Waters Park House Limited

Waters Park House

Inspection report

Exmouth Road,
Stoke, Plymouth,
PL1 4QQ
Tel: 01752 567755
Website: www.waterspark.co.uk

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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

Overall summary

Waters Park House provides intensive rehabilitation support for up to 23 people who have an acquired brain injury. The home provides accommodation in the form of 22 units with en-suite accommodation, and several units offering self-contained accommodation. On the day of the inspection 21 people were living at Waters Park House.

The service is required to have a registered manager and at the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We carried out this unannounced inspection of Waters Park House on 20 November 2014. At the previous inspection we found it was not clearly evidenced that people had consented to their care and treatment. At this inspection people told us they were asked for their

Summary of findings

consent prior to any treatment or activity. New forms had been devised which clearly evidenced the person had understood what they were agreeing to and that they consented to how they care would be provided.

People felt safe living in the home. People said they were happy talking to staff and that senior management were particularly approachable and they had confidence that any issues or concerns would be addressed. Staff were aware of how to report any suspicions of abuse and believed appropriate action would be taken.

People told us staff were; "kind," and "they are a lovely bunch." They told us they were completely satisfied with the care provided and found staff to have; "great skill" and looked after them well. People told us they were treated with respect and dignity. They considered that privacy issues were particularly well addressed.

People told us they had choices in how to spend their day and there was opportunity to attend a range of activities in the home and in the community .One person told us they chose when to get up and go to bed, and this was still the case even when support was required to do this. This showed staff fitted in with the person's wishes. People were involved in the current review of activities on offer and the suggestions for future activities.

People said they enjoyed the food, comments included the food was "Delicious", "Very good" and another that they would "Give the chef 100%". A kitchen area with equipment specifically adapted for people with mobility difficulties was available for people to use to help people gain further independence and life skills.

Staff had attended appropriate training to ensure that their skills and knowledge were up to date., This included moving and handling, safeguarding and areas related to individuals specialist health needs

People felt at times there were "too few" staff on duty but confirmed staff responded to their calls for support or assistance promptly. The manager reviewed people's dependency needs to see if additional staffing was needed to ensure the correct level of support was available to meet peoples changing needs. Staff told us "on the whole" there were sufficient staff on duty at all times. We found that there were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

People thought their medicines were well managed and always given on time. Some people managed their own medicines others received support from staff. Staff had been appropriately trained to ensure medicines were administered, stored and disposed of safely.

The manager and staff had a sound understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. Where people did not have the capacity to make certain decisions the home involved family and relevant professionals to ensure decisions were made in the person's best interests.

Staff told us they were supported by managers. They attended regular meetings (called supervision) with their line managers. This allowed staff the opportunity to discuss how they provided support to people, to ensure they met people's needs and time to review their aims, objectives and any professional development plans. Staff also had an annual appraisal to review their work performance over the year.

People were involved in the development of their care plans which identified their care and health needs and described how they wished to be supported. They were written in a manner that informed, guided and directed staff in how to approach and care for a person's physical and emotional needs. Records showed staff had discussed within their multi-disciplinary team when care needs had changed. This could result in referrals to relevant healthcare services being made.

We saw the home's complaints procedure which provided people with information on how to make a complaint. The policy outlined the timescales within which complaints would be acknowledged, investigated and responded to. People said if they had any issues they felt able to address them with the management team.

There was a management structure in the home which provided clear lines of responsibility and accountability. There was a clear ethos at the home which was clear to all staff. It was very important to all the staff and management at the home that people who lived there were supported to be as independent as possible and live their life as they chose. The provider had an effective system to regularly assess and monitor the quality of service that people received.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People told us they felt safe living in the home.

Staff knew how to recognise and report the signs of abuse.

People were supported with their medicines in a safe way by staff that had been appropriately trained.

There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Is the service effective?

Good

The service was effective. People were positive about the staff's ability to meet their needs. Staff received on-going training to so they had the skills and knowledge to provide effective care to people.

The registered manager and staff had a good understanding of the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

People were able to see appropriate health and social care professionals when needed to meet their healthcare needs.

Is the service caring?

Good

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

Staff respected people's choices and provided care and support in line with their wishes.

Positive relationships had been formed between people and supportive staff.

Is the service responsive?

Good

The service was responsive. People's care needs had been thoroughly and appropriately assessed. This meant people received support in the way they needed it.

People had access to meaningful activities that met their individual social and emotional needs.

People told us they knew how to complain and would be happy to speak with managers if they had any concerns.

Is the service well-led?

Good

The service was well-led. Staff said they were supported by management and worked together as a team, putting the needs of the people who lived in the home first.

Staff were motivated to develop and provide quality care.

People, their relatives and staff were asked for their views of the standard of service provided.

Waters Park House

Detailed findings

Background to this inspection

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

This inspection took place on 20 November 2014 and was unannounced. The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of service.

Before our inspection we reviewed the information we held about the home, including the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications of incidents that the provider had sent us since the last inspection. A notification is information about important events which the service is required to send to us by law. We contacted local commissioners of the service, GPs and district nursing teams who supported some people who lived at Waters Park House to obtain their views about it.

During the inspection we spoke with six people who were able to express their views of living in the home. We looked around the premises and observed care practices. We spent individual time with people and used the Short Observational Framework Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

The provider is also the registered manager of the home. They employ a Director of Clinical Services who is perceived by all at the home to be the 'manager' of the service and therefore will be referred to in this report as the manager. We spoke with four rehabilitation carers, an occupational therapist, two nurses, a physiotherapist, the provider and the manager. We looked at three records relating to the care of individuals, four staff recruitment files, staff duty rosters, staff training records and records relating to the running of the home.

Good

Is the service safe?

Our findings

People told us they felt safe living at Waters Park House. People said they were happy talking to staff and that senior management were particularly approachable and they had confidence that any issues or concerns would be addressed. We saw throughout our visit people approaching staff freely without hesitation. We saw that positive relationships between people and staff had been developed.

People felt that at times, there were too few staff on duty and, prior to the inspection we had received a concern regarding staffing levels in the home. One person told us this was particularly noticeable when staff were away due to sickness. Another thought that night time was worse as this was when there were already fewer staff. However people confirmed that staff responded to their calls for support or assistance promptly. On the day of inspection two occupational therapists, two physiotherapists, a speech and language therapist, a nurse, a team leader, nine rehabilitation carers and ancillary and catering staff were on duty. At night a nurse, team leader and four rehabilitation care staff were on duty. Staffing rotas showed this level of staffing was consistent throughout the week.

The manager told us they had recently recruited two occupational therapists and that there was one rehabilitation carer vacancy. The manager reviewed people's dependency needs to see if additional staffing was needed to ensure the correct level of support was available to meet peoples changing needs. Staff told us "on the whole" there were sufficient staff on duty at all times. Staff said that it could feel "stretched" when staff were on sick leave but that agency cover had been used to cover absences. The difficulty had been getting cover at short notice. We concluded that agency cover had been used when necessary to ensure the correct level of staffing was available to meet people's needs.

There was a thorough recruitment process to help ensure new employees had appropriate skills and knowledge required to meet people's needs. The recruitment files contained all the relevant recruitment checks to show people were suitable and safe to work in a care environment.

Staff had received training on safeguarding adults and had a good understanding of what may constitute abuse and how to report it. Notices were placed around the home with the appropriate contact details and telephone numbers should staff or people be witness to or suspect abuse. All were confident that any allegations would be fully investigated and action would be taken to make sure people were safe. The management of the home recognised when to report any suspected abuse. The manager had when needed, reported concerns to the local authority in line with local reporting arrangements. This showed that the home worked openly with other professionals to help ensure safeguarding concerns were recognised, addressed and actions taken to improve future safety and care of people living at the home.

Staff were aware of the homes safeguarding and whistle blowing policy and said they felt able to use it. This policy encouraged staff to raise any concerns in respect of work practices.

Staff had worked with other professionals to develop different ways of working so appropriate measures could be put in place to minimise risks to people. Risks were identified and assessments of how any risks could be minimised were recorded. For example, how staff should support people when using equipment, reducing the risks of falls, the use of bed rails and reducing the risk of pressure ulcers. Staff supported people appropriately whilst moving around the home.

People thought their medicines were well managed and always given on time. Medicines were stored in a locked cabinet. We saw Medicines Administration Records (MAR), were completed as required. Some people administered their own medication. This was risk assessed to establish the person felt comfortable and able to manage their own medicines. They had suitable storage to keep their medicines safely. How the person preferred to take their medicines was written in the persons care plan and was reviewed monthly. This also allowed staff to discuss with the person that they had taken their medicines correctly and to provide any assistance or support. Staff supported some people to administer their medications. Consent forms had been signed to say the person was willing for staff to administer their medicine and take responsibility for its storage. We saw some people took medicines 'as required' (PRN) and that guidance had been provided to staff, for example in what circumstances it was appropriate to administer pain relief. Medicines audits were carried out

Good

Is the service safe?

monthly internally and an external audit had occurred and not identified any issues. Staff had completed medicine competency assessments to evidence they had up dated knowledge in this area.

There were appropriate fire safety records and maintenance certificates for the premises and equipment in place. There was a system of health and safety risk assessment of the environment in place, which was annually reviewed.

Good

Is the service effective?

Our findings

People told us they chose when to get up and go to bed. One added that this was still the case even when support to do this was required. There were timetables in people's bedrooms which outlined the week's activities including any exercise regimes for the person. One person told us that the exercise regimes were extremely valuable and missed it when they were unable to attend due to other commitments.

At the previous inspection we found it was not clearly evidenced that people had consented to their care and treatment. People told us they were asked for their consent prior to any treatment or activity. We saw that new forms had been devised which clearly evidenced the person had understood what they were agreeing to and that they consented to how their care would be provided.

New staff had completed an induction when they started to work at the home. An induction checklist was filled out by the staff member and their supervisor. A new member of staff told us they had worked with a more experienced member of staff for the first few shifts to enable them to get to know people and see how best to support them. This helped ensure that staff met people's needs in a consistent manner.

Staff told us they attended regular meetings (called supervision) with their line managers where they discussed how they provided support to help ensure they met people's needs. It also provided an opportunity to review their aims, objectives and any professional development plans. In addition, staff had regular contact with both the provider and manager. Staff had an annual appraisal to review their work performance over the year.

Staff attended training relevant to their role and found it to be beneficial. Courses attended included: safeguarding, equality and diversity, de-escalation training bespoke to the service, first aid, infection control, and manual handling. The manager had completed the 'train the trainer course' so they could provide training directly to the staff team. In addition staff attended specialist courses, for example in the area of neurological diseases.

The provider and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

People living in the home had a brain injury diagnosis and in some cases this meant the person's ability to make daily decisions could fluctuate. Staff had a good understanding of people's needs and used this knowledge to help people make their own decisions about their daily lives wherever possible.

Where people did not have the capacity to make certain decisions the home acted in accordance with legal requirements. Decisions had been made on a person's behalf; the decision had been made in their 'best interest'. Best interest meetings were held to decide on the use of bedrails for some people. These meetings involved the person's family and appropriate health professionals.

The manager considered the impact of any restrictions put in place for people that might need to be authorised under the Deprivation of Liberty Safeguards (DoLS). DoLS is part of the MCA and requires providers to seek authorisation from the local authority if they feel there may be restrictions or restraints placed upon a person who lacks capacity to make decisions for themselves. The manager told us they had made five applications to the local DoLS team. The manager and staff were aware of the recent court ruling where the criteria for when someone maybe considered to be deprived of their liberty had changed.

People said they enjoyed the food, comments included the food was "Delicious", "Very good" and they would "Give the chef 100%". They were all happy with the choice of food, the alternatives available and one said that they "Couldn't be better". However, two people felt the dessert choices for those requiring a diabetic diet were too limited. One requiring a diabetic diet wasn't confident that they would always get a suitable dessert unless they checked themselves that it was suitable. Another felt that the fruit supplied was of a variable quality. The manager said that diabetic food was supplied and that they would discuss the issue with the people concerned and catering staff.

Food and fluid charts were used if necessary. People were weighed monthly or more frequently if required to monitor their health and ensure they received sufficient food and nutrition. People had access to drinks and were actively encouraged if able to do so to make their own. There was a four week menu taking into consideration dietary needs and religious beliefs.

Good

Is the service effective?

People had access to a kitchen area with equipment specifically adapted for people with mobility difficulties to help people gain further independence and life skills. People confirmed they had prepared food in this area and with support from staff cooked meals.

People had access to a GP and any other professionals involved in their care. Staff made referrals to relevant healthcare services quickly when changes to health or wellbeing had been identified, such as GP's, district nurses, continence advisors, dieticians, nurse specialists, the Community Mental Health Team, wheelchair specialists and commissionaires .An external healthcare professional told us they found staff to be pro-active in their approach chasing up referrals as required. They told us they were confident any recommendations would be acted upon appropriately.

Good

Is the service caring?

Our findings

People were positive about staff approach and attitude. Comments included staff were "Kind" and "They are a lovely bunch." People told us they were treated with respect and dignity. They considered that privacy issues were particularly well addressed. One person said "Staff always knock and ask to enter my room." People told us that gender issues were respected, for example they were always attended to by a member of staff who was the same gender as themselves when they had a shower as they had requested.

One person told us they had regular contact with their family and that staff had supported their young relative in understanding their health needs. This had a positive effect on developing their relationship. The Provider Information Return stated they aimed to encourage regular and continued family involvement by making visitors feel welcome. There was a private area for people to meet with visitors. Waters Park House did not have restrictive visiting hours. People were encouraged to maintain regular contact with the people important to them through a variety of means, i.e. face to face contact, Skype, email, telephone and letters.

The manager was aware how important it was for people to feel their relatives were supported. Relatives were invited, with the person's permission to attend family therapy sessions. Staff were aware of the importance of welcoming visitors and being available to answer any queries the relative may have. The home also had a room set aside for when a person was terminally ill so that relatives could remain at the home, if they wished, to support their family member. The manager also provided introductory visits to the home and opportunities to meet with staff and the manager. They told us this would hopefully reduce the amount of stress an individual and their family might experience.

The Local Authority Commissioners had recently undertaken a review of the service and concluded "there was evidence of a well-staffed multi-disciplinary team who knew the clients well. The overall impression was of a staff team that was client focused working to achieve the best outcomes for their service users." and "There was a friendly and welcoming atmosphere."

All staff showed a genuine interest in their work and a desire to offer a good service to people. Staff were seen providing care and support in a calm, caring and relaxed manner. Interactions between staff and people at the home were caring with conversations being held in a gentle and understanding way.

Staff showed kindness, patience and empathy to people. One person responded positively to touch and staff were seen to stroke the persons arm whilst talking with them. The staff member talked with the person as they planned what to do that day, and agreed they would go shopping to buy a phone so that contact with family would be easier. They also planned how they would get to the shops and what transport would be most suitable to use. This showed that the person was fully involved in deciding how they spent their day and that staff respected and supported the person's decisions.

People's privacy was respected. Staff told us how they maintained people's privacy and dignity generally and when assisting people with personal care. For example, by knocking on bedroom doors before entering, gaining consent before providing care and ensuring curtains and doors were closed. They told us they felt it was important people were supported to retain their dignity and independence. As we were shown around the home we observed staff knocked on people's doors and asked if they would like to speak with us. People's bedrooms had been personalised with their belongings, such as furniture, photographs and ornaments. Bedroom, bathroom and toilet doors were always kept closed when people were being supported with personal care.

Staff provided care and support in a timely manner and responded to people promptly when they requested assistance. For example, one person requested help with their personal care and staff approached the person sensitively and promptly. Staff ensured that the appropriate equipment was used to transfer the person safely from one place to another.

There were opportunities for staff to have one to one time with people and we saw this occur throughout our inspection. Staff were knowledgeable about the backgrounds of the people who lived at the home and knew their individual preferences regarding how they wished their care to be provided. We were shown life story books that were being introduced to the home which

Good

Is the service caring?

people were encouraged to complete. The information would inform staff of the person's life history and give the staff the opportunity to understand a person's past and how it could impact on who they are today.

Care plans were personalised and showed an understanding of the person and the support they needed. For example, one care plan described what action staff should take when a person became fixated on certain issues. . This would help ensure a consistent response from staff. Care notes showed this had occurred and staff had identified how to provide comfort in a meaningful manner to this person.

The manager told us where a person did not have a family member to represent them they had contacted advocacy services to help ensure the person's voice was heard.

Good

Is the service responsive?

Our findings

People told us they took part in activities they enjoyed. Activities included horse riding, flower arranging, artwork, balloon volleyball, walks in the park opposite the home, arts and crafts, cooking and quizzes. People felt the staff were good at helping them to make decisions. One said that the occupational therapists (OT) helped them make decisions and another that the psychologist helped. However none of the service users had access to truly independent advice or advocacy services.

The Provider Information Return stated that, 'prior to a person coming to Waters Park House they were individually assessed by a Multi-Disciplinary Team, looking at current diagnoses, current needs and identified risks. From this assessment the person received a letter explaining the support that would be provided and the admission process. A care plan and manual handling format was designed with the person. People told us this process happened and some people said they had seen their care plan and had signed it which showed they were in agreement with the care and support they would receive. 'The manager was knowledgeable about people's needs and made decisions about any new admissions by balancing the needs of any new person with the needs of the people already living in the home. People who wished to move into the home had their needs assessed to ensure the home was able to meet their needs and expectations.

The care plan format had recently been amended. They were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. Care plans were informative, easy to follow and accurately reflected the needs of the person. People told us they were involved in the development of their care plan and any subsequent reviews. The care plan was reviewed by staff monthly, three monthly and six monthly, It was reviewed annually by the commissioning service. People were actively involved in the decision making process and identifying their goals/aims they wished to achieve or work towards. Where people lacked the capacity to make a decision for themselves, staff involved family members in the review of care.

Care plans provided guidance and direction about how to meet a person's specific health needs. For example information on particular neurological illnesses was provided to staff in the plans so they could have a greater understanding of how to approach the persons care. This helped ensure care and treatment was delivered consistently.

Care plans guided staff on how to support a person when they exhibited particular behaviours or became anxious or distressed. For example one person had liaised with staff and agreed upon a 'reward system' which would help them regulate certain behaviours. . If they acted in the agreed manner they would then receive one of their chosen 'rewards' visit to a café, a pamper session or a roller skating session. This agreement had been signed by the person and staff involved in its development. It was then reviewed at the weekly multi-disciplinary team meetings, alongside the person to ensure that this approach was still appropriate.

Daily staff handovers provided staff coming into work with a clear picture of each person at the home and provided an opportunity for communication between care staff and the nurse on duty. This helped ensure everyone who worked with people who lived at the home were aware of the current needs of each individual.

Care records reflected people's needs and wishes in relation to their social and emotional needs. A variety of activities were on offer. For example, an arts and crafts session occurred during our visit. An OT was in the process of reviewing the level and types of activities on offer at the home. She had produced an 'interest checklist' which asked people what they liked/disliked doing. From this the OT was going to review what activities would be beneficial for people and to assess if these could be provided. In addition a 'woman's group' had commenced and people said they enjoyed this new group.

When a person participated in a group activity a record was kept to show who had attended, how they interacted, level of contribution, level of communication, and functional and interpersonal skills. The OT said this helped them monitor the progress of people and if their support package met their current and future care needs. Notice boards were found around the home and provided information on what activities were on offer as well as important events. Staff explained these were 'memory boards' to assist people who might struggle with their memory to remember what was to happen that day.

Good

Is the service responsive?

The home's complaints procedure provided people with information on how to make a complaint. One person told us they had raised a concern and that the manager was prompt in looking into their concerns, listened and took them on board seriously and addressed their concern. The person knew some action had been taken but was not entirely clear how the issue had finally been resolved. The manager said they would talk this through with the person again. People said they would feel confident to approach management or staff if they had any concerns.

The policy outlined the timescales within which complaints would be acknowledged, investigated and responded to. It also included contact details for the Care Quality Commission, the local social services department, the police and the ombudsman so people were able to take their grievance further if they wished. Staff told us they had plenty of opportunity to raise any issues or suggestions.

Good

Is the service well-led?

Our findings

People told us that management were approachable, listened to comments and suggestions and they had confidence that any issues raised would be addressed. The management team were always present in the home and communication with them was always available. People felt they had a say in the day to day running of the home. Some of the people had lived at Waters Park House for some years and felt that they were well known by staff. All people living at Waters Park House were happy at their home.

Following our previous visit where concerns were identified we asked the provider to send us an action plan and tell us how they would make improvements. At this visit, we found that the manager had responded and put in place ways to evidence how people consented to their care and treatment.

The Provider Information Return stated "The Registered Managed is also the proprietor of the home she has over 30 years' experience within the care sector. They are also a Registered nurse. There is a director of clinical services whom has 11yrs service within Brain injury and 22 years in the NHS as a registered Mental Health nurse. During this time strong relationships have been built up in the wider community and the services connected to the unit.ie GPs, commissioners, Local Authority District Nurse's, Dieticians, Community Psychiatric Nurses' etc. Good relationships have developed with all staff and visitors, families and health & social care professionals. The management team readily make themselves available to clients and staff alike with working within an open door policy. Waters Park House has an open door. We have regular open day or events where professionals are welcome to come and meet and greet."

There was a management structure in the home which provided clear lines of responsibility and accountability. The provider was also the registered manager and visited the home daily to support the manager and monitor the service provided by the home. A director of clinical services ran the home on a day to day bases and was viewed by all as the 'manager' of the home. The provider had two other care homes in which she employed a registered manager at each service. The managers met with the provider monthly to review the service that they were delivering. The manager felt these meetings were beneficial and supportive as they were able to share good practice and implement new ideas of working across the homes, for examples the care plan had been reviewed.

The manager worked in the home every day providing care and supporting staff, this helped ensure they were aware of the culture of the home at all times. The manager stated she felt supported by the provider and was aware of the day to day issues in the running of the home. The provider and manager spoke daily with people who used the service, visitors and the staff to gain their views as this supported constant development and improvement of the home and the service provided to people. The provider said; "If the staff aren't happy then the residents aren't happy" and "I'm proud of the family atmosphere here."

Staff spoke positively about the manager and felt able to raise concerns with them and was confident action would be taken to address. It was evident that in staff that issues were discussed with staff such as complaints, and care issues, indicating that management discussed with staff the expectations of care to be provided so that a good standard of care would be maintained

There was a clear ethos at the home which emphasised the importance of supporting people to develop and maintain their independence. It was important to all the staff and management at the home that people who lived there were supported to be as independent as possible and live their life as they chose. This was reflected in the care documentation?

There were a variety of staff meetings such as the weekly multi-disciplinary team meeting, which all staff attended, monthly clinical meetings and bi monthly rehabilitation meetings. This enabled staff to discuss the care they provided to ensure it continued to meet people's individual needs. Staff found these meetings useful and told us they felt the management listened to them and their views were considered. Staff were provided with regular meetings with their manager to discuss their work practise. Staff training was placed as a high priority so that staff kept up to date with recent research and legislation. Staff had high standards for their own personal behaviour and how they interacted with people.

The provider and manager tried to make sure they were aware of any worries or concerns people or their relatives might have and regularly sought out their views of the

Good

Is the service well-led?

home. At the time of the inspection the home was completing its quality assurance process. People and their relatives were asked to complete questionnaires. Those returned had rated the home as 'good' or 'excellent.'

An effective quality assurance system was in place. Regular audits took place at the home and were monitored to identify if any further action was needed. For example it was identified that a new piece of equipment was needed and this had been purchased. People told us this new equipment had assisted them greatly and for some helped strengthen their mobility. The audits included medicines, accidents and incidents, refrigeration temperatures for both food and medicines fridges, and maintenance of the home. Further audits were carried out in line with policies and procedures. For example we saw fire tests were carried out weekly and emergency lighting was tested monthly.

The home was clean and there was no odour anywhere in the home on the day of the inspection. Equipment such as moving and handling aids, air mattresses, stand aids, lifts and bath lifts were regularly serviced to ensure they were safe to use.

Staff were aware of how to access the policies and procedures held by the home. Information in policies such as the whistleblowing policy, encouraged staff to use the various options available to them to report any concerns they may have.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The manager of the home had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.