Park House (Weston-Super-Mare) Limited

Park House Residential Home

Inspection report

Park Place
Weston Super Mare
Somerset
BS23 2BA

Tel: 01934415701

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05 January 2017

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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

The inspection took place on 5 January and was unannounced. Park House is a residential home and provides care and accommodation for up to 30 older people. Some people are living with the experience of dementia. At the time of our inspection there were 27 people living at the home. Accommodation was arranged over three floors and all bedrooms had toilet and washing facilities, some with showers. There were two communal lounges, a large dining area and a conservatory opening out onto private enclosed patio gardens. There were lifts to all floors.

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

People told us they felt safe living at Park House and relatives echoed this opinion. People and their relatives were positive about the care they received and praised the staff and management. People and relatives told us staff were kind, attentive and caring. We saw staff were respectful in their interactions with people. Staff sought permission from people before any care or support was offered and personal care was carried out in the privacy of the person's room.

There were sufficient staff to meet people's needs. Staff were not rushed in their duties and had time to chat with people. Throughout the inspection, there was a calm atmosphere and staff responded promptly to people who needed support. The home had robust recruitment procedures and conducted background checks to ensure staff were suitable for their role.

People were supported by staff who could explain what constitutes abuse and what to do in the event of suspecting abuse. Staff had completed safeguarding training and understood their responsibilities.

Staff received appropriate training and support to be able to effectively offer safe care and treatment. Staff understood people's needs and preferences for the way they wished their care to be delivered.

People's care and support plans identified how they wished their care to be given and where potential risks were identified, support and management plans were in place. The home had taken reasonable steps to mitigate the risks to the health and safety of people receiving care. Care records contained up to date guidance for staff to manage the risks associated with peoples care and staff followed this guidance.

People were encouraged to make choices and were involved in the care and support they received. Staff had an awareness of the Mental Capacity Act and Deprivation of Liberty Safeguarding (DoLS) and how to support people within their best interests.

Staff spoke positively about the service provided and the supportive culture at the home. The registered manager had quality assurance and audit systems in place to monitor the care and support people received.

People had opportunities to take part in a variety of social activities and to pursue their hobbies and interests. The home had good links with the local community. The home had a mini-bus that was available to take people out for shop visits and outings, which increased people's independence and opportunities for social activities.

People's care needs were assessed and kept under review to make sure they received care and support, that was responsive to their needs and wishes. Staff monitored people's health to make sure they had appropriate care and treatment when required. People received their medicines safely from staff who had received specific training to carry out the task.

People told us they would be comfortable to make a complaint. They said the registered manager was very open and approachable and they could speak with them about any concerns.

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.

Staff had received training in safeguarding adults. There were systems in place to help ensure staff were supported to report any abuse they witnessed or suspected.

Staff had been safely recruited and there were enough staff to meet people's needs.

Systems were in place to help ensure the safe administration of medicines

Is the service effective?

Good

The service was effective.

Training and support was provided to staff to help enable them to carry out their roles safely and effectively.

People were provided with a choice of suitable and nutritious food.

The service met the requirements of the Mental Capacity Act and the Deprivation of Liberty Safeguards.

Health professionals were involved in people's care and timely referrals were made by the home.

Is the service caring?

Good

The service was caring.

People and their relatives spoke positively about the staff team.

The atmosphere at the home was friendly, calm, relaxed and inclusive.

People's independence was promoted and people's care plans

guided staff to help support this.

Staff were knowledgeable about people's care needs. They were able to talk to us about people's likes and dislikes.

Is the service responsive?

Good

The service was responsive.

People received care and support in line with their preferences.

People's care plans were detailed, personalised and were regularly reviewed.

A range of activities was available for people to participate in if they wished.

There was a complaints procedure in place and people told us they knew how to make a complaint if they needed to.

Is the service well-led?

Good

The service was well led.

The registered manager adopted an open and inclusive style of leadership.

Staff felt supported by the management team.

Monitoring systems were in place to help maintain and improve the safety and quality of service.

The provider had a system to obtain feedback from people who used the service and relatives visiting the service.

Park House Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 visit took place on 5 January 2017 and was unannounced. The inspection was carried out by two adult social care inspectors.

Before the inspection, the provider had completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We found the information they included in the PIR was an accurate representation of the service. We also reviewed all the information that we held about the home including previous inspection reports and notifications. A notification is information about important events which the home is required to send us by law.

Prior to the inspection, we contacted the local Healthwatch and no concerns had been raised with them about the home. Healthwatch is the local consumer champion for health and social care services. They gave consumers a voice by collecting their views, concerns and compliments through their engagement work. Following the inspection we received positive feedback and information from the local authority quality team.

During the inspection we met with everyone and spoke with fourteen people living at the home. We also spoke with two relatives and two visitors. We observed people being cared for and supported at various times during our visit to help us understand the experience of people living at Park House. We spoke with four members of the care staff, the kitchen assistant, the laundry assistant, both deputy managers and the registered manager.

We looked at a range of documents including five people's care plans and risk assessments, medicine administration records (MARs), three staff recruitment, supervision and training records and duty rotas. We also looked at records of complaints and monitoring the quality of the service provided within the home.

Good

Is the service safe?

Our findings

People and relatives said they had no concerns about safety at Park House. One person told us, "I like it here a lot. I'm settled now. The staff are good and I feel safe." Another person said, "It's beautiful here, so clean and staff are very nice. I feel totally safe." One person told us they had come for two weeks respite, but liked it so much they had decided to stay. Their relative, who was with them, said "You felt safer here didn't you" and they agreed saying, "Yes. Very safe. Especially at night." Another relative told us, "Mum feels safe here, it is safer here than with us because we're not always around."

Staff had a good understanding of how to keep people safe and their responsibilities for reporting any concerns. They knew how to report any suspicion of abuse to the management team and outside agencies, such as the local authority. Policies were in place in relation to safeguarding and whistleblowing procedures and these were accessible to all staff. Staff confirmed they had received training in safeguarding adults as part of their training and records showed this was regularly updated.

People were protected from avoidable harm. Risks to people had been identified, assessed and were reviewed at regular intervals by staff. Actions had been taken to minimise any risks, such as the risks of people falling, developing pressure sores or becoming malnourished. For example, if someone was at risk of choking on food, their diet had been changed on advice from healthcare professionals to a soft food or pureed diet to reduce the risks of choking. Records showed risk assessments were reviewed once a month or sooner if the person's needs changed to ensure staff continued to support them safely. Any changes to the level of risk or changes to people's health were recorded and communicated to staff. Staff were aware of the risk assessment and management plans in place for people. Staff recognised that some informed risks to people's health and wellbeing were acceptable, in order to promote and not limit people's freedom and independence. For example, one person liked to go out in the early evening when the light was fading. Staff knew the person had capacity and the right to make this decision. However, staff had encouraged the person to minimise the risk by wearing a high visibility jacket, which they had done.

Procedures were in place for recording and monitoring incidents and accidents. Where accident and incidents had occurred these were recorded including information about the time, location and who was involved. This was so the registered manager could review the information and take appropriate action to reduce any re-occurrence.

People told us there were plenty of staff and staff were available when they needed them. One person told us they did not have to wait very long for staff to answer the call bell. A relative told us "There are always lots of staff." Staff also felt there were enough staff on duty and they were able to respond to people quickly. The registered manager told us staffing was based on people's needs and was reviewed to reflect any changes in people's needs. Rotas for the four weeks prior to our inspection visit corresponded with the staffing levels the manager described.

The registered manager had a system in place to assess the suitability and character of staff before they commenced employment. We checked three staff files and saw records of employment checks completed,

which showed the steps the registered manager had taken to ensure staff were suitable to deliver care and support before they started work. The registered manager had made reference checks with previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions.

Robust systems were in place to ensure people's medicines were ordered, stored, administered or disposed of safely. Medicines were all clearly labelled, and creams and liquid medicines were dated when opened which helps to ensure they were not used beyond their use by date. The fridge and medicines room temperatures were recorded daily which ensured they were stored in line with the manufacturer's instructions. Medicines audits were completed regularly to check that records, storage and stocks of medicines were satisfactory. The registered manager had a medicines policy which gave clear guidance to staff about the storage and administration of medicines including monitoring people who self-administer their medicines.

We observed people receiving their medicines and noted that staff checked the label and medicines administration record (MAR) to ensure they were correct before giving them. People told us they received their medicines when they needed them and staff explained what they were for. Some people managed their own medicines and were supported to do so. People had individualised risk assessments and consent forms in their care records. MAR charts were fully completed and any reasons for not giving people their medicines were recorded.

People told us the home environment was always clean and odour free. One relative said, "The place itself is always spotless and very clean." We saw that all communal areas were clean, well maintained and no unpleasant odours were detected. We observed that staff were aware of infection control procedures. Staff had access to the appropriate personal protective equipment (PPE) to reduce the risk of cross contamination and the spread of infection. Training records showed that staff had received training in infection prevention and control in 2016.

The registered manager employed a maintenance person who maintained the building and ensured checks were carried out on fire, electric and water systems to ensure people's safety. Regular checks were also carried out on equipment such as hoists and wheelchairs to ensure they were safe to use, and call bells were working. The registered manager had systems in place to manage emergencies. Each person had a personal emergency evacuation plan (PEEP) which informed the emergency services of what their needs were to support them with safe evacuation in the event that people had to leave the building.

Good

Is the service effective?

Our findings

People we spoke with told us they thought the staff had the right skills and experience to meet their needs and those of their relatives. Comments included, "I am fine and well looked after", "The carers are very nice and they know their jobs well" and "I can't praise them enough they are excellent".

Staff told us that when they started working at the home they completed an induction. As part of their induction, staff were required to read people's support plans to ensure that they had a good knowledge of the people they were supporting. There was a period of being observed by an experienced member staff and the registered manager who would regularly give them feedback to ensure the level of care they were delivering met the needs of the people they were supporting. All staff were expected to complete mandatory areas of training within the induction. Such as, person centred care, the Mental Capacity Act (2005), safeguarding, manual handling, infection control, health and safety and first aid. Seniors also had to complete medicine administration training. Staff who were new to care or did not have a recognised qualification related to caring were enrolled on the Care Certificate. The Care Certificate is a benchmark for induction of new staff. It assesses the fundamental skills, knowledge and behaviours that are required by people to provide safe, effective, compassionate care.

People were supported by staff that were knowledgeable about their needs and wishes and had the skills to support them. There was a comprehensive staff-training programme in place and the home's training record indicated when updates were needed. Records showed staff had undertaken regular training in a variety of topics including training specifically tailored to meet the needs of people living at Park House. These included, dementia care, nutrition and wellbeing, pressure area care, end of life care, and effective communication. Staff told us the training programme at Park House ensured they were well prepared to do their job. They said there was lots of training available to them and the registered manager would source training if they had a particular interest. For example, several had wanted to refresh their practical first aid training with a higher level of more intensive 'face to face' training from an external provider. This was arranged by the registered manager and well received by staff.

Staff were supported through annual appraisals and had supervision every two months and there was a detailed supervision contract in place between employer and staff. Staff told us this gave them the opportunity to sit down with the manager and discuss any issues they may have on a one to one basis. Staff confirmed that supervision was always about staff and looked at ways in which staff could develop and best support the people they are caring for. Staff informed us they had regular team meetings with the manager and all staff were given the opportunity to speak out on any issues that may affect them at work. Staff felt supported by the registered manager and felt able to approach for advice at any time as there was an open door policy. Staff said they felt supported to develop their skills and that progression was possible for them within the staff structure if they wanted it.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met.

Care plans included MCA assessments where appropriate and the registered manager understood the application of MCA and was competent in their knowledge. The registered manager described their decision making process involving the person's view and the views of relevant others, such as family and health professionals. The registered manager recognised that people's capacity may fluctuate, for example if they had an infection.

No DoLS assessments had been applied for and this was correct for this group of people. We spoke with the registered manager to judge her understanding about MCA and DoLS. She was not aware of key changes to the law in relation to DoLS. However, this had not detrimentally impacted on people as everyone at the time of the inspection had capacity to make decisions about their care and treatment. The registered manager assured us they would undertake research and further training to ensure they were up to date with the law in relation to DoLS and could apply this correctly.

Staff had an good understanding of MCA and demonstrated how they helped people to make decisions on a day-to-day basis. One member of staff said "The mental capacity act is there for people who can't make informed choices and decisions themselves. We might have to support them to make decisions in their best interests and ask other people their views too, like the doctor or family".

We observed staff consulting with people about how they wanted their support to be delivered. Staff understood the principle that people should always be presumed to have capacity to make decisions and should be given choice. We overheard staff seeking consent throughout the day. For example we heard staff ask people, "would you like more", "what would you like to do" and "where do you want to go." People told us that staff always asked them if they wanted their medicines, and sought their view on their care needs. People told us staff always respected their choices. One person said, "It's up to me how I live here. It's as close to home as it could be; the staff see to that".

People and visitors were very complimentary about the quality and presentation of meals. People told us the meals were "very good" and "lovely". One person commented, "I enjoy everything. The food is very good, you can have anything you want and they offer you snacks". Relatives said, "They're really good cooks."

We observed the lunchtime meal and people all appeared to be enjoying a highly sociable dining experience. There was lots of chat and laughter and had a real feeling of people having 'meal out with friends. Tables were well laid with cotton tablecloths, serviettes and nice placemats. People were all offered a choice of drinks, some had sherry, others lager; ginger beer or a soft drink. After the meal people stayed on chatting with coffees. People were offered a choice of hot lunchtime meal each morning. If people did not like what was on the menu, the cook would make omelettes, baked potatoes or sandwiches. Meals were home cooked and came with a selection of fresh vegetables, smelt appetising and was well presented. Everyone was offered second servings. Two people said they had not enjoyed their meals, but when asked why, they said the portion was too big. We spoke to the registered manager about this and they said they

could have less next time. One person could not decide what they wanted and we saw the registered manager giving them a bit of each of the main courses. People's individual tastes and preferences were catered for. For example, one person loved eggy bread and this was made especially for them. Some people enjoyed cooked breakfasts. People's specific likes and dislikes were clearly noted. People benefitted from helping themselves to freely available snacks and drinks in all communal areas. People who had any specific dietary needs were noted. For example, one person with diabetes had low sugar puddings served to them.

People's nutritional well-being was assessed and kept under review. Records were kept if people required their food or fluid intake to be monitored to make sure any health needs were identified. Where people were at risk of malnutrition, specialist advice was sought. However, food and fluid intake records were not always completed thoroughly. There was no information for staff on the target amount of fluid each person should be aiming for. This was discussed with the registered manager and immediately addressed. The changes were then communicated to staff at their staff meeting held during the inspection.

Health needs were assessed and we saw that care plans were in place to meet the physical and psychological needs of people. People had access to a range of health professionals, including GP's, nurses, dieticians and chiropody services.

The premises were suitable for people living in the home. People's bedrooms were nicely personalised and homely. The registered manager told us in the provider information return that the home encourages and assists people to make their rooms as homely as possible and provides choice of colour with decoration, furnishings and bedding. Communal rooms were nicely decorated and provided comfortable areas to relax. People were able to enjoy the garden when they wanted. There was a hairdressing salon for people to use. All floors were accessed by lifts and stair lifts to help people get around. There was an ongoing program of investment, including new carpets and bedding. The registered manager told us that resources were not an issue as they viewed on going investment as important in the running of a good service. A new laundry system was installed in 2016 and a kitchen replacement was planned for 2017.

Good

Is the service caring?

Our findings

People spoke positively of the staff and said they were caring and respectful. One person told us, "Staff are very good; they're polite, hardworking and caring." Another person said, "I wouldn't be anywhere else. I have comfort and I am content." All relatives we spoke with also told us they felt staff were caring. One relative whose family member had lived at the home for a number of years told us "We feel very, very sure she's looked after." Other comments included, "We've only ever seen kind care", "It's excellent care – it's how I would like to be cared for" and "It's an absolute godsend. It's the closest you can get to being in your own home."

We observed staff providing care and attention to people during the inspection. They were polite and courteous and provided reassurance and spoke in a caring and compassionate way. For example, staff spent time talking and listening to people. There was a cheerful, sociable atmosphere in the home. People and visitors commented positively on the attitude of staff. One person told us, "All staff are approachable and helpful."

Staff talked about people in a respectful and valuing way and attended to their needs discreetly. We saw staff attended promptly when people requested assistance. Staff knocked and waited for an answer before entering bathrooms, toilets and people's bedrooms. This was to ensure people had their privacy and dignity respected. One person told us, "There's always someone there to help." People were able to choose a male or female carer to attend with personal care, if they had a preference.

Records were stored securely to ensure that confidentiality was maintained. We observed staff speaking with relatives and moving away from public areas to speak with them in private where they could not be overheard by other people or visitors.

The home promoted people's independence and encouraged people to maintain their skills. Staff told us an important part of their role was to encourage independence. A staff member explained how they supported one person with reduced mobility. "They need assistance when they walk but I always encourage them to use their walking frame and walk a few steps around the home. It helps their confidence to know that I'm there if they need help." We later spoke with the person who was receiving support from the staff member; they told us "The staff always walk with me to keep me safe." People were encouraged to go out and about independently.

People were able to make choices about their daily lives. People's care plans recorded their choices and preferred routines. For example, what time they liked to get up in the morning and go to bed at night. People told us they were able to get up in the morning and go to bed at night when they wanted to. One person was worried they had overslept, as it was 10.30am. Staff told them "We fit around your routine, its fine. Don't worry. You've had a nice lie-in."

People were able to choose where to spend their time, either in the lounges or in their own rooms. Where people chose to spend their time in their room, staff regularly went in to their rooms have a chat with them

and check if they needed anything. We saw staff asked people where they wanted to spend their time and what they wanted to eat and drink.

People were involved in the planning of their care and support. People told us support was provided the way they wanted it. Relatives told us they had been involved in reviews of their family member's care and they felt listened to. One relative commented, "The manager always asks us our views and is always checking we are happy." There were regular 'resident and relative' meetings and minutes recorded the content of these. This meant that the registered manager sought to involve people and their families in the running of the home.

People's friends and relatives visited when they chose. Relatives we spoke with said they felt welcomed at all times. There was tea and coffee making facilities and we saw relatives were able to have drinks throughout the inspection visit. We saw that relatives were offered meals if visiting over a mealtime.

Staff had received training in end of life care. We saw that people's wishes and preferences about their care at the end of their lives had been recorded. End of life care plans included clear instructions to staff as to the person's wishes in the event of their death regarding who to contact, special requirements and funeral arrangements. The home sought involvement and guidance from GP, district nurses, Marie Curie residential home support team and local hospice to support people at the end of their lives.

Good

Is the service responsive?

Our findings

People received care and support that was responsive to their needs because staff were aware of the needs of people who lived at Park House. People told us they received care when they wanted it. One person told us how staff always attended to their needs when they rang their call bell. Another person talked about how they felt staff were unobtrusive and respected their privacy but were there to help them when they needed them, "I'm left alone when I want to be. I can join in anything I like, but I don't often want to. They understand that." One person said, "Staff feel like friends. If I want anything, my fella's marvellous" (referring to their keyworker).

People's needs were assessed before they moved into the home. Following this initial assessment care plans were developed. Care plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported, such as, with mobility, continence and specific health needs. These were reviewed monthly or as people's needs changed. Care plans gave direction and guidance for staff to follow to meet people's needs and wishes. For example, one person's care plan described in detail how staff should assist the person with their personal care including what they were able to do for themselves. Their care plan stated, "[name] needs staff to provide help with applying all of their makeup. They can dress themselves but requires help with all small fasteners, zips and buttons."

We spoke to staff members about several people and their care needs. They showed us that they had a good understanding of people's individual care needs, how people liked to be supported and what was important to them. For example, staff told us about one person who suffered with anxiety. Staff knew they needed to sit with them and really explore what was happening to understand what was causing the anxiety at the time. Once this was understood they could give reassurance and work to find a solution to resolve their anxiety. Staff knew people's individual preferences such as what foods they enjoyed; times they wished to get up or go to bed, activities they enjoyed and how they liked to spend their time. For example, staff were encouraging one person to drink more fluids as they were not drinking well. They told us they made sure that the person had cranberry juice in their room, as they knew this was their favourite drink.

People were offered a programme of activities that were tailored to people's interests. Activities were varied and included time for individual and group activities such as, chair aerobics, aromatherapy and visits from entertainers. Library books are delivered regularly and newspapers of choice delivered daily. People benefitted from the home's mini-bus and there were twice daily trips out to places of interest or shopping. One person told us in their previous home they had been out of their room only once in 4 weeks, but here they went out "all the time", commenting "I've been to the sea front!". The home had a system called 'star days' every month. A person was chosen each month and could choose to do something specific, such as, go to the cinema, theatre, beach or out for lunch. For example, one person used to keep horses and as the registered manager had horses they arranged for the person to go to the stables and be with the horse and help with grooming. They do this on their 'star time'. This person has really benefitted from this as following a stroke they had been unable to communicate clearly. Since their visits to the stables, their speech had massively improved when they were with the horses.

People were encouraged and supported to follow their own activities and interests. For example, one person was a drummer in a jazz band. Their drums were stored in the garage and brought in when the person wanted to practice. The registered manager also organised a music event so that the person and their band, could entertain people and friends at Park House. Another person enjoyed art and had an easel in their room. One person told us they went to an art club every Friday, which was outside of the home. Another person told us they had just started knitting again, since moving into the home. People told us they had more opportunities to be active and had become more sociable since living at the home.

The home had it's own hairdressing salon and a hairdresser visited weekly. Two people were having their hair done during our visit and told us how much they enjoyed this, they were chatting away to each other and the hairdresser. There was also a male member of staff who was able to cut gentleman's hair if it was their preference to have a man.

The home celebrated significant events in people's lives. The provider information return submitted by the registered manager told us the home make sure they celebrate people's birthdays providing, them with special parties, cakes and presents. One visitor said "The personal touches are amazing" they went on to describe how the registered manager recently accompanied their friend to their daughter's wedding and provided transport and care to them throughout the day to enable them to be part of the occasion. Another visitor told us "There are always celebrations and loads going on." Throughout the year the home celebrated events such as Easter, Valentine's Day, Burns Night and Christmas. We saw photographs of people enjoying these events. The home also held themed days each month. These offered interest and explored traditional, cultural, religious and diversity themes, such as a recent Mexican themed night.

Relatives and residents meetings were held monthly and people and their relatives were given questionnaires and surveys to complete so that the home could provide changes and improvements. We saw minutes of some of these meetings and the latest residents meeting minutes were displayed in the foyer for people to read. We saw there was a suggestion box in the foyer of the home. This provided another forum for people to have their say, raise issues and make comments.

People told us, they felt comfortable raising concerns or complaints if they were unhappy about any aspect of their care and support. People told us they would approach the registered manager and they were confident that their concerns would be listened to. We saw the registered manager was very visible in the home so people could approach them directly to discuss any concerns.

A copy of the home's complaint procedure was available and provided appropriate guidance for people if they wanted to make a complaint. Records showed that the registered manager had acknowledged and responded to complaints, and they took appropriate action in response to the complaints to improve the quality of care provided.

Good

Is the service well-led?

Our findings

People and relatives told us they thought the home was managed well. When asked what they thought about the registered manager, people used expressions such as "excellent," and "very good" and told us the home was, "run well". Relatives shared this view. They told us the registered manager "has genuine empathy for the residents. [managers name]'s very hands on and see's the residents at least once a day." One relative said, "I am more than a 100% confident in the management. [Managers name] is very accessible and the deputies too. All staff are approachable and helpful."

Effective management and leadership were demonstrated in the home. The registered manager was keen and passionate about the home and the people who lived there. They described the philosophy and culture of the home was to provide the right environment, care and treatment for the individual. They added, "It's all about the people who live here. They are the centre of everything. The business is driven by what they want, not by my preferences." We saw that the registered manager was very much a 'visible manager' who was accessible to people and staff.

Throughout our inspection we saw a person centred culture and a commitment to providing high quality care and support. Staff provided us with information requested promptly and relevant staff were made available to answer any questions we had. Whilst doing this they were careful to ensure the care and support provided to people was not affected. The registered manager and staff spoke passionately about the home and their desire to provide a high quality person centred service.

Staff told us that they felt supported and confidence in the management was very high. Many of the staff at the home had worked with the registered manager in previous settings. We saw that the home had a very settled staff team who worked well together and this benefitted people. Staff told us, "[manager's name] is excellent, I trust her 100%. She's knowledgeable, she listens, and she's always approachable and kind" and "[manager's name] is always behind us and pushing us all on in a good way. She's really on the ball - and we have two deputies too. That is excellent. The leadership here is brilliant." Staff said they felt valued and proud of their work and high standards of care at the home.

Staff were aware of their duty of candour. They told us the culture of the home was that they should strive for excellence, but they knew mistakes were sometimes made. They felt able to talk to their manager when they felt something hadn't gone well or a mistake was made. They were open to learning and the culture was one of learning and constant striving for excellence where they felt supported and valued.

Staff said team meetings took place regularly and they were encouraged to have their say about any concerns they had or how the home could be improved. At a recent meeting, one staff member made the suggestion of seniors meetings to help communication and this had just been introduced. They told us, "we all make suggestions all the time and [managers name] listens to us".

Systems were in place to monitor and improve the quality of the service. Quality assurance questionnaires were sent out to people and their relatives on a regular basis. Results of peoples feedback was used to make

changes and improve the service, for example, décor and choices of food.

People told us they were always consulted and were able to express their views. One person told us, "[managers name] always asks us our views and is always checking we are happy". Meetings were held on a regular basis with people and relatives. Minutes of these showed staff consulted with people, provided relevant information, listened to their views and opinions and provided feedback on action taken as a result. For example, when the hair salon was put in the registered manager asked people how they liked to have their hair washed. Some liked to sit with their head back, looking up and others liked to have their head down. The registered manager therefore installed both types of basins so that people could have their preferred choice. The registered manager was always open and willing to try new ideas. For example, they recently trialled non-uniforms for staff. Staff and people did not like it, so they reverted back to uniforms for care staff.

The registered manager carried out monthly audits at the home to ensure they continued to assess the quality of care they provided to people. These covered a number of areas such as medication, care records, people's health and welfare and general maintenance.

The home had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. CQC used this information to monitor the service and ensure they responded appropriately to keep people safe.

They also sent us a Provider Information Return (PIR). This is a document the Care Quality Commission requests the provider completes to inform us how they are delivering a quality service. We found the information provided in the PIR matched the service we saw during our inspection visit.