were able to explain in detail how each person communicated their needs and their preferred routines and activities they participated in and enjoyed. When people displayed certain behaviours or needed plenty of reassurance the staff told us how they picked up on these signs 'early on'. A staff member told us that some people may say one thing but mean another so observing people's reactions and behaviours helped the staff to understand if something was right and was working well. Staff interacted with people in a positive way and supported people as individuals.

People were supported by staff who were trained to deliver care safely and to an appropriate standard. Staff had a programme of training, supervision and appraisal. The registered manager told us a staff training programme was in place and this was confirmed when talking with the staff. We saw the staff training plan which recorded courses undertaken by the staff. For example fire safety, food hygiene, safeguarding adults, first aid and medicine awareness.

Moving and handling training had not been given to the staff since 2012. The registered manager informed us that since 2012 the staff had watched videos on moving and handling but there was no record of this. We discussed with the registered manager the moving and handling requirements of the people they supported. The registered manager informed us that at this time people living at the home were fully mobile and there were no risks associated with their mobility. We could see however from looking at a care file that earlier in the year an incident occurred outside of the home which resulted in a person requiring staff support and the use of an aid to ensure their safety. Following discussions with the registered manager they advised us they would renew the moving and handling training for the staff. A date for this course was confirmed during the inspection. Food hygiene training was planned to take place later in the month. An induction for new staff

was available and staff had undertaken training relevant to the needs of the people they supported. For example, learning disability, Asperger's Syndrome and dementia training.

Staff had access to NVQ (National Vocational Qualifications) in Care or Diploma as part of their professional development. Staff told us they had access to a good training programme and felt supported by the registered manager. We saw staff supervision meetings were held approximately every three months. Supervisions are regular meetings between an employee and their manager to discuss any issues that may affect the staff member; this may include a discussion of on-going training needs. Staff also had an annual appraisal.

We looked to see if the service was working within the legal framework of the Mental Capacity Act (2005) (MCA). This is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. People had been assessed in respect of their mental capacity and people made their own choices and decisions about their care. People we spoke with confirmed this and told us the staff supported them with their day-to-day decisions. For example, volunteer work, going out shopping and attending community based events. These choices were recorded in people's care files. Discussions with staff confirmed their knowledge about these decisions and how to support people to be independent. The registered manager was aware of the need to hold 'best interest' meetings if a person needed support when making choices and decisions.

Staff interviewed understood what constituted abuse and how they would report an alleged incident. The registered manager and a staff member had completed training around the MCA and Deprivation of Liberty Safeguards (DoLS). The registered manager had a good knowledge about DoLS and knew the procedure to follow to help protect people. We were told the home did not currently support anybody who is on a DoLS authorisation. DoLS is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. The registered manager informed us there were no restrictive practices in place at the time of our visit.

## Is the service effective?

We observed the lunch time meal. This we found to be a very pleasant experience and people saw this as an opportunity to get together and spend time talking about the day and what they were doing. People required little support with their meals, however staff made sure they had time to enjoy their lunch and they checked to make sure the meal was to their liking.

There were menus displayed and these were also in pictorial format for people to see what the meals looked like. People told us they were able to choose what they wanted to eat and the chef asked them what they liked and disliked. People told us the meals were not repetitive. On the day of our visit people were offered a choice of two hot meals at lunch. People said, "The food is brilliant", "We can choose what we want" and "I love the meals, I also enjoy cooking." People were able to help themselves to hot and cold drinks and some people had their own kettle in their room. People told us they could have their meals at other times or kept for them if they were out. They said this was 'brilliant'.

People's nutritional needs were assessed and people's likes, dislikes and any allergies had been recorded in their health plan. Some people required a special diet, for example, a diabetic diet. The chef told us how they catered for this diet to ensure the person's health and wellbeing.

People were weighed to monitor any weight gain or loss. A person who had been under weight told us the nutritional support they received had worked well.

There was plenty of fresh produce available and people told us they ate fresh vegetables from the home's allotment. The registered manager told us the benefits of this from a nutritional aspect and also from getting people involved with healthy eating. The Christmas cake and Christmas pudding had been made with the help of a person who lived at the home.

We looked round the home and found it was well lit and warm. A number of people showed us their bedrooms and we saw these had individual colour schemes and people had personalised their rooms with ornaments, photographs and electrical items. Two people were sharing a double room. They informed us they were happy with this arrangement and had sufficient space and privacy.

People had access to adapted bathrooms/showers and they told us they were able to access them safely. There was a lounge/dining room on the ground floor and also a lounge where people could smoke on the lower ground floor.

# Is the service caring?

## Our findings

We asked people if they thought they received the support they needed. People told us that they did. Their comments included, “Yes of course I get all the help I need”, “I would be happy to stay here for good”, “XX (staff member) knows me so well, we get on as we are good friends.”, “I find everyone so nice and kind, they help me” and “No problem, I just ask.” Family members told us they had good contact with the home and communication was also good.

Throughout the inspection we observed warm positive interactions between the staff and people they supported. There was a genuine sense of the staff caring about each person and this had a positive effect for people. One person said, “Everyone is just so kind to me.” A visitor told us the staff were very caring and respectful and therefore the home had such a good atmosphere.

Staff supported people in a discreet and sensitive way, which ensured people’s safety whilst maintaining a good standard of dignity. Staff responded to people’s needs in a timely manner. For example, helping people with their finances, supporting people with their medicines and arranging activities outside of the home.

When staff assisted people we heard them explaining things clearly in a way they understood. We observed a staff member helping to sort out some social arrangements with a person who lived at the home. They provided plenty of reassurance to the person and provided the support they needed in a caring and thoughtful manner. We observed staff stopping to talk to people and/or acknowledging people with a smile as they went about their duties. A person told us the staff always had time for a chat and some fun. When people needed assistance the staff were prompt in their response and ensured people’s comfort and wellbeing before leaving them.

Staff communicated well with people at the home. Staff recognised people had the right to make their own decisions about their daily lives and enabled people to make their own choices. We saw this around lunch time and also when supporting people with their finances, shopping and volunteer work.

People explained to us how the staff supported them in a caring respectful way with their personal needs and the difference this had made to how they felt. A person told us

how everyone at the home were supported by the staff to learn when behaviours were inappropriate and may cause distress to others. They told us how the caring nature of the staff meant people respected each other.

People said the staff listened to them and involved them in making decisions about the care and support. For example, going places and taking part in social events. This helped ensure people had a fulfilled life. A family member spoke positively about the registered manager’s support with aspects of their relative’s care and how they were get informed of day-to-day decisions made.

People told us they were able to spend as much time as they wanted in their own room and were not disturbed by the staff. We saw staff knocking on people’s doors and waiting to hear if it was ‘OK’ to enter before going in. We also heard staff using the preferred term of address when talking with people.

Family members told us they were able to visit when they wanted and people we spoke with told us the same. They also told us they could make their own arrangements to see their families.

The registered manager was aware of how to contact an advocate should this service be required. Information was available on how to contact and advocate should a person at the home require their support. Advocates are people who are independent of the service and who support people to make and communicate their wishes. People we spoke with said they did not require an advocate at this time.

Staff knew about people’s needs and how they wished to be supported. They told us they encouraged people with choices around daily tasks and activities. People we spoke with told us how the staff sat down with them and asked them about their preferred routine and what mattered to them. People told us they felt very ‘at home’ with the staff and nothing was ever too much trouble for the staff.

The home’s service user guide, brochure and complaints procedure were available. The registered manager advised us these documents could be printed off in an easy read version or alternative formats on request.

We saw that people’s care records and other personal confidential was held securely in the registered manager’s office.

# Is the service responsive?

## Our findings

People at the home told us their social arrangements were very important to them. During our visit the majority of people were out of the home at different times of the day. People told us what they took part in and how the staff helped them to access different events and activities. People told us they could choose what to attend and the staff helped them to 'make this happen'. They also told us the staff were always coming up with new places for them to go to. Staff told us about people's varied social programmes and these included a range of activities of people's choice. This they felt was an important part of promoting people's independence and being part of the community. A person told us how they had grown in confidence with staff support. A family member told us "The staff go out of their way to ensure the social gaps are filled."

Through our observations, talking with people who lived at the home, relatives and staff we could see people were supported, as much as possible, with their preferred lifestyle. There was a most definite culture of ensuring that the people who lived in the home were supported in a person centred way that gave them the opportunity to have a good and fulfilled life. Staff told us they were there to make sure people were supported to live as independently as they could.

People had access to community based events and activities in accordance with their individual needs, wishes and preference. People we spoke with said, "I just love it here, I lead my life just how I want", "It's just amazing, I am so very happy", "What's not to like, I can be me here and I love it", "It's brilliant here" and "I am just so happy living here, I can go out when I want and I have everything I need, it's fabulous."

People we spoke with told us the home offered them independence to carry on with their chosen social interests and activities. They said this mattered to them and was a very important part of their life. People told us the staff provided the 'right level' of help and support.

A number of activities were arranged 'in house' and people who lived at the home told us about the planned Christmas events. Activities were displayed for people to see and they told us how much they enjoyed the musical entertainment and regular Karaoke sessions. A person told us there was

always plenty going on. Some people were involved in daily household tasks, such as cleaning, food shopping and laying the dining room tables for lunch. Staff supported people with this.

We looked at the care files for four people. These contained person centred care plans which provided information about people's priorities, goals, lifestyle, what was important to them and the care and support they needed. People's needs had been assessed and their care and support was planned and delivered in line with their individual needs. For example, information was recorded about people's diets, medical conditions and care needs, family involvement, social activities and places they liked to visit. This meant the staff had information about the individual, not just their care needs. People's health plans and care plans were reviewed regularly to ensure the information held was accurate and reflected their current care provision.

People told us they had been involved in their care plans and the registered manager talked with them about the support they wished to receive and needed. A person told us dental and optical appointments were made for them and if they needed to see their doctor then the staff sorted this immediately.

People's care plans were subject to regular review. We saw that following reviews, if required, referrals had been made to external professionals. This helped ensure people got appropriate care and support. A family member told us the staff were good at communicating when their relative needed a doctor's appointment. They also confirmed their relative had 'good plans laid out' (this refers to care plans). Staff told us the care plans detailed people's health and social care needs and reflected the way in which they delivered care.

We saw the staff had responded positively to people's needs. For example, assistance with personal care at a time to suit the individual and also the use of a personalised behaviour chart which a person told us they had requested. The staff told us the chart was not their first choice to help support the person but they had listened and responded to the person's wishes regarding its use. A person told us about some of their negative behaviours and how the registered manager and staff had worked with them to learn better control. The person told us the staff response was really positive and that they now felt 'more in control of their life'. They said the help given by the staff had "Been

## Is the service responsive?

the making of me.” For a person who needed help with their routine, the staff had recorded this on a poster for them in their room. The person told us this helped them every day.

We looked at how people were supported in the home by external health professionals. We could see appointments were made at the appropriate time to support people with their health needs. This was confirmed by people and family members we spoke with. Examples of these were appointments with GPs, a mental health team, a learning disability team and a district nurse team. Medical appointments were clearly visible on a board in the registered manager’s office to ensure these were not missed. People told us they knew when their medical appointments were taking place. We spoke with external health professionals during and following our visit and both were complimentary regarding the standard of care, enthusiasm of the staff and commitment to providing a ‘real home’ for people. An external health professional told us people at the home were very happy and settled.

We saw the provision of electrical items in people’s rooms which they had requested. People we spoke with told us about the registered manager’s willingness to respond to

their requests to make sure they were had everything they needed to ensure their comfort. No person we spoke with could identify anything they wanted that had not already been provided.

The home had a formal procedure for receiving and handling complaints. A copy of this was kept in the lounge and people told us they knew where the document was. The registered manager informed us they had not received any complaints but a complaint form was available should people wish to raise any concerns. The registered manager informed us they had daily contact with people at the home and their family members and any issues raised were dealt with straightaway before becoming a complaint. Details of the complaints policy were also available in the home’s service user guide and residents’ handbook; these documents were made available to people at the care home and their family members. People told us they were happy living at the home, had no concerns at all and would speak up if worried about anything. People said, “XX (registered manager) is a nice lady and makes me feel safe, If I feel upset I speak with XX (registered manager)”, “XX (registered manager) and XX (the owner) are just great, you could go to them with anything.” Another person told us the registered manager and owner did so much for them and “I can’t say a rotten word about here.”

# Is the service well-led?

## Our findings

The service had a registered manager in post and they were supported by a full complement of staff. The owner was also very involved with the management of the service and people at the home and staff told us the owner was present at the home on a daily basis.

Staff were complimentary regarding the registered manager and the owner's management of the home. They informed us the service ran well and the registered manager demonstrated good leadership skills. A staff member described the registered manager as 'excellent'.

We discussed with the registered manager the overall management of the service. The management of the home was effective and it was evident that staff and the home owner respected and valued the people they supported. Staff had developed long standing relationships with people and this was supported by a staff member who advised us the people they cared for were 'like family to them'.

Staff told us they fully supported by the registered manager and owner. They told us communication was good and they had access to a communication book, attended staff meetings and received handovers at each shift change. Staff therefore had an opportunity to share information about the home and discuss the needs of the people they supported. People told us they liked the way the home was run and that they had plenty of opportunities to talk with the registered manager and owner each day. People said they attended meetings at the home and were able to share their opinions about how the home was run and various activities. For example, what to grow on the allotment and preferred musical entertainment. Some people said they preferred just talking to the registered manager and staff and staff always had time to listen. The registered manager informed us relatives' meetings tended not to be held as most days staff were in daily contact with them. Many family members we spoke with described the home as 'exceptional' and they told us they had no concerns.

Satisfaction surveys had been distributed to people at the home and their family members. This provided a formal route for people to share their opinions about the service. These were last distributed in February 2014. Family members' comments included, "Lovely home for

residents", "Good relaxing atmosphere" and "Like one big family." Likewise people said they felt very happy at the home. Where comments had been received that needed further actions, these had been explored and responded to by the registered manager. This formed part of a learning process for the staff following reflection on the information received. A comment had been made around a lack of a private area for families to meet. The registered manager was very aware of this but due to the constraints of the building they were unable to provide this space. The registered manager told us that every effort was made to ensure people had private time with their relatives in their own room without being disturbed.

The registered manager was aware of the importance of supporting staff with health and safety training and formal care qualifications to support their learning and development. Staff told us there was an open culture and they would not hesitate to speak up if they thought any person was being placed at risk of if they required some further training to support people. Staff had access to policies and procedures to promote safe working.

We looked at how the quality of the service was checked. We saw a number of weekly and monthly audits or checks on the service. Examples of these were infection control, health and safety, fire prevention, people's care needs, people's finances, medicines and staffing. These helped monitor the service provision, identify potential risks and drive forward improvements.

We asked the registered manager to tell us about a key priority for the service which they had identified on the provider information return. This was in respect of developing end of life care plans and/ or advanced care plans to support people with their final wishes. The registered manager had set date for June 2015 for completing this. Training around end of life care was being accessed for the staff.

The registered manager discussed with us how they intended to update a number of their care documents and daily records as they felt the information in some areas needed to be more detailed and older records not in use needed to be archived. Going forward, the registered manager was implementing risk management plans to ensure people's safety, as part of the on-going review of care documentation.



## Is the service well-led?

A service user guide provided information about the service. The service user guide, complaints procedure and

fire procedures were available in an 'easy read' format to help people's understanding. The registered manager has sent in statutory notifications to notify us of key events in the home. This is in accordance with our regulations.