Alexander Park Homes Limited

The Bill House

Inspection report

98 Grafton Road
Selsey
Chichester
West Sussex
PO20 0JA

Tel: 01243602567

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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

Summary of findings

Overall summary

About the service
The Bill House is a residential care home providing personal care to 30 older people with a range of needs, including dementia, at the time of the inspection. The home can support up to 38 people.

People's experience of using this service and what we found
Improvements had been made since the last inspection. People were protected from the risk of abuse and harm by staff who had been trained appropriately and knew what action to take if they had any concerns. Risks to people had been identified and assessed, with guidance for staff on what actions to take, which was followed. Staffing levels were sufficient to meet people's needs and new staff were recruited safely. Medicines were managed safely. The home was clean and smelled fresh.

Before people came to live at the home, their needs were assessed, to ensure the home could provide the level of care they required. A relative of one person said they had looked at many homes before deciding that The Bill House was the right place for their loved one. People received care from suitably trained staff and were encouraged in decisions relating to their care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to eat and drink in a healthy way and had a choice of menu; specialist diets were catered for. When people became unwell or needed support from a healthcare professional, they were seen or referred to the relevant professional.

Staff were warm, kind and caring with people. People's diverse needs were identified and catered for, so that care was delivered in a personalised way to meet people's preferences. People were treated with dignity and respect.

Care plans were detailed and reviewed with people and their relatives. People's personal histories were recorded, including their preferences, and activities were planned to meet these. People's communication needs had been identified, so that staff communicated with them in a way that suited them. Complaints were managed in line with the provider's policy. If it was their wish and people's needs could be met, they could live out their lives at the home.

People were happy living at the home and their relatives spoke positively about the home, and of the registered manager and staff. Feedback was obtained through questionnaires. Staff felt supported by the registered manager. The service worked in partnership with others to benefit people's care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection.

The rating at this service was requires improvement (published 17 November 2018). The overall rating has changed from requires improvement to good. This is based on the findings at this inspection.

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

The Bill House

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was undertaken by one inspector.

Service and service type
The Bill House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with six people who used the service and two relatives to obtain their feedback. Many people found it difficult to have a meaningful conversation, however, we observed their experience of living at the home. We also spoke with the registered manager, the provider's area manager, two care staff and the

activities co-ordinator. We reviewed a range of records. This included three care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

After the inspection
We sought feedback from three healthcare professionals who regularly visited the service and received one response. The healthcare professional who responded has given permission for their comments to be included in this report. We also received feedback by email from a friend of a person who had recently passed away at the home.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management;

- At the last inspection some people's risk assessments had not been updated as required. For example, following a fall, one person's risk assessment had not been reviewed or amended. There was conflicting evidence in another person's care plan in relation to their risk of falls. This was an area of practice in need of improvement.
- At this inspection, improvements had been made. People's risks were identified, assessed and managed safely.
- A whiteboard outside the registered manager's office recorded people's level of risk in relation to falls; this was completed in a confidential way, without identifying people. This meant that staff could see at a glance people's current status in relation to their risk of falls. Staff were also reminded at handover meetings of people who were at particular risk.
- Risks assessments within people's care records, included the area of risk and guidance for staff which was followed. For example, one person's risks associated with the use of topical creams, moving and handling, eating and drinking, falls and their mental state were documented.
- Where people were at risk of continuous falls, the registered manager made a referral to the local authority's falls team. People who had a high number of urinary tract infections (UTI) were supplied with prophylactic antibiotics from their GP. These were prescribed to prevent bacterial infection. The registered manager told us this had reduced the number of falls where people had UTIs.
- We asked relatives about the safety of the home and one relative told us, "I never worry about him here. I'm so pleased about everything and he's definitely safe".
- People were protected from the risk of abuse and harm.
- Staff had been trained to recognise the signs of potential abuse and knew what action to take if they had any concerns. One staff member told us of a person who had verbally threatened another person living at the home and how the relative had intervened. They explained the action that had been taken. The registered manager notified the relevant authorities about any allegations of abuse that occurred.

Staffing and recruitment

- There were sufficient staff to meet people's needs. Staffing levels were assessed and based on people's care and support needs.
- A friend of one person stated, 'There always seemed to be a lot of staff on duty on my visits. They were smart and well-mannered and always offered me a drink, making me feel welcome'.
- Staffing rotas confirmed that staffing levels were consistent. At busy times of the day, additional staff were deployed to assist. For example, at lunchtime, many people required help from staff with their meal. Staff sat next to people in the dining room to provide support; no-one had to wait for their meal or for staff to

assist them.
● We asked staff if they felt there was enough staff on duty. One member of care staff agreed there was and added, "It changes day to day, how much support people need, but we have enough staff". We observed that call bells were answered promptly by staff.
● New staff were recruited safely. Staff files showed that all appropriate checks had been made before staff commenced employment. These included checks with the Disclosure and Barring Service which considered the person's character to provide care. References were obtained and employment histories verified.

Using medicines safely
● Medicines were managed safely.
● The registered manager told us they were about to change to a new pharmacy for people's prescribed medicines, as the current pharmacy was not reliable in relation to delivering medicines on time. This had not impacted on people receiving their medicines.
● Senior care staff administered medicines, received training on this, and had their competencies checked. One senior member of care staff confirmed that the registered manager would do spot checks when they administered medicines, to ensure safe practice was followed.
● We observed a staff member administering medicines to people at lunchtime. This was done appropriately and the staff member brought a drink to people and waited patiently with them while they swallowed their medicines. Medication administration records were accurately completed.
● Two trolleys located in the reception area housed all the medicines people required. These were not secured to the wall and we pointed this out to the registered manager. The registered manager explained that the trolleys would have to be returned to the pharmacy when this was changed; the new trolleys would then be secured.
● Medicines were ordered, stored, administered and disposed of safely.
● Audits in relation to the management of medicines were completed and any actions arising from these were recorded and completed.

Preventing and controlling infection
● People were protected by the prevention and control of infection by staff who had received appropriate training.
● Staff wore personal protective equipment (PPE), such as disposable aprons and gloves, when delivering personal care and at mealtimes.
● Alcohol gel hand-washing stations were located around the home.
● The home was clean and laundry was managed safely.
● One member of staff said, "We have the correct cleaning materials and staff wear PPE. We have got alcohol wipes and hand-washing gels. There are signs in the bathroom about how to wash your hands and we have infection control training".

Learning lessons when things go wrong
● At the last inspection, people's risks were not always reviewed and updated in their care records.
● Following this inspection, the registered manager had made improvements. People's risks in a variety of areas was reviewed daily and logged onto a whiteboard that staff could see when they came on duty.
● In addition to the whiteboard, a coloured dot affixed to people's bedroom doors reminded staff that the person was at particular risk, for example, with falls. This was effective and worked well.
● The registered manager told us that another whiteboard was used to record when people had their meal in the dining room. This system was used as a check to ensure that everyone received their meal, whether they were sat in the dining room or chose to stay in their bedroom. This worked well, particularly where people might change their minds about whether they had a meal in the dining room or in their own room.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and support needs were assessed before they came to live at the home.
- The registered manager met with people and their relatives to undertake an assessment.
- One person's initial assessment recorded their cognitive abilities, communication needs and physical and mental health. This information provided the basis for the person's care plan.
- The registered manager explained they worked to guidelines such as those from the National Institute for Health and Clinical Excellence (NICE). They were also part of a care managers' network on social media which was particularly useful for exchanging ideas.
- A healthcare professional stated, 'The home is very busy and they are starting to seek advice about their residents. They ebb and flow in terms of admissions and we are working with them with a view to screening new and existing residents to the home'.
- People's care and support needs were continually assessed and relatives confirmed their involvement when people's care was reviewed.

Staff support: induction, training, skills and experience

- Staff completed a range of training relevant to their role and specific to people's needs.
- One staff member explained, I've done moving and handling, safeguarding, infection control and mental capacity. I've learned about different types of dementia and how dementia affects people in general terms. Dementia awareness is an 'on the job' learning curve. You learn how to adapt and think about how some people might not understand".
- The registered manager told us that staff at the home had created their own dementia experience which provided staff with an understanding and empathy of what it might be like living with dementia. The registered manager added, "We try and organise personalised training according to people's needs and type of dementia. This might be through e-Learning or face to face training".
- New staff, with no previous experience of working in care, completed the Care Certificate, a universally recognised, skills based, vocational training qualification. One staff member told us they were encouraged to study for additional qualifications, such as a diploma in health and social care. They said, "I completed Level 3 last year and this year I've completed training on falls, medicines and one about strokes. We can ask for any particular training".
- Staff received supervision from the registered manager every three months. One staff member told us, "We discuss any training and we're normally asked about something we've learned to check our understanding. We're always asked how the last three months have gone".
- In addition to formal supervisions, staff told us that the registered manager also undertook spot checks on

how they worked. For example, one staff member was assessed on the way they entered a person's room, the delivery of personal care and use of equipment, how they recorded what they had done, their personal appearance and the way they communicated with the person.

Supporting people to eat and drink enough to maintain a balanced diet
● People were supported to eat and drink enough to meet their needs.
● A friend of one person who lived at the home said, 'I saw many lunches, the home-cooked food was outstanding, well presented and of good quality. [Named person] said that it was always very nice'.
● We observed people having their lunch in one of the dining rooms. Staff were on hand to provide support to people as needed and offered drinks of people's choice.
● A relative was assisting their family member with their lunchtime meal. This relative told us they often did this and were offered a lunchtime meal as well. We asked the relative about the meals at the home and they told us, "He eats it and he loves it". One person, when asked about the lunchtime meal, said, "Absolutely fantastic!"
● Lunch was a sociable experience; people were chatting with each other and with staff.
● Special diets were catered for. For example, three people were on a pureed diet and three were on a soft diet. One person required their drinks to be thickened. Care plans contained detailed information and guidance for staff in relation to people's dietary needs. Advice was obtained from the relevant healthcare professional, such as a speech and language therapist, where people might have difficulty with swallowing.

Adapting service, design, decoration to meet people's needs
● Thought had been given to adapting the environment to meet the needs of people living with dementia.
● Pictures around the home encouraged conversations between people and staff.
● People's bedroom doors were painted in a colour of their choice, so they could locate their rooms easily.
● All parts of the home were accessible, via a lift or stairs, and the garden was on all one level. People told us they enjoyed going out into the garden and going to the beach, which was very close-by.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People had access to a range of healthcare professionals and services.
● A relative told us, "They will always get the doctor in if he needs it and the home will let me know what is happening. I have peace of mind knowing he's looked after".
● Care plans recorded when people visited a healthcare professional, such as their GP or optician. On the day of inspection, a chiropodist was attending to people's feet.
● Oral health assessments were completed which monitored areas such as gums, dentures and people's teeth. The registered manager told us that it was not always easy to access NHS dental care and private dental care was too costly for some. The registered manager said they were looking into having a staff member who would become an oral health champion. This staff member would undertake training in oral health with a view to sharing what they learned with other care staff.
● The home worked with healthcare professionals to ensure people received the support they required. One healthcare professional explained their involvement with improving the training delivered in relation to dementia care and how the home would contact them for any advice or support.

Ensuring consent to care and treatment in line with law and guidance
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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Consent to care and treatment was gained lawfully.
- People at the home were living with dementia. The registered manager told us that everyone was subject to DoLS. People's capacity to make decisions had been assessed and was recorded.
- One person was supported by an Independent Mental Capacity Advocate to make decisions.
- Where people had appointed relatives, or others, to make decisions on their behalf, copies of the relevant Power of Attorney were kept on file.
- The registered manager had a good understanding of MCA and DoLS and their responsibilities under this legislation.
- Staff completed training on mental capacity. One staff member told us, "We must assume that everyone has capacity until it is deemed by the correct people that they do not. Just because someone makes an unwise decision, doesn't mean they lack capacity. We take very step to help people to make their own choices, before making decisions for them".

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who knew them well.
- People had a range of needs. Most people were living with dementia, one person had a mild learning disability. Staff treated people equally, respecting their diverse needs. They had completed training in equality and diversity.
- A friend of one person who lived at the home said, '[Named person] told me she was treated with respect and was happy at The Bill House. She was a very sociable person, but found the common areas of the home too noisy, so she chose to stay in her room and many staff popped in for a chat, which she enjoyed'.
- People's preferences with regard to male or female care staff to support them had been recorded. If people had particular religious or cultural beliefs, these were documented. For example, clergy visited the home every month and people could join in with the singing if they wished. One person enjoyed listening to hymns via social media.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to be involved in all aspects of their care.
- A friend of one person who lived at the home told us, '[Named person] was a lady who liked to take pride in her appearance and this was facilitated by staff. I know this was quite difficult to achieve as she was incontinent and also could drop food on to her clothing'.
- One staff member explained the importance of offering people choices. They said, "You need to simplify decisions, offer people choices, but not too many because you don't want to overwhelm them. We try to explain things to people. We respect what choices people might have made when they had capacity to make those decisions".
- The registered manager met with people and their relatives and good communication systems were evident. We observed staff continually checked with people about how they wanted to spend their day. For example, one person, who was busy making Christmas decorations, said they would like to go for a walk in the garden. A staff member said this was a regular request, because the person enjoyed spending time in the fresh air and staff were happy to accede to this person's wishes.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect.
- A friend of one person who had lived at the home said, 'I observed how staff interacted with other residents. I was pleased with these observations. All staff showed respect, empathy and the utmost patience'.

● We observed a member of care staff supporting one person as they walked down a corridor in the home. The person had difficulty seeing, so the staff member with them explained where the handrail was. The person became quite upset and started to shout. The staff member talked calmly in a patient, kind and gentle manner, so the person was reassured.

● Staff completed training in dignity and respect and the registered manager was the dignity champion for the home.

● When asked how they treated people with dignity, one staff member told us, "It's calling people by their preferred name, treating people how you would like to be treated". Another staff member provided an example and said, "Rather than walking straight in to a person's room, I chat with the person. I might say, 'We're going to give you a wash now'. I will wet the flannel and ask the person if they would like to wash their face. When going to the bathroom with people, once I know they're safe, I would leave them and come back when they're finished. It's about maintaining dignity and explaining things".

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- At the last inspection we identified that people did not have consistent access to meaningful activity. This was an area of practice that needed improvement.
- At this inspection, actions had been taken and an activities co-ordinator planned a programme of events with people. They told us, "There is always something planned, but I ask people what they want to do and we organise something daily. If people don't want to do what is planned, we can change it".
- A relative said, "They have activities and [named person] enjoys music and he likes singing".
- We sat with people and joined in with making salt dough Christmas decorations. People who chose to participate in this activity were clearly enjoying themselves and there was a lot of chat and laughter. One person told us they liked living at the home and that there was plenty to do.
- People's social interests and hobbies were recorded, so activities could be planned according to what people wanted to do. One person enjoyed puzzles, religious music and shopping. Activities were organised so that everyone living at the home could participate in an event that was of interest to them. External entertainers often visited at weekends and music was popular with many people. The registered manager told us people enjoyed a recent fireworks display and at Hallowe'en, small trees had been purchased for the home and decorated scarily.
- Plans were afoot for Christmas. The registered manager told us that people and their relatives enjoyed the festive season and this was a big event. A Christmas grotto was planned, Santa would visit and everyone would receive a present.
- The home had recently been awarded a grant and was using this money to fund a sensory garden.
- Where people's relatives lived far away, the registered manager said there were plans to open up a 'Relatives' Gateway' electronically so relatives could see what people had been doing. Wi-Fi was available throughout the home, although we were told that the signal in Selsey was not that good, so could not be relied upon.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were written in a person-centred way and contained detailed information about people, their preferences, and how they wished to be supported. The registered manager told us that people were encouraged to be as independent as possible. There had been occasions in the past when people had rehabilitated and returned to live in the community. The registered manager said there were plans to offer a day care facility, so that people could come to the home from around 9am until 4pm, and stay for lunch.
- Care plans described how staff should support people. Daily charts recorded how much people had eaten

and drank, or when they had a bowel movement. The electronic care planning system alerted staff to any concerns which were dealt with.

● Staff demonstrated a thorough understanding of people's care needs, likes, dislikes and preferences.

● Relatives confirmed they were fully updated about their loved ones and involved in decisions relating to their care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● People's communication needs were met. Communication care plans included how staff should communicate with people. For example, one person had a partial understanding of normal conversation and had difficulty putting words together that had an intelligible meaning. Staff were aware of this and adjusted their communication with this person accordingly.

● Another person, who could not communicate verbally, used facial expressions. For example, if they looked at the drinks trolley, staff would know they wanted a drink. When the person wanted to use the toilet, they would try to stand up. Staff were alert to this person's needs. A staff member explained, "We watch for the tell-tale signs and you have to get to know people".

● One person used a picture flipchart to aid their communication. For example, drinks were illustrated, so they could point to the drink of their choice. People could access picture cards to communicate with staff when they were experiencing pain.

Improving care quality in response to complaints or concerns

● Complaints were managed in line with the provider's policy.

● No formal complaints had been received. The registered manager told us that any informal complaints were dealt with straight away. We observed that relatives came to the registered manager's office to discuss any queries or concerns they might have about their loved one's care.

● People told us they were happy at the home and would go to a staff member if they wanted to talk about anything.

End of life care and support

● If it was their wish, and their needs could be met, people could live out their lives at the home.

● At the time of our inspection, one person was receiving end of life care. When this report was drafted, they had passed away. A friend of this person was keen to share their comments with us and said, '[Named manager] always made a point of coming into [named person] room on my visits, which I appreciated'.

● District nurses were visiting daily to administer pain relief. This person had an end of life care plan which included information and guidance to staff which was followed.

● Where assessed as needed, some people had a 'Do not attempt cardio-pulmonary resuscitation' (DNACPR) plan in place. These were completed by a medical professional; with the involvement of people and their relatives.

● Staff completed training in end of life care.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; Working in partnership with others

- At the last inspection, risk assessments were not always completed consistently or updated to enable staff to mitigate risks for people. This was identified as an area of practice in need of improvement.
- At this inspection, actions had been taken. People's risks were identified, assessed and reviewed and information was consistently recorded and updated. An analysis of falls sustained by people enabled the registered manager to identify any patterns or trends and for appropriate action to be taken.
- A system of audits measured and monitored the quality of care and the service overall. Any areas in need of improvement were recorded and actions taken. Audits followed CQC key lines of enquiry and areas looked at were listed under the five key questions of safe, effective, caring, responsive and well led. For example, an infection control audit had been completed in 'Safe'. One of the actions arising was that there was no soap in one dispenser.
- Under 'Safe', a safeguarding DVD and talk had taken place which explored ways of enabling people to understand and feel supported to raise any concerns. Under 'Effective', staff were tested on their understanding of the principles of the Mental Capacity Act.
- A Brexit continuity plan had been drawn-up and the provider's operations manager had been involved in various meetings. The plan highlighted the need for working with other homes.
- The registered manager attended meetings at the local medical centre and met with other managers and health and social care professionals to exchange information and share good practice. The registered manager told us of a closed Facebook page which was open to registered managers across England. This had been useful as managers could share policies on particular topics.
- A range of healthcare professionals visited the home regularly and effective working relationships had developed. For example, an avoidance admissions matron visited the home to find out about any new people admitted to the home and support they might need.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People received personalised care from staff who encouraged their independence. Staff supported people in ways that suited them.
- The registered manager and staff understood the concept of person-centred care and had created a culture that enabled staff to deliver care in this way.
- People and their relatives were positive in their comments about the home. A relative said, "I can't fault it. They're always positive. I ring and they make me feel better. I'm so pleased with his care here". Another

relative told us, "The food is lovely and Mum has put on weight. I get informed if anything goes wrong, but she is 110 per cent better". A third relative said, "Mum was quite poorly before she came here, but now it's like being on holiday, because she gets her hair and nails done".

● Relatives were asked for their feedback through a questionnaire. The last questionnaire from April 2019 recorded that, staff were welcoming, friendly and approachable, that concerns were dealt with in a professional manner, and that people's privacy and dignity were respected. Relatives were also asked if they would like to be part of a relatives' group, but no-one did. In the questionnaire feedback, one relative responded, 'It always felt like [named person] was part of your Bill House family and not just a patient'.

● Staff described the registered manager as very supportive and told us there was an 'open door' policy. One staff member said, "I enjoy the work and I enjoy the residents; everyone is different. It's a nice environment. [Named registered manager] is very supportive. If I have any problems, I can talk to her and she will try her best to sort it".

● Staff meetings took place approximately every six weeks. These were opportunities to share information and reflect on practice. The last staff meeting was held a few days before the inspection and topics discussed included person-centred software, the change of pharmacist, catheter care, infection control and the Christmas meal. Staff were thanked for their contribution to the home.

● Where staff needed additional support to fulfil the responsibilities of their role, this was provided. For example, if staff did not have English as their first language, they could access English courses. One member of staff, because of their disability, required a very structured, planned way of working and advanced warning of any changes. The registered manager ensured this was done.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

● The registered manager had a good understanding of their responsibilities under duty of candour. They said, "It's about being open, honest and transparent and if you've made a mistake, owning up to it, and learning lessons".

● One person had jewellery stolen from them by a member of staff. The incident had been reported to and investigated by the police. The staff member had been suspended while the investigation took place and was eventually dismissed. The registered manager ensured that the Disclosure and Barring Service was informed of the incident as the staff member had committed a crime and was not safe to work with vulnerable adults.

● The registered manager understood regulatory requirements and notifications which were required to be sent to us by law had been completed. The rating achieved at the last inspection was on display at the home and on the provider's website.