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The White 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?	**Requires improvement**
Is the service well-led?	**Good**

Overall summary

The inspection took place on 07 April 2015 and it was unannounced. The White House is a residential home providing care and support for older people including those with dementia. At the time of our inspection, 21people lived at the home.

At our last inspection on 13 May 2014, we found people were not always protected from abuse because the provider had not made appropriate arrangements to protect people or ensure staff were adequately trained and supervised. The provider did not have an effective system in place to regularly assess and monitor the quality of service that people received. People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained. We set compliance actions and the provider wrote to us telling us how they would become compliant with the regulations by 01 October 2014. At this inspection we found the provider had completed all the actions they told us they would take to improve the service provided.

The home had a registered manager in post. A registered manager is a person who has registered with the Care

Summary of findings

Quality Commission (CQC) 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 and associated Regulations about how the service is run.

Although people and relatives felt the home was responsive to their needs, people were not happy about activities. One person said, "There's nothing to do with the Lord here. Its ages since I went to church". Activities were sporadic, as they were facilitated by the carers who had other tasks to complete. We have made a recommendation about this.

The environment was safe and adaptations were made to make it suitable for older people, such as a passenger lift and wet rooms with easy access. Bedroom doors had people's names on them however the doors to people's bedrooms all looked the same, which might make it difficult for people with dementia to easily find their way around the home.

The provider had systems in place to manage safeguarding matters and make sure that safeguarding alerts were raised with other agencies, such as the local authority safeguarding team in a timely manner. All of the people who were able to converse with us said that they felt safe in the home; and if they had any concerns they were confident these would be quickly addressed by the registered manager and staff.

The home had risk assessments in place to identify risks that may be involved when meeting people's needs. The risk assessments showed ways that these risks could be reduced. We found risk assessments on various areas of care such as falls, mobility, bed rails and diabetes. These risk assessments had been reviewed. Accident records were kept and audited monthly to look for trends. This enabled the staff to take immediate action to minimise or prevent accidents.

There were enough staff in all areas of the home at all times, to support people and meet their needs. Everyone we spoke with considered there were enough staff on duty. The home used safe systems of recruiting new staff. They had an induction programme in place that included training staff to ensure they were competent in the role they were doing at the home.

People had their medicines managed safely and received their medicines as prescribed. People were supported to maintain good health through regular access to health and social care professionals, such as GPs, occupational therapists and social workers.

The home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals. This ensured that each decision was taken in accordance with the Mental Capacity Act (MCA) 2005, Deprivation of Liberty Safeguards (DoLS) and associated Codes of Practice. The Act, Safeguards and Codes of Practice were in place to protect people by ensuring that if there is a need for restrictions on their freedom and liberty these are assessed and decided by appropriately trained professionals.

People were provided with sufficient quantities to eat and drink and their nutritional needs were met. People said the food was good. The menu provided people with well-balanced diet. People had a choice of hot foods each day; and a choice of two main meals and desserts at lunch times

People were encouraged to lead the life style of their choice and staff supported them to meet their diverse needs and their privacy and dignity was respected. People and their relatives were involved in making decisions about their care and support. Care plans reflected people's care and support requirements accurately and people told us their healthcare needs were well managed.

Staff interacted with people in a caring, respectful and professional manner. Staff were skilled at responding to people's requests promptly and had a detailed understanding of people's individual care and support needs.

There was an open culture and the registered manager and staff provided people with opportunities to express their views. There were systems in place to manage concerns and complaints. People understood how to make a complaint and were confident that actions would be taken to address their concerns.

Summary of findings

The provider had effective quality assurance systems in place to identify areas for improvement and had taken appropriate action to address any identified concerns. Audits completed by the registered manager and deputy manager had resulted in improvements in the home.

Records were managed well to promote effective care. The records were clearly written, up to date and informative.

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.

People were kept safe because staff had a good understanding of what abuse was and how to protect people.

People had their prescribed medicines administered safely.

Staff were recruited safely and trained to meet the needs of people who lived in the home.

There were enough staff to provide the support people needed.

Good

Is the service effective?
The service was effective.

People's needs were assessed and care plans written in detail so staff had the guidance they needed to support people's individual needs appropriately.

People were provided with a choice of food. They could ask for what they wanted and that their views and opinions were sought when planning menus.

People's rights were protected under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Staff were provided with effective training and support to ensure they had the necessary skills and knowledge to meet people's needs effectively.

Good

Is the service caring?
The service was caring.

People were well cared for and staff were caring. People were treated in a kind and compassionate way. The staff were friendly, patient and discreet when providing support to people.

Staff took the time to speak with people and to engage positively with them.

People were treated with respect, and their independence, privacy and dignity was promoted. People were included in making decisions about their care.

The staff in the home were knowledgeable about the support people required and about how they wanted their care to be provided.

Good

Is the service responsive?
The service was not consistently responsive.

People were involved in activities and outings. However, activities were not varied or frequent enough.

People's needs were assessed and care and support plans were in place.

Requires improvement

Summary of findings

People we spoke with were aware of how to make a complaint or raise a concern. They were confident their concerns would be dealt with effectively and in a timely way.

Is the service well-led?

Good

The service was well led.

The staff were well supported by the registered manager and there were good systems in place for staff to discuss their personal development, performance management and to report concerns they might have.

Staff understood their roles and responsibilities. The registered manager and staff team shared the values and goals of the home to provide a high standard of care.

People were provided with opportunities to express their views and opinions about how the service was provided and their comments were acted on.

The home had an effective quality assurance system. The quality of the service provided was monitored regularly.

The White House

Detailed findings

Background to this inspection

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

This inspection took place on 07 April 2015 and was unannounced.

The inspection team included one inspector and one expert-by-experience who carried out interviews with people to obtain their views. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had knowledge, and understanding of older person's residential homes, hospital support, and supporting family and friends with their health care.

We reviewed previous inspection reports and notifications before the inspection. A notification is information about important events which the home is required to send us by law.

We spoke with eighteen people, three relatives, two prospective people who visited the home, one carer, the deputy manager and the registered manager. We spoke with one visiting volunteer and the Chiropodist. We contacted health and social care professionals who provided health and social care services to people.

We observed people's care and support in communal areas throughout our visit, to help us to understand the experiences people had. We looked at the provider's records. These included three people's care records. We looked at three staff recruitment files, a sample of audits, staff handover notes, satisfaction surveys, staff rotas, and policies and procedures. We also looked around the care home and the outside spaces available to people.

Good

Is the service safe?

Our findings

At our last inspection, on 13 April 2014, we found people were not always protected from abuse because the provider had not made appropriate arrangement to ensure staff had the required training and knowledge to understand all of what constituted abuse and how this should be reported. This was a breach of Regulations 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which correspond to regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider wrote to use saying they would take action to meet the regulations by 01 October 2014. At this inspection we found improvements had been made and the provider was meeting the requirements of the regulations.

People told us they felt safe at the home. They said, "I do feel safe here". "Oh yes, I feel safe here. No one's going to hurt me" "Yes. Honestly, I do feel safe" and "It's all safe". Relatives felt their family members were safe in the home. They said, "Yes, it all seems very good" "I know he's safe now. I never worry about him now" and "She's happy and safe, so we are all happy with the home".

The provider had taken reasonable steps to protect people from abuse. There were systems in place to make sure that safeguarding alerts were raised with other agencies, such as the local authority safeguarding team in a timely manner. Staff demonstrated that they understood what abuse was and how they should report any concerns they might have. This included the steps they would take to report to the local safeguarding authority should they need to do so. One staff said, "I will document it, report it to my registered manager, if it concerns my registered manager, I will report it to social services immediately. I can contact CQC too if required. Staff had received training in safeguarding people from abuse. Staff told us that they were confident and knew how to support people in a safe and dignified manner.

Staff had sufficient guidance in the care plans, so they could provide support to people, when they needed it and reduce the risk of harm to others. Staff told us they would feel confident to whistle blow if they felt there was a need to. One staff said, "I can report bad practice in confidence to keep people safe and be protected". Whistleblowing is a term used where staff alert the service or outside agencies when they are concerned about care practice. This meant that people were supported to be as safe as possible because staff had a good understanding of how to protect them.

The provider had systems in place to monitor incidents and accidents. Incident reports included details of the incident and any follow up action to be taken. Incidents were reviewed by the registered manager to identify any trends that needed addressing. The registered manager told us that they audited all accidents and incidents and monitored trends such as the number of falls and any medication errors. We saw that incidents such as falls, had been recorded within people's care records and staff had been given guidance to safeguard people. The response of the registered manager to incidents protected people from identified risks and reduced the likelihood of re-occurrence.

The home demonstrated a culture aimed towards maintaining people's independence for as long as possible. Staff knew people's needs and supported people well. Care plans contained clear guidance for staff on how to ensure people were cared for in a way that meant they were kept safe. Risk assessments were included in people's records which identified how the risks in their care and support were minimised. These included risks associated with falls, pressure area care and risk of isolation. Where people had fallen, observations were conducted to check they had not suffered injury. Investigations were conducted and their risk assessments reviewed. In most cases, action was taken to prevent people from falling again. Where further falls had occurred, people were referred to their GP or the specialist falls service for further advice, which staff had followed.

People were supported by sufficient numbers of staff to keep them safe. Staff confirmed there were always enough staff on duty with the right skills, knowledge and experience to meet people's needs. During the day we observed staff providing care at different times. Staff were not rushed when providing personal care and people's care needs and their planned daily activities were attended to in a timely manner. The registered manager said, "We ensure adequate number of staff because our staffing numbers are based on people varying needs such as time needed to take a bath, shower and various other support needs". Staffing levels were kept under review and adjusted based on people's changing needs. Staff told us that there were enough of them to meet people's needs. A member of staff

Good

Is the service safe?

said, “We have consistent numbers of staffing in the home. If we need more staff at any time, the registered manager increases staffing immediately”. Staffing levels had been determined by assessing people’s level of dependency and staffing hours had been allocated according to the individual needs of people.

The provider had a safe system in place for the recruitment and selection of staff. The registered manager and the deputy manager were aware of the checks that should be carried out when new staff were recruited. We looked at three staff files including recruitment records for a new member of staff. These showed that staff employed were suitable to work with people. Staff recruited had the right skills and experience to work in the home. Qualifications, employment history, references and appropriate checks such as Disclosure and Barring Scheme (DBS) records had been checked. Staff told us that they had been offered employment once all the relevant checks had been completed. This meant people could be confident that they were cared for by staff who were safe to work with them. The provider had a disciplinary procedure and other policies relating to staff employment.

We looked at how people’s medicines were managed so they received them safely. We checked the stock of five people’s medication against their Medication Administration Record (MAR) charts and found that these were accurate. People’s medication profiles included a current list of their prescribed medicines and guidance for staff about the use of these medicines.

Some people had medication that was prescribed on an ‘as required’ basis (usually referred to as PRN medication). This type of medication may be prescribed for conditions such as pain. For anyone who was prescribed PRN medication there were guidelines in place so that staff were able to recognise signs that would indicate the person needed their PRN medication and we saw that staff were appropriately trained in the administration of this medication.

People received their prescribed medicines correctly. The registered manager and deputy manager completed regular medication audits to check that medicines were obtained, stored, administered and disposed of appropriately. Staff had received up to date medication training and had completed competency assessments to evidence they had the skills needed to administer medicines safely.

The cleanliness and hygiene in the premises were good; all of the areas were seen to be clean on the day of the inspection. There were soap dispensers in all toilets, shower rooms and bathrooms, which enabled people to have the opportunity to wash or disinfect their hands appropriately. People were protected as the staff followed universal safe hand hygiene procedures. Relatives and visitors commented positively on the cleanliness of the home. They said, “I think it’s very clean here. They are strict with that”, “It’s important that it’s clean here” and “It all seems very clean here, and I’m a nurse, I should know”. A visiting Chiropodist said, “I’ve no infection control concerns here at all. It is always clean, with no smells”. There was an audit of infection control carried out daily by the deputy manager.

The home had an infection control policy covering areas such as hand washing, use of protective clothing and reporting procedure. Staff training records showed that all staff had completed training in infection control, which would enable them to ensure people were not placed at risk of infection or risk from any hazardous substances used such as cleaning products.

Good

Is the service effective?

Our findings

At our last inspection, on 13 April 2014, we found that the provider and staff did not understand the difference between lawful and unlawful restraint practices, including how to get authorisation for a deprivation of liberty. We also found that the certificates on three staff files showed that some training was out of date and had not been refreshed in a timely way. Staff had not received a formal two way recorded supervision on a regular basis. These were breaches of Regulations 18 and 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which correspond to regulation 13 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider wrote to us saying they would take action to meet the regulations by 01 October 2014. At this inspection we found improvements had been made and the provider was meeting the requirements of the regulations.

People told us that they liked staff and were provided with quality care and support. They said, "Of course, a doctor comes here and my tablets are all on time, no trouble at all" "The doctor comes every week and nurses too. My medicines come on time, morning and evening" and "I've had 2 or 3 falls and every time a doctor comes in to check me over. They come in straight away. They don't leave until they know I am all right.

People were supported by knowledgeable, skilled staff who effectively met their needs. A relative said; "Staff know her really well and take every measure possible so that she gets the support she needs", "If anything, staff are too cautious about her health. They inform the family about her health all the time. They seem to have it all well in hand" and "They phone me if he's unwell. He had a fall, the doctor and paramedics checked him over".

Care plans contained detailed information about people's individual health needs and what staff needed to do to support people to maintain good health. People were supported to attend healthcare appointments in the local community. The manager informed us that most healthcare support was provided at the home. Staff monitored people's health and wellbeing. Staff were also competent in noticing changes in people's behaviour and acting on them. For example, one person was noted to have had three falls in a month. This person was referred to the falls clinic, care plan reviewed and night time monitoring put in place. This demonstrated that management and staff ensured changes in people's needs were managed thoroughly.

There were discussions throughout the inspection about people's health checks. Records showed staff how to ensure that people had the relevant services supporting them. The registered manager told us that doctors visited the home as required. People said, "If you are not very well, there's always someone to help you. I've had my feet done today and he does a good job". The chiropodist said "The staff are effective here. They find me a room with good light, ventilation and privacy. They are very hot on confidentiality and privacy here, which is good". Each person was supported to maintain good health and access healthcare professionals as they needed to.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. There were procedures in place and guidance in relation to the Mental Capacity Act 2005 (MCA) which included steps that staff should take to comply with legal requirements. People when appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. The registered manager had a good knowledge of their responsibilities under the legislation. Care records showed where DoLS applications were being made and evidenced the correct processes had been followed. Health and social care professionals and family had been appropriately involved and care records informed staff of people's current legal status.

Staff understood and had good knowledge of the main principles of the MCA. They put this into practice on a daily basis to help ensure people's human and legal rights were respected. Care records evidenced and staff confirmed that people's capacity to make decisions was always considered. Staff involved the right professionals and family members if appropriate to help ensure decisions were made in line with legislation and in people's best interests. A healthcare professional commented that the registered manager was a very good advocate for people living at the home and always acted in people's best interests.

Good

Is the service effective?

The registered manager showed us a chart which detailed training that staff had undertaken during the course of the year and plan for the next six months. We saw that staff had undertaken training in safeguarding vulnerable adults, fire, health and safety, infection control, moving and handling, medicines administration and dementia. Staff told us they had received enough training to meet the needs of the people. Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people. They had a good understanding of the issues which affected people such as dementia. Staff were able to demonstrate to us through discussion, how they supported people in the areas they had completed training in such as moving and handling, dementia, health and safety and nutrition.

Staff were supported with regular supervision, which included guidance on areas they were doing well. It also focussed on development in their role and any further training. Staff told us that the standard of training provided at the home was good and that they received supervision sessions every month. They were also able to attend staff meetings where they could discuss matters that affected them and the care management and welfare of the people. Opportunities for staff to develop their knowledge and skills were also discussed and recorded. We saw records of planned staff annual appraisals, which showed that the management team supported staff in their professional development.

The provider checked people's weight regularly and made recommendations about their diet. There were special diets including soft diets and nutritional supplements. We observed one observational record for a person who was being monitored for food and fluid intake. The observational records were seen to be completed appropriately.

The menus provided a varied selection of meals. We saw that other alternatives were available at each meal time such as salads, a sandwich or soup. Staff we spoke with were able to tell us about particular individuals, how they catered for them, and how they fortified food for people who needed extra nourishment. Fortified food is when meals and snacks are made more nourishing and have more calories by adding ingredients such as butter, double cream, cheese and sugar. This meant that people were supported to maintain their nutrition.

We observed the lunch time and found that it was relaxed and people told us they enjoyed the food that was provided. Those people who needed help were provided with assistance and were not rushed and were given a break between courses. One person said, "I have a really good appetite, they always give me what I can eat and it's not bad." Another person said, "Beautiful food, and plenty of it. You get all different kinds of food and it is beautifully cooked, with lovely pastry". A relative we spoke with said, "He has no complaint about the food. He's put on weight since he came which is much better for him".

We saw that people were offered a plentiful supply of hot and cold drinks throughout the day. We saw that staff provided people hot, cold drinks and biscuits in the morning and the afternoon. People said there was enough to drink. One person said, "I like cold drinks and they know that. There's always plenty". People were encouraged and supported to maintain a healthy fluid intake and prevent dehydration.

The environment was safe and adaptations were made to make it suitable for older people, such as a passenger lift and wet rooms with easy access. Bedroom doors had people's names on them however; the doors to people's bedrooms all looked the same. This did not support people living with dementia to easily navigate their way around the home because as dementia progresses, it would become more difficult for people to easily find their way around the home. We spoke with the provider and registered manager about this and we were informed that they will include this in their development plan for the home.

Good

Is the service caring?

Our findings

People told us they were happy living at The White House, and we heard comments such as "I love the staff, we have a good laugh", "They are marvellous, I'm quite happy here" and "We have a laugh, I can say anything to them!" One relative said, "They are good and the care is amazing!" Another said, "They are polite" and "The staff are pleasant and so polite".

We observed a warm, homely atmosphere with people engaging staff and each other in conversation. Staff appeared kind and caring and there was often good-natured banter between staff and people, as well as smiling and laughter. Staff talked with people in a gentle supportive way and did not appear rushed when assisting with care. A volunteer said, "I think the care is good here. It's all fine" and the Chiropodist said, "They do care, and they listen".

People's privacy and dignity was respected. People had their own rooms and these were personalised with their belongings, furniture and memorabilia. Staff knocked and asked for permission before entering their rooms and spoke courteously with people. Staff gave examples of how they supported people in a dignified way when assisting with personal care, by ensuring doors were closed and drawing curtains when necessary.

Staff provided practical support when it was required in a gentle and encouraging way. This was demonstrated at lunch time, and when staff offered drinks and snacks during the day, when some people required assistance. Staff spoke quietly and calmly and involved people in making decisions about their care. This included whether they would like an apron or napkin to protect their clothes from spillages or whether they would prefer to be shielded from the sunlight. Visiting health professionals told us they observed good interactions between people and staff.

People were involved in planning their care, and people's care documents showed that pre-admission assessments were completed with the involvement of the individual and key family members. Care plans were reviewed on a regular basis with the appropriate involvement of relatives. Care plans captured people's individual preferences in relation to how they wished to spend their time and live their lives at the home. Some people had expressed their wishes about end of life care and these were noted in people's records.

People told us they were encouraged by the staff to keep in touch with people who were important to them and to build up social relationships. One person said, "My family and friends visit me quite often and are made very welcome" and "My family think it's a nice place. They like it here". Visiting relatives commented, "We can pop in at any time and I do. We've never been told otherwise" "I've been here when things have been going on. Its fine" and "I'm always welcome here, they make me tea, they all talk to me, and when I phone the home to find out about my mother, staff do make an effort". The volunteer said he always felt welcome in the home, whether he was doing a concert or bringing his dog for people's therapy. The chiropodist said, "Staff are welcoming and friendly to everyone".

At the time of the inspection, people did not require an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. Staff were aware of the process and action to take should an advocate be needed.

Requires improvement

Is the service responsive?

Our findings

People and their relatives told us that they felt the service met their needs and were satisfied with the care and support they received. They had been given the appropriate information and opportunity to see if the home was right for them prior to moving in and could respond and meet their needs appropriately. People also told us they had had the opportunity to be involved in their care planning. One person's relative said, "We know exactly what goes on with our relative. We are all kept well informed".

The care plans demonstrated the registered manager had conducted a full assessment of people's individual needs prior to them moving into the home, to determine whether or not they could provide them with the support that they required. Plans of care were in place to give staff guidance on how to support people with their identified needs such as personal care, healthcare, communication and with their night time routine. Care plans covered all aspects of the individual's life and the support they required to enjoy their chosen lifestyle, this included information about their personal grooming requirements and their preferred hygiene routines. People's care files showed that people who were important to them had been fully involved in the assessment and care planning process. These care plans ensured staff knew how to manage specific health conditions and care needs, for example dementia.

Care plans were regularly reviewed. People had opportunities to discuss their care, treatment and support at individual care reviews. Care reviews were attended by health and social care professionals as well as relatives when requested by the person. This was evidenced from a review of minutes from these meetings and from our discussions with people.

Although people and relatives felt the home was responsive to their needs, people were not happy about activities. People commented and said, "I'm not keen on us all sitting in one room, but I'm not too sure about alternatives" "I don't like the way we all sit around like this, it's difficult to mix" and "There's too much sitting around. Not much to do and they can't do much about that". We observed that activities were sporadic, as they were facilitated by the carers who had other tasks to complete. The provider had not employed an activities co-ordinator or person to be in charge of activities for people. We raised these with the registered manager at the feedback session and they told us that they had identified this and they were in the process of recruiting an activities person. The activities notice board had photos of residents and a timetable which included, 'bingo, films, memory lane, cards, one to one and music.

We recommend that the provider seeks advice and looks at published research and guidance about providing diverse meaningful activities for the elderly in accordance with their individual needs and choices.

A relative said, "They play cards, bingo, dominoes, but some are past all that here". A carer was seen using a 'rummage box' to encourage conversation and sensory items were being used with people in the afternoon. Other residents were colouring Easter pictures, which were age appropriate, and some were given 'a challenge', which were written quizzes. One person said, "I love the paintings on the wall". Another person said, "The hairdresser comes in weekly and that makes me feel better when I have my hair done". The hairdresser's visiting dates was displayed in the reception area of the home, which enabled people and families to be aware of visiting dates.

On the day of our inspection a volunteer visited people in the home with a trained pet dog. We saw how positive this was for one person who enjoyed the attention and said, "I like that dog called Pat". This showed that activities were personalised and used as therapy, which brings fulfilment to people in the home.

People and relatives told us they knew how and who to raise a concern or complaint with. We were shown a copy of the complaints procedure. The procedure gave people information about timescales for action and who in the organisation to contact. People told us that if they were unhappy they would not hesitate in speaking with the registered manager or staff. They told us they were listened to and that they felt confident in raising any concerns with the staff. Relatives we spoke with said, "I know who the manager is, and I know how to escalate a complaint upwards if needed, but I've not had to" "I would go to the owners first to have a chat, and I know the manager. But I know he is well looked after here" and "I would report to whoever is in charge, but it all seems very good to me". This indicated that people and relatives knew how and who to make a complaint to if required.

Good

Is the service well-led?

Our findings

At our last inspection, on 13 April 2014, we found that the provider did not wholly have an effective system in place to regularly assess and monitor the quality of service that people received. We also found that people were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained. These were breaches of Regulations 10 and 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which correspond to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider wrote to use saying they would take action to meet the regulations by 01 October 2014. At this inspection we found improvements had been made and the provider was meeting the requirements of the regulations.

People spoke positively about the way the home was run. They told us the registered manager and staff were approachable and they often chatted with them and asked them how things were. One person said, "The Governor is very good here". Another person said, "'I'd recommend it to anyone" and "You'd be hard pushed to find fault, and that's gospel!" The visiting volunteer said, "Now, I'd be happy to live here myself" and the Chiropodist said, "The staff turnover is pretty stable here, so there's good continuity". We saw that people were comfortable with the management team and staff in the home. The registered manager was visible in the home and people said she was always around throughout the day.

All of the staff we spoke with told us they worked in a friendly and supportive team. They felt supported by the registered manager and they were confident that any issues they raised would be dealt with. One staff member told us, "Management has been really helpful, really nice and caring. We all work well together we know all the people here so well." Another staff member agreed with this saying, "We have staff meetings to discuss any issues and staff morale is never really low. The provider and registered manager are helpful. I can call them at any time for help. Quite good". Staff felt able to raise concerns with their manager and felt listened to by both manager and colleagues. Staff felt able to suggest ideas for improvement. Staff had access to regular staff meetings, supervision and annual appraisals. Staff and resident meeting minutes reviewed demonstrated that staff had been consulted regarding health and safety issues and any proposed changes.

The registered manager and the staff had a good understanding of the culture and ethos of the home, the key challenges and the achievements, concerns and risks. Comments from staff were, "It's a brilliant place to work, I love working here. We provide really good care" and "I have been working here for 6 years and it has been great working here supporting people and being part of their lives". The deputy manager said, "I have been supported to do my level 5 in management and have been supported through a lot of training, which had enabled me to meet people's needs". The healthcare professional we spoke with during our inspection had no concerns about the care being provided. The provider worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

Systems were in place for monitoring the quality of the service. The deputy manager checked that care had been delivered effectively each day, and there were regular audits of care plans. The registered manager and the deputy manager carried out monthly reviews of the service, each assessing different aspects of quality. This helped to identify areas for improvement and prioritise the audit program. The registered manager had ensured actions from these audits were being addressed. For example, an audit of people's needs had led to an increase in staffing levels. Audits had also identified the need for more robust staff supervision and training resources and these were being sourced and developed. Audits had been used to improve staff knowledge and practices. For example, the medicine audit had resulted in refresher courses for staff. The home had been recently redecorated following our last inspection.

There was an open and transparent culture within the home. Family members praised communication with staff and said if there were any changes to their relative's condition, staff would inform them. Management arrangements for communicating important events and tasks were effective. This was confirmed by visiting health professionals, staff and relatives. There were daily meetings at shift handovers and regular staff meetings. These emphasised the person-centred approach to care, areas for development and any issues that needed to be addressed.

Good

Is the service well-led?

The management team aimed to develop the home further to deliver a consistently high quality of care. Plans were in place for developing the staff team, with further recruitment and training.

At one staff meeting, staff had discussed how they could achieve the highest quality rating from CQC, and what improvements they would like to implement through timely review of care plans.

There were systems in place to record, monitor and review any accidents and incidents to make sure that any causes were identified and action was taken to minimise risk of reoccurrence. We looked at records of accidents, these showed that the manager took appropriate and timely action to protect people and ensured that they received necessary support or treatment. For example, if a trend showed people were falling frequently, action was taken to minimise the risk of them experiencing harm. As well as monitoring their fluid levels, staff placed the person on strict monitoring so they could attend and provide assistance whenever required.

There was a culture of reporting errors, omissions and concerns. Staff understood the importance of escalating concerns to keep people safe, and they were offered additional support and training when necessary. The registered manager understood her responsibility to report incidents of actual or suspected abuse promptly to the Local Authority and to notify the CQC.

Records were managed well to promote effective care. The records were clearly written, up to date and informative. They were routinely audited and kept securely to maintain confidentiality. This meant that staff and others had access to reliable information to enable them to provide the care and support people needed.