

Seaford Care Limited

Seaford Head Retirement Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 14 December 2016 and was unannounced. Seaford Head Retirement Home provides accommodation and personal care for up to 16 older people living with dementia. 13 people were using the service at the time of the inspection.

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

The previous inspection of the service took place in April 2014. The service met all the regulations we checked at that time.

Staff knew how to identify abuse and report any concerns following the provider's safeguarding procedures to keep people safe. Staff had confidence in the management team to deal with safeguarding issues promptly and effectively. Risks to people's health and safety were assessed, managed appropriately and recorded in their care plans.

Accidents and incidents were recorded and monitored to identify how the risks of reoccurrence could be reduced.

The provider had a robust recruitment and selection process to ensure staff had the right skills and experience to support people who used the service. People received support from suitably vetted staff.

There were enough competent and suitably qualified staff to support people. Staff knew people well which helped to ensure consistency of care.

There were safe arrangements in place for managing people's medicines. People received their medicines safely when needed from staff with the relevant training and competency.

Staff received regular training to ensure they had the skills and knowledge to care for people effectively. Staff received supervisions and appraisals to monitor their performance and professional development. Staff felt supported to undertake their role.

There were systems in place which ensured staff complied with the principles of the Mental Capacity Act 2005 and the requirements of the Deprivation of Liberty Safeguards. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People consented to care and treatment.

People received support to maintain a balanced diet and to have enough to eat and drink. People chose

their meals according to their likes and dislikes and were involved as much as they were able in making choices about their food. Staff knew about and provided for people's dietary preferences and needs.

People's health care needs were monitored. Staff supported people to access healthcare services for support and advice to promote people's well-being.

Staff provided support to people in a kind and caring manner. People were treated with dignity and respect. Staff had developed positive and trusting relationships with people and their relatives. Staff supported people to develop friendships with other people at the service.

People and staff were encouraged to give their views about the service and their feedback was used to drive improvement. People knew how to make a complaint if they were not happy about their care. People and their relatives had information about how to use the complaints process and they said their concerns were addressed in a timely manner.

People were involved in making decisions about how they wanted to spend their time and their day to day care. Staff promoted people's independence and encouraged people to do as much as possible for themselves.

People received care that responded to their individual care and support needs. Staff assessed people's needs and knew their wishes and preferences.

People and staff described the registered manager as approachable and effective. An open culture put people at the centre of their care and support.

There was an effective quality assurance system in place to review the quality of the service. The registered manager had an improvement plan to develop the service further.

The registered manager worked closely with healthcare professionals for specialist advice and guidance to improve the service.

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 knew how to recognise abuse and to report concerns to keep people safe.

Risks to people and their safety were assessed and managed to reduce any harm to them and without restricting their independence.

People were protected by the service's robust recruitment and selection processes. There were enough staff available to provide people with the care and support they needed.

There was a clear system in place for the safe management of medicines. People received their medicines safely when needed.

Is the service effective?

Good ●

The service was effective.

Staff received appropriate training to ensure they had the skills and knowledge to support people effectively. Staff were supported and felt confident in their role. Staff received regular supervision to monitor their performance.

People were supported to have enough to eat and drink in line with their needs and preferences.

People's health care needs were assessed and they had access to healthcare professionals when needed.

People received support in line with the principles of the Mental Capacity Act 2005 to ensure decisions were made in people's 'best interests', and any restrictions on their freedom and liberty were lawful.

Is the service caring?

Good ●

The service was caring.

Staff knew people well and understood how they wished to

receive their support. Staff were caring and compassionate and had developed positive relationships with people and their relatives.

People told us they liked staying at the service and that staff treated them well and with respect.

Staff encouraged people to do the things they enjoyed and promoted independence with daily living.

Is the service responsive?

Good ●

The service was responsive. People's individual's needs were assessed with their involvement and that of their relatives where appropriate. Staff planned people's care and support to meet their needs effectively.

People received personalised care in line with their individual needs and preferences.

Staff consulted people about how they wanted to spend their time. Staff encouraged people to follow their hobbies and take part in activities they enjoyed.

People received support to raise any concerns and make a complaint. There were policies in place to ensure concerns and complaints were addressed appropriately.

Is the service well-led?

Good ●

The service was well-led.

People benefitted from the open and positive culture at the service.

Staff had a clear understanding of the provider's vision and values and understood their roles and responsibilities.

People, their relatives and staff described the registered manager and management team as approachable and available to talk to.

Staff, people and their relatives had opportunities to give their views about the service. The registered manager acted on their feedback.

Quality assurance and monitoring systems were used effectively to monitor the safety and quality of the service.

The service worked in partnership with healthcare professionals

and organisations to improve and develop quality of care people received.

Seaford Head Retirement 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 14 December 2016. One inspector undertook the inspection.

Before the inspection we asked the provider to complete 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 also looked at notifications about important events that had taken place at the service. A notification is information about important events, which the provider is required to tell us about by law. We used all this information to inform the planning of the inspection.

We undertook general observations of how staff treated people and how they received their care and support throughout the service. We used the Short Observational Framework for Inspection (SOFI) and observed how people were supported during activities and whilst they had lunch. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection, we spoke with five people and six relatives. We also spoke with three members of care staff, a domestic staff, the registered manager and care manager responsible for the day to day running of the service.

We looked at six people's care records and five medicines administration records. We looked at eight staff records, and management records including staff training plans and duty rotas, records of complaints and safeguarding records. We reviewed feedback the service had received from people and their relatives and monitoring reports on the quality of the service.

After the inspection we received feedback from two social care professionals.

Is the service safe?

Our findings

People and their relatives had confidence staff knew how to keep people safe. One person told us, "I feel safe because no one can get in the home without [staff] knowing." Another person said, "I've got no worries and am well settled here. The staff are great." A relative told us, "I have no concerns about [relative's] wellbeing. I know they are safe."

People were safe because staff had the knowledge of how to protect them from harm and abuse. Staff attended safeguarding training and had refresher courses when due. Staff told us they regularly discussed how to protect people from abuse in staff meetings, supervision with management and handover sessions. This ensured staff were routinely reminded of their responsibilities to report any concerns to help keep people safe.

Staff understood the different and potential signs of abuse and their responsibility to report concerns to protect people from harm. Staff were able to tell us examples of issues that may give them cause for concern, including bruises, marked changes in people's mood, behaviour, sleep pattern or appetite. Staff understood the need to report any concerns to the registered manager without delay and felt confident any issues they raised would be listened to and acted on. Records showed safeguarding concerns were recorded and dealt with appropriately.

Staff knew how to "whistle-blow," a process where staff are protected if they report poor practice of another person employed at the service, if they do so with good intent. The service provided contact details of external organisations such as the local authority, to staff, people and their relatives to minimise any delay in reporting serious concerns. One member of staff told us, "I would contact the local authority, police or Care Quality Commission if the registered manager did not resolve any concerns we raise."

People's human rights were upheld by staff at the service. One person told us, "[Staff] support me to get the services I need." People and their relatives told us they felt staff did not discriminate against because of their age or disability and ensured they enjoyed equal opportunities as everyone else. They were confident the registered manager would properly investigate any allegation of discrimination they raised. Staff told us they understood their responsibilities in respecting people's rights. The registered manager raised staff awareness about people's rights through equality and diversity training and that they embedded the values into their practice.

Individual assessments identified risks to each person and how they could be minimised to keep people safe. This included potential risks relating to the environment and other hazards when carrying out daily activities such as eating and going out. Staff were knowledgeable about the guidance in place about what action they should take to minimise the possibility of the risk occurring. The registered manager regularly reviewed risk assessments to ensure they contained up to date information and remained fit for purpose.

Staff knew how to protect people from the risk of avoidable injury. There were procedures in place for reporting accidents and incidents which included the details of what had occurred and the immediate

action taken in response to the situation. Staff completed accident and incident forms accurately and recorded follow up action including contact made with a person's GP. The registered manager analysed and reviewed accidents and incidents as part of the service's regular audit process to establish if there were any patterns or trends and to prevent recurrence. For example, staff identified for one person if they were supported to stand up this minimised the likelihood of a fall. Incidents were discussed at staff meetings and used as learning experience.

People received safe care and support from suitable staff with the right skills and experience. The provider had a robust recruitment and selection process and carried out appropriate checks to ensure staff were suitable for their role. These included obtaining an applicant's full employment history, references from previous employers, checking their right to work in the UK and a Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions by preventing unsuitable people from working with people who use care and support services. Recruitment files contained evidence of staff qualifications, photographic proof of identity and relevant pre-employment checks. New staff and records confirmed they only started to work at the service when all checks were completed.

There were enough staff deployed at the service to meet people's needs. One person told us, "There is always [staff] around to help." One relative told us, "There is always someone at hand to talk to [relative] and help when needed." Another relative said, "There is always enough staff for [relative] to go out." One member of staff told us, "The manager always encourages us to say if we think we need more staff to help keep [people] safe." Staff told us and rotas confirmed the registered manager made sure management and staffing arrangements were sufficient to meet people's needs. The registered manager told us they considered people's needs to decide staffing levels. Rotas we viewed were as described by the registered manager and showed both planned and sickness absence were covered adequately.

Staff knew how to keep people safe in the event of an emergency. People were protected from the risk of a fire, as staff knew the service's fire emergency plan and where the emergency exits were. Each person had a personal emergency evacuation plan (PEEP) which contained detail about their level of individual needs should they need to be evacuated from the building in an emergency such as a fire. Records showed the service had robust procedures to deal with the risk of fire and to keep escape routes easily accessible. The registered manager carried out environmental assessments and identified hazards and put measures in place to reduce them. Fire-fighting equipment and services, such as gas and electricity, were regularly inspected to ensure they were safe and fit for purpose. Staff logged faults and repairs required and records showed these were attended to in a timely manner by the maintenance team. Staff knew the contingency arrangements in place in case of an accident, staff emergencies and on-call management support.

Staff understood the provider's disciplinary procedures. These set out the expected standards of staff performance and behaviours to be followed where unsafe practice is found.

People were supported to receive their medicines safely when needed. One person told us, "Staff help me to take my medicines." Staff followed safe procedures in supporting people to receive their medicines. Medicine administration charts were accurately recorded, were up to date and signed for. This showed people had consistently received their medicines in the right doses at the correct times. Medicine trolleys were stored securely in lockable trolleys to reduce the risk of misuse. Records showed medicines disposal procedures were accurately and safely followed. The service had a medicine policy the registered manager regularly reviewed to ensure it contained up to date information and guidance for staff. It included all aspects of the management of medicines including its administration, storage, recording and what to do if there was a medicine error.

People received their medicines from staff who had received training and had undertaken a competency assessment in how to do so. This ensured staff had the necessary level of skills and knowledge to do so safely. Staff followed the guidance in place for people who took medicines 'when required' so they were safely administered according to people's individual needs and GP instructions.

People were protected from the risk of infection. Staff kept the service clean and free from offensive odours. One person told us, "The home is always clean. [Staff] keep the place spotless." The registered manager had systems in place to control the spread of infection in line with relevant regulations. Staff and schedules confirmed a cleaning routine was used to ensure the service was cleaned. Staff understood how to minimise infections and told us they had access to protective equipment, such as gloves and aprons.

Is the service effective?

Our findings

People were supported by staff who had up-to-date knowledge and relevant skills to support and care for them effectively. One person told us, "Staff know how to look after us very well." Another person said, "Staff are good at what they do." One relative told us, "I know the staff that support [relative]. They have the skills to look after [people] and they know them well."

New staff went through an induction where their skills and knowledge of people and the service were matched to ensure they could do their work effectively. One member of staff told us, "The induction process was good in that it touched all aspects of personal care, support and protecting people using the service." Another member of staff told us, "I worked alongside other staff, which helped me to understand fully the needs of each person I would be supporting." The in-house induction included mandatory training such as safeguarding. Staff shadowed experienced colleagues as part of their learning to gain practical experience and knowledge of supporting each person.

Staff received relevant training and support to carry out their responsibilities. One member of staff told us, "We attend lots of training and can request specific training if there is need." Staff and records confirmed they had received the training they needed to enable them to carry out their role and had discussions in their meetings to understand how to put these into practice. The registered manager maintained a training matrix which showed when staff had completed training and when it was due to be refreshed. Staff received training in health and safety, first aid, safeguarding vulnerable adults and specialist training in supporting people with dementia and epilepsy. They said all the training enabled them undertake their roles effectively and safely.

People received effective support because the registered manager monitored staff's practice. Staff received regular feedback and informal discussions about their performance so they could develop their practice to improve care for people. Staff and records confirmed they received regular one to one supervision sessions and an annual appraisal to discuss their performance, learning and development and the planning required to achieve this. One member of staff told us, "The aim of supervision is to promote best practice and to get the support we need." The care manager maintained a supervision and appraisal schedule so the management team could monitor and plan when these were due. Supervision and appraisal records were detailed and had action plans agreed relating to staff development and training. A care manager worked with staff and ensured they received timely advice and guidance on supporting people.

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 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. People were supported by staff who understood and acted in line with the principles of the Mental Capacity Act (MCA) 2005. Staff had received training in mental capacity and there were policies and procedures in place which gave them further guidance. People told us they gave consent to the care and support they received and that staff respected their decisions. We observed a member of staff ask a person if they wanted support with their meal and proceeded after the person had consented. The registered manager and staff understood the need to have mental capacity assessments for people who might lack capacity to make particular decisions. Staff carried out assessments to determine people's capacity to make decisions. Records showed a person's family and professionals involved in their care were appropriately involved in making decisions in their 'best interests'.

People enjoyed their freedom as the registered manager ensured staff understood and worked within the requirements of the Deprivation of Liberty Safeguards (DoLS) and did not deprive people of their freedom without authorisation. The registered manager and records confirmed applications for DoLS were made and when they were authorised staff met the conditions as appropriate.

People enjoyed the meals offered at the service. They said the meals were varied and nutritious and reflected their preferences and choices. One person told us, "The meals are always well presented and delicious." People chose what they wanted to eat and were involved as much as possible. Another person said, "I choose what to eat. I have a choice of a cooked breakfast if I want." People told us fresh fruit, juices and snacks were always available. On the day of our inspection, we saw food was well prepared and attractively presented. Staff were patient and provided support to people during lunch in an unrushed manner. Staff discreetly offered support to people who had taken a long time to eat. Staff assessed people's needs in relation to food and drinks and detailed this information in their care records. For example, one person liked to have a hot drink mid-morning and another person needed regular snacks.

People received food appropriate to their special dietary needs. Staff ensured a person's food was soft as advised by the Speech and Language Therapist (SALT), another needed a gluten and dairy free diet. Records and staff told us they sought advice from the GP, a dietician and a SALT because of a person's swallowing difficulty. Staff understood the person's nutritional needs and the registered manager ensured they regularly assessed and reviewed these. The kitchen staff had information about people's food choices in relation to their ethnic and cultural preferences and special diets to plan and prepare meals appropriate for their needs.

People had access to healthcare professionals when needed. One person told us, "[Staff] arrange for a home visit by my GP if I am unwell." Another person said, "[Staff] plan hospital appointments for my regular check-ups." A relative told us, "Staff here know and understand fully the needs of [relative] and get them to see the GP as appropriate." Care records were well maintained and showed assessments and reviews of people's healthcare needs and visits from professionals. Staff monitored people's health needs and sought advice and support from healthcare professionals in a timely manner. Records showed people attended hospital appointments and care reviews as arranged. Care records contained evidence of joint working between relatives, staff, social workers, dieticians, nurses, occupational therapists, physiotherapists and GP's to ensure people received effective care to meet all of their needs. The registered manager ensured staff had guidance from healthcare professionals and sufficient information to support people with their health needs.

Each person had a "Hospital Passport" which contained information about them should they be admitted to hospital. The document included information about the person's communication needs, personal support, disability, medicines and medical history. This helped people to provide hospital staff with important

information about them and their health and how they wished to receive care and treatment.

Is the service caring?

Our findings

People spoke positively about their care and support. One person told us, "Staff are kind and polite." Another person said, "The staff know me quite well and I know them too. The staff are caring. We look out for each other, especially those who are not so able." One relative told us, "The staff are caring. It is a very homely service." Another relative said, "The home always has a pleasant and cheerful atmosphere."

People had developed meaningful relationships with staff. One person told us, "I have friends here. We are like one big family, caring and supportive of each other." Another person told us, "Staff do their best for me and know the things I can and can't do for myself." We observed a happy and caring environment and a good atmosphere between people and staff.

People were encouraged and supported to maintain and develop relationships that mattered to them. People received the support they needed to keep in contact with relatives and friends if they wished which for some people meant visiting relatives at their home. One person told us they regularly visited their family for the weekend and were happy that staff supported them to arrange the trips. Another person said they spoke with their relatives on the telephone. One relative told us, "I can call the home anytime to check on [relative]. Staff understand [relative] is my concern and they appreciate this."

People were involved in making decisions that affected their daily lives. Care records showed where possible people were involved in decisions about their care including how they wanted to spend their time and the activities they chose to take part in.

People and their relatives were involved in planning of people's care. Care records showed staff had received input from people and their relatives and involved them with the reviews of their care. One person told us, "I contribute to the planning of my care. Staff always involve and encourage me to make decisions about the support I need." One relative told us, "We are invited to reviews and are involved whenever possible with the planning of [relative's] care. Staff give us regular updates on what has been happening." Staff told us they always asked people about how and when they wanted their care provided and ensured people felt in control of their care. Staff respected people's choices and supported them to make decisions about their care, support and treatment. The registered manager ensured staff communicated with relatives the date of each person's monthly full care plan review so that they could be involved. Care plans showed staff involved people throughout the planning process.

Staff maintained people's dignity and respected their privacy. One person told us, "Staff come around to check on me and they always knock before they come in." Staff told us they had received training during their induction about how to uphold people's dignity and to respect their privacy. Another person told us, "Staff come into my room when invited. I can close my door but know staff can come in if there is an emergency." People spent private time in their rooms when they chose to. People were supported to make and receive telephone calls in private. People told us they received their mail unopened at the service. One person told us, "I get all my mail but can ask staff to help me attend to it, if I ask." Staff said they closed doors and curtains when supporting people with care to protect their dignity and privacy. The registered

manager regularly reminded staff in team meetings of respecting people's dignity and how to do this.

We observed staff knock on people's rooms, toilet and bathroom doors and waited to be told to enter. People had lockable cabinets for their belongings in their rooms. People who had relatives and friends told us they could entertain them in private. Relatives were warmly welcomed and we saw they were well known to staff. Relatives said staff offered them refreshments and sometimes shared meals with people at the service. Staff addressed people in the way they preferred and were polite and respectful when they spoke with people. During lunch time, we saw staff encouraged people to eat independently. Staff supported people in a kind and caring way when assisting them to eat.

Staff understood the importance of confidentiality and ensured information about people was secure. People's records were appropriately stored and kept secure within offices that could be locked. Staff told us they informed people that they might share information about them for example with health and social care professionals. Staff knew if people wanted their relatives to access their records and under what circumstances.

People had their wishes known about the support and care they needed at the end of their lives. Staff encouraged and supported people and their relatives to plan people's end of life care and support. Records contained details about people's wishes and who was to be informed about their physical, personal and spiritual care and funeral arrangements. One person told us, "I would like to have a peaceful passing here and not in hospital. I am certain [staff] will respect my wishes." Staff understood the importance of supporting people as they wished and assuring them of a dignified death. People were confident staff would support them with dignity and compassion at the end of their lives. Records showed had received training in end of life care.

Is the service responsive?

Our findings

People and relatives said staff were responsive to people's needs. Care records showed people's support and care needs were assessed before moving into the service. One person told us, "I like to wake up late and staff know and leave me to have a lie in." A relative said, "Staff meet [relative's] needs." People and their relatives told us they were given information about the service and what support people would receive. People's care records took account of this and described the way they received the individual support and care they needed. People's care coordinators and social workers were also involved in this process. The registered manager explained this was to ensure staff could meet the needs of the person. Records showed staff had relevant information to ensure admissions were appropriate and safe.

People were involved in their care planning. Where possible and appropriate relatives were involved in developing people's support plans. Each person had an individual support plan. One relative told us, "Staff will ask if there is anything they need to consider in [relative's] care. Another relative said, "If there is anything, they [staff] keep me informed and if the doctor has been." Relatives told us they were happy with their involvement in planning people's care.

Staff understood people's needs well and provided their support as required. Support plans were detailed and personalised and contained clear information about each person's level of independence as well as areas they required support with. Care plans contained details about people's needs and preferences including their health, diet, routines and how they communicated. Care records contained specific information about each person which ensured people received the support their appropriate for their needs. Records confirmed staff talked with people and ensured they consulted and involved them in the planning of their care and support.

People received appropriate care and support. One member of staff told us, "We get time to read and contribute to [people's] care and support plans." Another member of staff said, "We know [people] very well, for example when one person decides to stay in their room and not come down, it suggests they might be unwell." Staff reviewed and updated people's care records as their support needs changed. Records confirmed staff reviewed people's needs and carried out reviews with relatives and care professionals. Staff were responsive to people's needs and acted promptly and appropriately when needs changed. For example, one person's dietary needs had changed so their support plan was updated to reflect this and the details were included in the staff communication book.

People told us staff made their relatives feel welcomed at the service. Relatives told us staff encouraged them to visit regularly and invited them to functions. People said staff recognised their festive holidays, birthdays and personal anniversaries and found ways to make sure they marked and celebrated these events as they chose. Photographs displayed at the service and people confirmed the various events celebrated by people and their relatives. One relative said, "The service hosts a variety of functions and we are all invited." The activities coordinator confirmed they organised social events, entertainment and activities and ensured people joined in if they wanted to.

People were offered opportunities to participate in activities which promoted their well-being. There was a choice of activities available to people each day. People were supported to attend specific activities they requested such as going out. One person told us, "There is enough to do. I never get bored or lonely." Staff told us some activities were planned whilst others were spontaneous. During our inspection we saw people take part in a musical event which they enjoyed. One person said they wanted to go out for shopping that afternoon and staff had supported them to do so. Another person told us staff arranged outings as they wished. Records and people confirmed activities such as an annual summer barbecue and Christmas party, shopping, picnics, going to the theatre and going to the seaside where they enjoyed fish and chips. There were regular in house activities which included discussion of current issues, art, quizzes and bingo. Staff provided one-to-one support to people with specific needs and had included them in activity opportunities.

People were encouraged to express their views on any aspects of their care and support and the registered manager addressed issues raised. One person told us, "I talk about any concerns I have with [staff], my family and the manager." A relative said, "Communication is good here. When I have had a concern, I raised the issue with staff and it was all sorted quickly. Staff always respond." The registered manager said staff maintained regular contact with people and their relatives to help them feel comfortable and confident in discussing their views about the service and giving feedback.

People and their relatives knew how to raise a complaint if they were not happy about the quality of care. The provider had a complaints procedure which was available to people and relatives and displayed at the service. People and their relatives said they would feel comfortable raising any concerns with staff or the registered manager. One relative told us they had raised an issue in the past which had been dealt with appropriately, promptly and to the person's satisfaction. The registered manager took concerns and complaints about the quality of the service and people's experience seriously and ensured they contributed to how care and support was delivered. The procedures in place to manage complaints were effective. During our inspection, we saw a member of staff explain to people the purpose of our visit. People felt free and spoke to us about their views of the service.

Is the service well-led?

Our findings

People, their relatives and staff were confident the service was managed well. They told us the registered manager showed an interest in people's lives and was easy to talk to. One person told us, "I can speak with the manager at any time about concerns I might have." A relative said, "This place is good and staff are always cheerful." Another relative said, "[Registered manager] is supportive and ready to put things right."

Staff spoke positively about the registered manager and the open and honest culture at the service which empowered them to discuss and improve their practice. They said the registered manager was open to ideas and valued their contributions to improve the service. Staff told us they felt confident and comfortable about raising concerns with their colleagues or management. One member of staff told us, "The manager encourages us to ask questions and challenge the way we do things." Another member of staff said, "There's a calm and relaxed atmosphere here. We get to understand all [people] and their needs well." Another member of staff said, "The culture here is positive and inclusive. The management team is honest and approachable."

The registered manager was knowledgeable about providing care for older people and received support from a care manager. The registered manager managed a similar small service nearby where they were based. A care manager worked as a deputy and managed the service in the absence of the registered manager. The care manager told us they felt supported by the provider and registered manager as they visited the service regularly. Staff told us the care manager led by example and worked alongside them in supporting people. Staff understood their roles and responsibilities to provide safe care to people whilst promoting their independence and dignity. The care manager held regular formal and informal staff meetings to share and discuss information in relation to the day to day management of the service. Records showed the care manager monitored staff's work and shared good practice to improve the quality of care at the service.

Staff said they felt well supported by their colleagues and that the registered manager encouraged good team working. One member of staff told us, "We support each other and play our part." Staff said they all worked as a team and ensured people received appropriate care to improve their well-being. People told us staff understood their routine and supported them as they wished. The registered manager had clear communication processes which enabled effective sharing of information amongst staff about people's needs and the support they required. There were regular handovers and communication to help ensure people were supported effectively and consistently. Staff used a communication book to ensure details relating to people's needs were passed to the next shift. We saw staff used handover meetings held at the start and end of each shift to share significant issues about people. This meant staff had up to date information on people's health needs, their medicines and understood the support they required before they started working with them. Staff told us these systems were effective in communicating and discussing people's individual needs. Staff understood the organisation's vision and values and how they used them to support people with their welfare. The registered manager had discussed the vision and values in team meetings.

The registered manager obtained the views of people and their relatives through daily conversations and annual reviews. Relatives described the registered manager as approachable and open and that they could discuss any concerns or ideas to develop the service. One relative stated the service provided care that was responsive to people's individual needs. Another relative said the quality of care was consistently good and that people benefitted from the stability and consistency in staffing as most members of staff had been at the service for some time. Records showed the registered manager had taken into account people's views and acted on them. For example, the registered manager had made changes to the types of activities held at the service as suggested from feedback.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). The registered manager knew which incidents were to be notified and had submitted statutory notifications to CQC as required. The registered manager recorded and monitored incidents and accidents in the service and put plans in place to minimise recurrence.

The registered manager used the robust audit systems in place to monitor the quality of service delivery effectively. The registered manager carried out checks on the quality of the service and made improvements where necessary. Records showed medicine management audits were carried out regularly to identify concerns and the action taken. This ensured people received their medicines and minimised the risk of any potential errors. For example, the registered manager had checked staff had completed all medicines records accurately. The registered manager checked care plans and ensured staff reviewed and updated them regularly. Record keeping was organised and information filed appropriately.

The registered manager carried out audits on the safety of the environment, staff training, supervisions and activities available at the service. The registered manager observed staff interaction with people and their practice. Staff and records confirmed any shortfalls noted were discussed in staff supervisions and reviewed at the next meeting to ensure they had been addressed. The registered manager had an action plan to improve and develop the service which was regularly updated and reviewed with senior management.

The registered manager attended regularly 'Care Home Association' forums to inform them about leadership and care sector initiatives to support best practice at the home.