Whitworth House

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Inspection report

11 Whitworth Road
South Norwood
London
SE25 6XN

Tel: 02087717675

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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?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 18 August and 27 September 2016 and was unannounced.
At the previous unannounced inspection in January 2016 breaches of legal requirements were found. This was because recruitment procedures were unsafe. People were not protected from the risks associated with fire, emergency evacuation plans were not developed for people using the service. The provider did not have an effective system for assessing and monitoring the quality of service provision, and did not make proper provision for identifying and addressing shortfalls in the service. After the comprehensive inspection in January 2016, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. During the comprehensive inspection on the 18 August and 27 September 2016 we found that the provider had followed their plan and legal requirements had been met.

Whitworth House is a small residential care home situated within a residential area of Croydon. The premises are an adapted family house, and do not offer en-suite facilities. People share communal bathrooms and toilets. The home can accommodate up to nine older people. Accommodation is provided over three floors and is accessed by a passenger lift. There are communal areas that offer a small lounge and dining room. At the rear of the premises is a small back garden.

There is a registered manager who has been in post over 20 years. '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.

Improvements were made to promoting safety in the service. Individual risks associated with care and welfare were assessed and care arrangements were in place to ensure these were managed safely. We found that people had personal emergency evacuation plans (PEEP's) in place. This meant that in the event of an emergency situation people may be evacuated effectively.

People told us they felt safe and well cared for by the staff in this homely environment. Staff undertook safeguarding training and knew the correct procedures for responding to and reporting any suspicion of abuse. Recruitment procedures had improved and were satisfactory and relevant checks had been carried out to make sure staff were suitable to work in the home.

Staff were attentive to people with high levels of engagement observed. This created a friendly, suitably stimulating environment with a 'family' feel. Staff consistently sought people's agreement before assisting them with activities of daily living. This meant that people were empowered to express their wishes and their rights were respected.

Staff knew and understood people's care needs well and the small team were able to easily share information. The care documentation was handwritten and totally person centred; it supported staff with clear guidelines and reference to people's choices and preferences. This helped staff respond to people on

an individual basis.

Staff understood the requirements under the Mental Capacity Act 2005 and about people's capacity to make decisions. A number of people were restricted lawfully under Deprivation of Liberty Safeguards, the service had the required authorisation to do so. People who did not have capacity to make decisions due to illness had their capacity assessed; best interest discussions took place. People were not restricted without the service having the required authorisation to do so.

The small family style environment met the needs of people living there in a homely manner. Regular staff were employed, three were family members. Staff had developed meaningful relationships with people and demonstrated a caring approach. People said, tenderness and kindness were the qualities displayed by staff. People said they liked living at the home, because it was non-clinical and they said it felt "Like home." Staff were knowledgeable about the individuals; they approached people in a kind and caring way.

Staff were up to date in all mandatory training and participated in training provided by the provider and the local authority care home support team. People's healthcare needs were promoted, and referrals were made to specialist services as appropriate. People were encouraged to have a healthy diet. The provider served home cooked food which people enjoyed. Staff knew people's likes and dislikes and the menu was planned around these. People enjoyed meals and found they met their dietary and cultural needs.

There were arrangements in place for the on-going maintenance and repair of the building. The layout of the premises was not adapted to support people living with dementia, but relatives reported the small scale environment compensated for the environment.

The registered manager worked hard at providing the care to people. The provider and the manager were very accessible to visitors, enabling minor issues that arose to be discussed and resolved immediately, Relatives and people using the service told us that they had received information about the home as part of the admission procedure, including how to make a complaint. They said that staff worked collaboratively with them and professionals. This ensured the health and wellbeing of their relative and their satisfaction with services.

Quality assurance processes had improved and shortfalls were identified and addressed, but there was scope for further improvement to the processes to drive improvements. People felt able to raise any issues with the management and were confident these were addressed appropriately. The service had a complaint's procedure but this contained inaccurate information about the regulator.

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. The recruitment procedures had improved and were more robust. This reduced the risk of people receiving care from staff who may be unsuitable for the role.

People had personal evacuation plans in place to leave the premises in an emergency.

Staffing levels were appropriate. People felt safe in the home, risks to people's health and wellbeing were appropriately managed.

People received their medicines as prescribed. The manager had introduced systems to audit and monitor medicine procedures.

Is the service effective?

Good

The service was effective. People's care needs were supported effectively by a knowledgeable and skilled staff team that were able to meet people's individual needs.

People enjoyed the variety of meals offered, and were supported to have sufficient to eat and drink.

Consent to care and treatment was sought in line with legislation under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

The service had built positive links with health care professionals to support people to maintain good health.

Is the service caring?

Good

The service was caring. Staff cared for people with warmth, dignity and compassion, creating a nurturing, friendly environment. People appeared happy and were responsive to staff and each other.

People spoke positively about the small personalised service which they felt was able to offer a more homely environment. Staff respected the privacy and dignity of people in their care.

Is the service responsive?

Good

The service was responsive. Needs assessments were completed for all people before they were admitted to the home. This helped make sure the service did not accept a person to live in the home whose needs they could not fully meet.

Care records were personalised and individual to the person. Choices were offered to people with regards to activities. Care plans helped guide staff better in how to fully meet a person's care needs.

People's needs were assessed following admission and care plans were reviewed and updated whenever people's needs changed.
People knew who to go to raise a concern, people felt able to do so.

Is the service well-led?

Requires Improvement

The service requires some more improvement to this area. The registered manager was an experienced manager who demonstrated in practice they cared passionately about people in the home.

The registered manager had ensured the action plans to address issues of non compliance found at the last inspection were completed. An overview of the quality of care provided was completed by the registered manager with some audits and checks introduced and in place to identify shortfalls and drive improvement. Although there were signs of improvement in this area there was room for further improvement.

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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, At the previous inspection on January 2016 we found the provider was not meeting the regulations. Recruitment procedures were found to be unsafe. People were not protected from the risks associated with emergency evacuation such as fire. The provider did not have an effective system for assessing and monitoring the quality of service provision, and did not make proper provision for identifying and addressing shortfalls in the service.

This inspection took place on 18 August and 27 September 2016 and was unannounced. Six people were present when we visited; another person using the service was recently admitted to hospital.

The inspection team consisted of two adult social care inspectors. We spoke with all six people living in the home. We reviewed information received before the inspection. Prior to the inspection we looked at information completed by the provider, called the Provider Information Return (PIR). We reviewed notifications and the service history. We requested information from commissioners and from local authority care home support teams about the service. Three health and social care professionals reported their experiences of the Whitworth House. The relatives of three people shared with us their views of the service .

The methods that were used for inspection included talking to all six people using the service, interviewing the registered manager and the provider and two staff, pathway tracking, observation, reviews of records. We reviewed care plans for four people and staff records for three members of staff.

Good

Is the service safe?

Our findings

People told us they were satisfied with the service and felt safe in the home. One person told us, "I feel well looked after and safe." We observed safety being promoted. One person unsteady on their feet was supported by two staff to move about safely and use the lift. A relative told us, "I know my family member is safe and well looked after".

Staff understood the need to protect people they supported and said they had received regular safeguarding adults at risk training. The home had safeguarding adults at risk policy which provided information and guidance on keeping people safe. The policy included contact information for staff on who to go to if they had any concerns. Records we looked at confirmed care staff had received training in safeguarding as part of their mandatory training requirements. There have been no safeguarding concerns/alerts at this service for the past two years

Care records contained risk assessments with support plans, these recorded what measures and steps staff needed to take to minimise the risk to the person. Risks were managed safely for people. Risk assessments were updated and reviewed monthly and captured any changes to people's needs. For example, one person was able to self-administer some of their medicines and this was reflected in their risk assessment. Staff told of people who were at risk of falling, they minimised the risk by keeping walkways clear and offering people their walking aids and staff support when needed. The risk assessments were clear and easy to follow but more information would help staff understand more fully the support the person needed and enable staff to support people safely. Records were maintained of events such as falls, records showed low incidents of falls. A social worker that undertook a recent care review reported, "The care plans take a person centred approach, promoting independence and risk enabling, but more information needs to be recorded regarding actual support needed."

Improvements were made to evacuation procedures and fire prevention. A new fire risk assessment was completed and a copy of this was located close at hand in case of emergency. The fire authority had visited the home and made some recommendations' in relation to the fire risk assessment and equipment in the home. The manager told us the issues had all been addressed but the fire authority had not returned to check up by the time of inspection. Personal emergency evacuation plans had also been drawn up so that, in the event of an emergency, staff knew how to support people to be evacuated safely. The premises had fire fighting equipment and control measures in place, and according to records seen the equipment was serviced, tested as recommended and maintained to a satisfactory standard. The manager made sure a check was made of fire fighting equipment and fire drills were completed at the frequencies required. Equipment was serviced and maintained in good working order. We shared with the manager the importance of continuity in assigning a regular member of staff to undertake these duties.

People told us there was enough staff on duty to meet people's needs. The provider and spouse (manager) were present in the premises most days. Staff on duty when visited included two care staff, and another family member also supported the manager. During the day there was always two staff on duty, at night there was one waking night staff. People told us there were sufficient staff on duty to care for them but they

were concerned the provider and spouse (registered manager) worked very hard.

We looked at the staff recruitment procedures. References were obtained from previous employers and checks with the Disclosure and Barring Service (DBS) were made regarding the suitability of individual staff to work with people in a care setting.

The home had medicine policies and procedures in place to ensure people received their medicine safely. We found that staff who administered medicine were trained. Medicines were kept in a locked cupboard in the kitchen and they were only accessible to staff. Prescriptions were requested monthly and supplies of medicine were delivered weekly by the pharmacist in sealed blister packs, this arrangement worked well. Medicine administration records (MAR) were signed each time medicine was administered and no gaps were seen in the four records we viewed. One person was taking their own medicine and it was safely stored in their bedroom. The manager had introduced a system to audit medicine procedures, and completed audits were seen.

Arrangements were in place to respond to foreseeable emergencies. People felt secure in the knowledge that a member of staff was on duty twenty-four hours a day. Staff told us they had received relevant training to deal with emergencies, for example, in the event of a fire or accident. The provider told us they were on call, out of hours, seven days a week to support and guide staff, in the event of an emergency.

Good

Is the service effective?

Our findings

People received effective care from the same group of staff who were familiar to them, and had the skills and knowledge they needed to carry out their roles and responsibilities People were complimentary about the staff. They told us of the confidence they had in the abilities of staff and said they knew how to meet their needs. "I think all the staff are very experienced and well trained. The manager has been doing this for years."
Another person said, "They take care of all my medical appointments. They arrange transport and a carer comes with me and stays with me." One person told us, "I came to the home for respite care for a short period, they made feel at ease and are very good at what they do".

From looking at staff records and speaking to care staff and the manager we saw there was induction, training and supervision provided to the staff team. Records showed and a new member of staff told us they had been taken through a thorough induction process and were given opportunities to shadow experienced staff.

New staff were supported by the registered manager and senior staff using observations to assess their competency before performing their tasks independently. The local authority had provided the mandatory training schedule which covered core topic areas including moving and handling, infection control, dementia and safeguarding. Staff told us and records confirmed they were booked accordingly on training or for existing staff refresher training. A member of staff said, "There is always training". Most staff had completed a National Vocational Qualification (NVQ) or were working towards various levels of Health and Social Care Diplomas (HSCD). These are work based awards that are achieved through assessment and training. To achieve these qualifications, candidates must prove that they have the ability and competence to carry out their job to the required standard.

Staff said they felt supported. Records and management discussions showed that there was some formal supervision between the owner and manager and staff, records showed it took place at least three times a year. There was no record of staff meetings. However given the small nature of the home and the family-style culture staff had daily contact with management and work related issues were discussed as they happened. Senior staff supervised and monitored staff competence in carrying out their role. The manager had introduced an appraisal system for staff to recognise their achievements and to plan their training and development but this was not complete. Staff told us an 'open door' approach was encouraged by both the registered manager and provider but they also found colleagues supportive and helpful. Supervision sessions were seen by the manager and the staff as additional learning sessions.

Consent to care and treatment was sought in line with legislation and guidance. We observed that staff asked for people's opinions and consent. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive

care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At the time of our inspection, mental capacity assessments had been completed for people living at Whitworth House. We checked that the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager told us, and records confirmed that a standard authorisation DoLS application had been granted for two people who lacked capacity and lived at the home. People's rights had been protected in line with current legislation.

People complimented the food provided by the home. When we arrived we saw that the manager was preparing a nourishing meal of vegetables and beef for lunch. We were told the home had a reputation for good food. The comments received as follows, "I eat very well. I get to eat whatever I want". "The food is good here and if I fancy something, they'll get it in for me specially."

Although the layout of the dining room was small and quite restrictive not everyone chose to take lunch at the dining table. Some enjoyed their meals on a table trolley and sat in their easy chairs in the lounge area. People were supported to have sufficient to eat, drink and maintain a balanced diet taking into account individual needs and preferences. All of the people using the service were independent in eating. We noted that care records for one person recorded they took some time to eat meals as they liked to eat slowly at their own pace, staff did not rush them. We saw people enjoying mid-morning drinks and snacks, staff were seen to prompt people take additional fluids in between meals. The manager told us when assessed as necessary staff completed food and fluid charts to monitor what people were eating and drinking. Weights were recorded and monitored on a monthly basis. The manager shared with us that none of the people currently using the service were identified as at risk of dehydration or poor nutrition, and therefore their fluid and food intake was not recorded.

People told us and records confirmed people living at the home had routine access to health care professionals. Relatives told us the manager called the doctor promptly if they had any concerns about a person's health. Care records showed people were seen by chiropodists, dentists, physiotherapists, district nurses, and the GP. One person told us their health improved since admission and said, "I'm doing well here. I don't have as many hospital appointments as I used to since I've been here." Staff told us that they would tell the manager if a person had any health issues immediately and they would then contact a nurse or a GP. Care records reflected that if the manager was not on duty staff leading each shift were able to act on observations and call on the necessary health care professionals when needed. Where people had complex needs there was input from external healthcare professionals, records showed that referrals to external healthcare professionals were made promptly. People had regular heath checks, the care records confirmed that people were regularly seen by their GP.
Records showed one person had a pressure sore. The assessment and management plan for his wound care was comprehensive. The resident had the necessary equipment to relieve pressure on the wound such as a pressure relieving mattress. Records indicated this equipment was requested without delay when it was recognised the resident had a pressure sore. The district nurse came weekly to provide wound care and this had now healed.

Good

Is the service caring?

Our findings

People told of feeling as though they mattered, they said staff took the time to get to know them so they could provide person-centred care. Everyone using the service and relatives commented on the caring nature of the service. One relative said, I am ecstatic with the way people are cared for at Whitworth House, they look after people as if they are one of their own family," Another person told us they had selected this care home to be their permanent home when they needed more support and could no longer manage in their home,

People told us the strength of the service was the staff team, from the provider to care staff, all were personable, kind and caring. One person said, "I am reassured my relative is well cared for, It may be a little shabby round the edges but the care in this home is amazing." Another person commented, "They treat people like they are one of their own family with love and affection, my family members have confidence in the service, these are people that really do care." The provider and his spouse were singled out for praise by many people including external professionals. People were able to maintain relationships with those who were close to them. Staff told us they always took time to get to know people's families as this was a way of engaging in conversation with people. Relatives told us they were welcomed into the home and staff knew them well.

A social care professional told us, "People seem well cared for and I have observed kindness, respect, and dignity from the manager staff with whom I come into contact."

People were cared for by staff who knew them well. The staff team were a regular group of people with a low turnover of staff. The manager was able to tell us about each person's personal history, interests, family relationships and medical conditions. She clearly knew them well.

The atmosphere in the home was calm and relaxed. The majority of people were in the communal living area. All except one person was engaged in some sort of activity. The activities people were engaged in reflected their preferences and this information was seen in their care plans.

Staff cared for people with warmth, dignity and compassion, creating a nurturing, friendly environment. People appeared happy and contented, were responsive to staff and each other. They were empowered to live full and active lives within individual levels of ability. A person was supported by staff to go for walks in the neighbourhood. A person centred approach was seen in staff practice. Staff engaged well with people while supporting them. We heard a staff member and a person they supported having a chat about the person's previous job. We observed that staff asked for people's opinions and consent. Staff supported people at an appropriate pace and were gentle and patient in doing so. Staff were respectful in how they addressed people and interacted with them. Staff were observed to respect people's dignity by ensuring intimate personal care needs were met in the privacy of bedrooms, toilets and bathrooms.

During the inspection we observed staff to be friendly and attentive to people's needs. We saw they reassured and supported people who required assistance with moving about, and were discreet when

supporting people wishing to use the bathroom. Staff respected people's private space and were careful to acknowledge this by asking first if they would like company. Staff always made sure they spoke to people in a respectful manner, for example, by referring to them by their preferred name and by taking care to use terms and descriptions that they could easily understand. They assisted people needing support at mealtimes. People were made to feel as though they mattered. One person said, "The manager and staff treat me very well, it is like I am one of their own."

People were encouraged to retain their independence where possible. For example one person told of the importance of being able to take control of many aspects of their daily life such as going out to day centres, looking after their own medicines in their own room, and managing their own personal issues. We saw that staff respected this and encouraged the person to be independent.

People were supported to maintain relationships with their family and friends. People told us their relatives were able to visit freely and were made to feel welcome. One person told us their visitors could come at reasonable hours and this had enabled them to visit more frequently.

People told us they had been involved in planning their care and care records showed evidence of people's involvement. Three staff members spoken with were fully aware of people's past occupations and life experiences and made point of acknowledging people's past. For example one person was a keen sportsman, and this was recognised in lively discussions about a football club they played for in their youth. Information about what people enjoyed prior to admission and during their youth was used to contribute to building a sense of community at the service. One person told us, "It's like one big family home where we share in our conversations with others."

Representatives from a local hospice were assisting staff and had introduced advance care planning for people and were training staff in the process. We saw that two of the records contained discussions and the outcomes on people's final wishes and preferences.

We observed people being asked for their opinions on various matters and they were involved in day to day decisions, for instance where they wished to sit and what they wanted to eat. However, we saw no evidence of "residents meetings" being held. People told us they found it easy to address issues directly with the manager and did not feel they needed In house meetings to express their views in a formal setting.

Good

Is the service responsive?

Our findings

People received a service, which was responsive and met their needs. Before coming to live at the service, the manager made sure people had an assessment of their needs. Staff considered whether the service could meet those needs. After an initial assessment, a care plan was developed. People's care plans clearly described their individual needs and the support staff gave to meet them. People had regular care plans reviews to ensure the service continued meeting their needs.

People's assessments reflected the way they wanted to receive their care. The registered manager created an environment where staff respected and valued each individual person. The provider ensured that the needs of the person were central to the assessment process. For example, people's strengths were identified and central to their care and support needs plans. People had care plans that were person centred. The planning and delivery of their care reflected their individuality. People received person-centred care. People had regular care plan reviews to ensure they continued to be effective. One member of staff told us, "We always make sure we make any changes to the care plan when people's needs change."

For a person recently admitted for respite we saw that the home had considered the individual's needs fully to determine if the placement was appropriate. The person said they were enjoying the respite placement and everything had worked out very well.They said, "I feel reassured the placement is just right for me, I shall return home when my main carer(spouse) is discharged from hospital. Care plans were developed after admission and dates showed these were reviewed regularly every month to ensure that they reflected people's needs. People told us that staff met with them and any relatives to discuss their needs and see if they were happy with the service. A relative told us, "I cannot praise the manager and staff enough, they have certainly addressed my family member's needs in a homely non-clinical environment, they make sure they are comfortable, they are really happy at Whitworth."

Staff told us that at the beginning of each shift there was a clear handover from staff. This included information about how each person was and any issues staff needed to be aware of. Staff told us this meant that they were aware if anyone was unwell or needed any extra support.
People told us they were able to make choices about aspects of their daily lives. They said they could choose how to spend their time, what activities to participate in and if they wanted to go into the community, stay in their room and when to get up and go to bed. One person said, "I have my own routines and go out to events in the community staff understand these and provide any support I need. It's a good arrangement and suits me very well."

People told us there were enough activities for them to participate in, and there was a weekly programme of activities which included church services, a person also came to the home to help them with an exercise programme. One person said, "I'm very happy here." I don't get involved in the activities much here, I prefer to go out. I go to a club I used to go to before I moved in here."
Another person told us, "I've got lots of friends and I get to see them. I've always loved to do crosswords and still do them. They let me smoke, although they have helped me to cut right down."

We observed people were busy engaging in their interests, two people were enjoying doing crosswords and puzzles, the majority of people enjoyed reading the daily newspapers. People's preferences were recorded. For example one person's care records said they loved country music, we noted they were enjoying themselves as staff was playing country music for them.

The registered manager told us singing and music were popular and people with dementia responded well and enjoyed these activities. Examples of other activities the home supported people to do included: chair exercise; bingo, bible class and watching television. We saw how personalised the service was, for example supporting individuals to go to the park or to shops in the high street. Staff knew about people's preferences and their hobbies and interests. For example a carer told us that one person was a keen sportsman in their youth and played professional football. Staff engaged him in discussions about football and other sports which he enjoyed. They made sure that football matches were available for him to watch on television. We observed that staff engaged positively and interacted with people in the lounge.

The communal lounge was quite small and all six people using the service remained in comfortable chairs in the lounge for the most of the day except to use the bathroom at intervals. One person liked to smoke; she was supported to go outside at intervals to do this. Another person told us they liked to remain in their own room but went out to the luncheon club at the nearby church on a number of days every week. The small dining room (off the lounge) was available for meals; there was not sufficient room for all six people to sit together at the table for mealtimes if they chose to. People did not feel this was an issue as some preferred to sit in their easy chairs and enjoy their meals on a small trolley table.

The service had a complaints procedure which was issued to people on admission. There were no complaints recorded. We spoke with all six people living in the home, they were confident that any issues they raised were addressed promptly by management. There were no complaints recorded in the complaints book.

Requires Improvement

Is the service well-led?

Our findings

The service had a long serving manager who was registered with the Commission. We had identified at the previous inspection of January 2016 concerns that the service did not have effective systems in place to make sure the quality of service provided was regularly monitored and assessed to prevent inappropriate or unsafe care. On this inspection we found that appropriate actions had been taken to address the concerns identified at the previous inspection. Shortfalls in the service were identified and were being appropriately addressed. We recognised the progress made and discussed this with the manager. We shared with the manager there was room for further improvement in this area, such as reviewing the environment and further attention required to the décor and internal furnishing.

The manager had introduced internal audits and reviews to monitor and assess the overall quality of service provided. There was evidence the provider was seeking, recording and assessing feedback about the experiences of the service from people using the service, staff and relatives, or visiting professionals, service commissioners. We examined a number of surveys that were returned, these reported positively peoples experienced. This gave us confidence in the operation; audits were being carried out by the provider where they could identify where there were shortfalls and where they needed to improve. Many examples of the improvements made were seen, for example staff recruitment, medicine audits.

The registered manager and the provider were knowledgeable on legislation and changes in regulations. The registered manager had fulfilled their obligation and informed the Care Quality Commission about notifiable incidents. The local authority commissioning team carried out monitoring checks at the service, and found areas of improvement.

The provider and spouse (registered manager) were involved in the day- to- day operation of the service and the care of people, working alongside care staff. This direct observational practice enabled daily assessment and monitoring of the quality with regard the safety of the service. People told us they got on well with the manager and could talk with her because she took time out to listen to them. During our inspection we saw that people seemed at ease speaking with staff or the registered manager as they wished.

Relatives told us they had confidence in the service. A family member said they received feedback about their relative and the home manager was generally very good about keeping them informed by phone, and when they visited, which was on a regular basis. We saw that contact with those acting on behalf of people and professionals had been recorded as well as the outcomes of discussions. Another relative told us the provider was responsive to their feedback. An example given was after they had commented on a particular pattern of supporting their relative into the garden staff had ensured their set pattern was followed.

The provider and the manager were very accessible to visitors, enabling minor issues to be discussed and resolved immediately, if they arose. Relatives and advocates of people told us that they had received information about the home as part of the admission procedure, including how to make a complaint. They said they had not had any cause for complaint however. They stated that staff worked collaboratively with them and professionals. This ensured the health and wellbeing of their relative and their satisfaction with

services.