

# Whitmore Vale Housing Association Limited

## The Pines

### Inspection report

Churt Road, Hindhead,  
Surrey. GU26 6NL.  
Tel: 01428 601075  
Website: [www.whitmorevale.co.uk](http://www.whitmorevale.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

The Pines is registered to provide accommodation with personal care for up to five people with physical and learning disabilities. At the time of our visit four people lived here.

Care and support are provided on one level. Communal areas include a large lounge and separate dining area. Extensive adaptations have been made to the home to meet people's needs, such as smooth flooring and wide corridors to aid with people's mobility. This has been done without losing the character and homely feel of the home.

The inspection took place on 20 October 2015 and was unannounced. At our previous inspection in November 2013 we had not identified any concerns at the home.

There was a registered manager in post. 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.

Staff were very good at meeting the needs of the people that live there. People, who all had very high physical and mental health support needs, were really encouraged to

# Summary of findings

do as much as they could to remain independent, and be involved in their care and support. There was positive feedback about the home and caring nature of staff from people's relatives. A relative said the service was, "Very caring, very holistic."

Staff showed an good level of care and kindness to people. A relative said, "It's not like they're just doing a job, they're looking after them as people. They really do care." The staff were seen to be very kind and caring to people and treated them with dignity and respect. Every action staff carried out showed this. This was seen in so many ways during the day of our inspection. Examples such as the way that staff knew people as individuals and spoke to them, and giving them information about their care, down to small gestures such as pausing a DVD when people had their lunch so they could carry on watching when they returned, showed a high level of compassion and respect for people.

People were safe at The Pines. The home had been well maintained and was clean and tidy. Regular maintenance and improvements were made to the building to ensure it met the needs of the people who lived there. Adjustments had been made to the environment to better suit the needs of individuals. Wide doorways and level flooring made it easier for people to move around.

Where people did not have the capacity to understand or consent to a decision the provider had followed the requirements of the Mental Capacity Act (2005). An appropriate assessment of people's ability to make decisions for themselves had been completed. Staff were seen to seek people's consent, and give good clear explanations about choices and decisions that needed to be made. Staff really took their time to talk to people to make sure they were doing what people wanted.

Where people's liberty may be restricted to keep them safe, the provider had followed the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure the person's rights were protected. Staff's understanding of their roles and responsibilities within the DoLS was good. Applications were very detailed and each instance where someone's freedom may be being restricted had been identified by the registered manager, and included in the DoLS.

There were enough staff to meet the needs of the people. An assessment of people's needs had been completed by

the registered manager and staffing levels were set to match them. The provider had carried out appropriate recruitment checks to ensure staff were suitable to support people in the home. Staff had a good understanding of protecting people from abuse, and knew how to report it should they suspect it had taken place.

The training and induction processes for staff was good. Staff were up to date on their training, and their knowledge of people's medical conditions, as well as cultural needs was excellent. Staff had regular one to one meetings with their manager, and were able to discuss their performance, training needs, and any concerns they may have. Staff told us they felt very supported by the management, and they loved working here. One said, "The manager is supporting and caring. It's a happy and relaxed working environment and we can take our time to care for people."

Quality assurance processes had been effective at improving the home for the people who lived there. Regular audits were completed around the home by staff and visiting senior managers. Items identified as requiring action had been completed within the timescales set by the provider. The registered manager had a clear plan for how the home was going to further improve, such as introducing cutting edge equipment and processes to further improve people's experiences at the home.

People, their relatives, staff and others (such as GP's commissioners and health care professionals) had the opportunity to be involved in how the home was managed. Regular feedback was sought to check that the home was meeting people's needs. All of the feedback we received, or read, was very positive about the staff and home.

Care plans were based around the individual preferences of people as well as their medical needs. They gave a high level of detail for staff to reference if they needed to know what support was required. People and relatives (due to people's communication needs) were involved in the review and generation of these plans. People received the care and support as detailed in their care plans.

People were supported to maintain good health as they had access to relevant health care professionals when they needed them.

# Summary of findings

People received their medicines when they needed them. Staff managed medicines in a safe way and were trained in the safe administration of medicines. Staff really involved people in taking their medicines; one person was seen to help prepare the thickened water they needed to have to help them swallow their tablets, or helping to count out the tablets. Clear explanations were given to people about what the medicines were for, so they could make an informed choice about whether to take them or not.

People had access to activities that met their needs. They had access to the local community and could attend a variety of activities and clubs. More individualised activity plans were being developed with people by the staff, so that people's dreams and new interests could be supported.

People had enough to eat and drink, and received support from staff where a need had been identified. Specialist diets to meet medical, religious or cultural needs were provided. People were involved in what they ate, and they had a good variety and choice of food and drink.

People and relatives knew how to make a complaint. The complaint policy was in an easy to read format using pictures and clear language so people would be able to understand it. No formal complaints had been received since our last inspection.

# 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?

The service was safe.

The provider had identified some risks to people's health and safety and put guidelines for staff in place to minimise the risk. The premises were well maintained and clean and positive adaptations had been made to meet the needs of people.

There were enough staff to meet the needs of the people who lived here.

Staff understood their responsibilities around protecting people from harm. They were clear on their roles and responsibilities should they suspect abuse had taken place.

People felt safe living at the home. Appropriate checks were completed to ensure staff were safe to work at the home.

People's medicines were managed in a safe way, and they had their medicines when they needed them.

Good



### Is the service effective?

The service was effective

People's rights under the Mental Capacity Act were met. Assessments of people's capacity to understand important decisions had been recorded in line with the Act. Where people's freedom was restricted to keep them safe the requirements of the Deprivation of Liberty Safeguards were met.

Staff said they felt supported by the manager, and had access to training to enable them to support the people that live here.

People had enough to eat and drink and had specialist diets where a need had been identified. People were highly involved in meals and meal planning.

People had access to health care professionals to keep them healthy.

Good



### Is the service caring?

The home provided an good level of care to people.

Relatives told us the staff were caring and friendly. Staff really took the time to give people information about their care so that they could make informed choices.

Staff knew the people they cared for as individuals, and ensured people's choices were supported. People's diverse needs were clearly understood by staff, and they went out of their way to ensure these needs were supported.

People's independence was very well promoted by staff. People were encouraged to do as much as possible to maintain their independence.

People could have visitors to the home when they wished; and people were well supported by staff to leave the home and visit relatives.

Good



# Summary of findings

## Is the service responsive?

The service was responsive.

Care plans were person-centred and gave detail about the support needs of people. People's involvement in their care planning was clear.

People had access to activities; these were being improved to be more individualised and meet the interests and need of people.

People knew how to make a complaint. There was a clear complaints procedure in place. Complaints had been dealt with in line with the provider's policy.

Good



## Is the service well-led?

The service was well- led.

Quality assurance checks were effective at ensuring people received an excellent level of care.

Care records were clear and completed fully.

The registered manager submitted notifications of incidents in accordance with the regulations.

People, their relatives and staff were involved in improving the home. Feedback was sought from people via an annual survey and meetings. Information received was used to improve the home.

People were complimentary about the friendliness of the staff. Staff felt supported and able to discuss any issues with the manager.

Good



# The Pines

## 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 October 2015 and was unannounced. The inspection team consisted of two inspectors, both of whom had experience in learning and physical disability care.

Before the inspection we gathered information about the home by contacting the local authority safeguarding and quality assurance team. In addition, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

On this occasion we did not ask 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.

Due to peoples communication needs we were unable to talk with people that where in the home during our inspection. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. During our inspection we spoke with five staff which included the registered manager and a senior manager from the provider. We also contacted two relatives after the inspection to gain their views.

We observed how staff cared for people, and worked together. We also reviewed care and other records within the home. These included three care plans and associated records, three medicine administration records, two staff recruitment files, and the records of quality assurance checks carried out by the staff.

At our previous inspection in November 2013 we had not identified any concerns at the home.

# Is the service safe?

## Our findings

People lived in a safe home at The Pines. A relative said, “I’m happy he’s there, happy he’s safe there. I know they would always get hold of me if anything was wrong.”

There were sufficient staffing levels to keep people safe and support the health and welfare needs of people who lived at the home. When people went out for activities the care of people who stayed at home was not affected. Planning to ensure there were enough staff to meet people’s needs was safe. People’s care needs had been assessed and a staffing level to meet those needs had been set by the provider. Levels of staff seen during the day of our inspection matched with the level identified by the provider as being required to meet people’s needs. Staffing records also confirmed that the appropriate number of staff had been in the home to support people for the previous month. To meet the needs and choices of people, the registered manager also took into account the gender of staff on each shift.

Appropriate checks were carried out to help ensure only suitable staff were employed to work at the home. The management checked that they were of good character, which included Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People were involved in their medicines as much as they were able to be. Staff went out of their way to ensure people’s independence was promoted. Staff explained to them in great detail what they would be doing. They showed the person their medicine administration record and talked them through it. The person was involved in preparing their medicines, for example mixing their own thickener into water that was needed to help swallow tablets.

People’s medicines were managed and given safely. A relative said, “They’re very on the ball with medication.” Staff that administered medicines to people received appropriate training, which was regularly updated. Their competency to give medicine safely was reviewed to ensure they followed best practice. People’s medicines

were regularly reviewed. A relative said, “I was concerned how much medication my family member was taking. The staff at the Pines have ensured this was discussed with the GP.”

The ordering, storage, recording and disposal of medicines was safe. There were no gaps in the medicine administration records (MARs). So it was clear when people had been given their medicines. People had their medicines when they needed them.

The premises had been adapted to suit the needs of people, without affecting the homely feel of the house, nor removing the classic characteristics of the old building. People had high mobility support needs, such as using a wheelchair to move around the home. All of the floors were smooth and flat and the corridors were wide to enable easy movement around the home. The adaptations had made the home feel clean, light and fresh, and personal to the people. Equipment such as electric hoists and standing aids assessed by Occupational Therapists were in use to assist with providing personal care to people.

People were kept safe because accidents and incidents were reviewed to minimise the risk of them happening again. A record of accidents and incidents was kept and the information reviewed by the registered manager to look for patterns that may suggest a person’s support needs had changed.

People were protected from the risk of abuse. Staff understood their responsibilities in relation to safeguarding people. They were able to identify the correct safeguarding procedures should they suspect abuse, and that a referral to an agency, such as the local Adult Services Safeguarding Team should be made. Information was also made available to people and visitors about abuse. Pictorial safeguarding information was on the noticeboard in the reception. This was easy to access and understand should people wish to know what to do if they thought abuse was taking place.

The risk to people from their health and support needs had been assessed to help keep them safe. Assessments had been carried out in areas such as nutrition and hydration, supporting independence and mobility support needs. Measures had been put in place to reduce these risks, such as monitoring people’s weight and food and fluid intake where people were at risk from malnutrition. Risk assessments had been regularly reviewed to ensure that

## Is the service safe?

they continued to reflect people's needs. The management of risk did not restrict people's choice and independence. The assessments were clearly based around what the person could do, and the support needed from staff to achieve this.

People were kept safe from environmental hazards. Assessments had been completed to identify and manage any risks of harm to people around the home. Areas assessed included fire safety, and health and safety risks (such as trip hazards around the home). Staff worked within the guidelines set out in these assessments. Equipment used to support people was regularly checked to make sure it was safe to use. Items such as fire safety

equipment were regularly checked. The home's design and maintenance also reduced the risk of harm to people. Flooring was in good condition to reduce the risk of trips and falls.

People's care and support would not be compromised in the event of an emergency. Information on what to do in an emergency, such as fire, were clearly displayed around the home. People's individual support needs in the event of an emergency had been identified. These gave clear instructions on what staff were required to do to ensure people were kept safe. Emergency exits and the corridors leading to them were all clear of obstructions so that people would be able to exit the building quickly and safely.



# Is the service effective?

## Our findings

People received a good level of effective care and support which promoted a good quality of life. A relative said, “Keyworkers are amazing, they look after him so well.”

Relatives told us that care staff had sufficient knowledge and skills to enable them to care for people. Staff had received effective training and induction to undertake their roles and responsibilities to care and support people. The training also included non-permanent staff to ensure they understood people’s needs.

Staff had effective support to be able to meet people’s needs. Staff told us they felt supported by the registered manager and senior management, and could approach them at any time. Staff had regular supervisions and annual appraisals. These are an opportunity for staff to discuss with their line manager their work progress, any additional training they required or concerns they had.

People were supported by staff that had received appropriate and relevant training, for example training in epilepsy. Staff told us this enabled them to feel confident in their role and to help them meet people’s specific needs. Staff undertook the provider’s mandatory training, such as safeguarding, infection control, health and safety or first aid and where training was due this had already been planned by the registered manager to take place.

The process to gain people’s consent to care and treatment was well managed and ensured their rights and choices were respected. Where people could not make decisions for themselves, the processes to ensure decisions were made in their best interests met the requirements of the Mental Capacity Act 2005 (MCA). Assessments of people’s capacity had been completed and were based on a particular decision that the person had to make. The recording of these assessments was under review by the registered manager to ensure they had been completed fully. Staff had a good understanding of the MCA including the nature and types of consent, people’s right to take risks and the necessity to act in people’s best interests when required. During the inspection staff were seen to involve people in decision making and gaining consent before they undertook care or support.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. DoLS are part of the MCA.

They aim to make sure people in care services are looked after in a way that does not inappropriately restrict their freedom. Some people’s freedom had been restricted to keep them safe. Where people lacked capacity to understand why they needed to be kept safe the registered manager had made the necessary DoLS applications to the relevant authorities to ensure that their liberty was being deprived in the least restrictive way possible. These were very thorough and detailed applications which covered decisions such as using lap straps in wheelchairs, and bed rails. This showed the registered manager had a clear understanding of the regulations, and when people’s freedom may be being restricted.

People were supported to have a varied and nutritious diet to help maintain their health. When eating people looked to be enjoying the food. A relative said, “They cook things from scratch’. My family member needs to have his meal pureed and food supplements added. They always make a dinner for him to bring with him when he visits me with everything already prepared.”

People had a good level of involvement in the menu planning and shopping and regularly had their favourite meals. There was a good range of food, as well as sandwiches and snacks. If people did not like what was on the menus an alternative was always provided. Staff gave good explanations to people of the choices on offer at each meal, and listened to what people wanted. Staff had a very good understanding of people’s needs around specialist diets, for example due to either a medical or cultural need. This extended to not just basic knowledge about not eating particular meats, but also an in-depth knowledge of other foods such as fruits that were important to people’s culture and faith. These food items were provided to people.

People were protected from poor nutrition as they were regularly assessed and monitored by staff to ensure they were eating and drinking enough to stay healthy.

People received a good level of support from staff to maintain good health. Each person had a health action plan in place which recorded the health care professionals involved in their care, for example the GP, optician, dentist or dietician. A relative said, “There have been significant changes in my family member’s health over the past couple of years, they keep me posted and act quickly if anything happens.” The effectiveness of the support given by staff could be seen where a person come to live at the home with a pressure sore. Due to careful care and treatment

## Is the service effective?

from staff, the person's wound had been completely healed. Staff were able describe the individual ways that

people communicated, for example if people were in pain or unwell. Daily care records showed that where people had indicated they were unwell, staff had responded appropriately to meet that person's needs.

# Is the service caring?

## Our findings

We had positive feedback from people about the caring nature of the staff. Staff displayed kind, caring behaviour and it was clear to see that people and staff enjoyed spending time together. A relative said, “It’s not like they’re just doing a job, they’re looking after them as people. They really do care”. Another relative said the home was, “Very caring, very holistic.”

Feedback received from health care professionals included comments such as, “I view The Pines as an excellent home offering person-centred support of the highest quality,” and “People are always involved in making choices, staff always direct questions to the person and do not talk over people.” The care and support people received on the day of our inspection matched with the feedback others had given about the home.

People were treated in a caring and positive manner by staff. During the day of our inspection we saw many positive and caring interactions. These ranged from staff taking great care to explain choices to people and involve them in their care, down to small caring and respectful actions such as pausing a DVD during lunch, so that when people came back they could continue watching from that point. Staff were seen to make people laugh, by talking and joking with them. People could not verbally communicate but staff interacted really well with them which showed they cared.

When a member of staff was about to leave the home for a short time. They went to the person they had been supporting to let them know where they were going, how long they would be and who would be supporting them while they were gone. One person did not like to get up too early in the morning. Their medicines had been prescribed to be administered at 8am. Staff had recognised and supported the person’s choice and consulted with them, the family and the GP to see if the medicine could be delivered at a time more suited to the person. Small, thoughtful actions like these really showed us that people were respected and staff cared about them.

People were encouraged to be independent and make decisions when they could. People had high levels of support needs but staff really worked with them to involve them in the home and their own care and support. One

person had limited movement. They were encouraged to get involved in cleaning around the home, and care records gave good positive statements of how staff could support the person to do this.

Staff took time to talk through choices with people throughout the day. Small tasks such as offering a person a drink were a prime example of the excellent way staff helped people to make a decision. Staff reminded the person what they had drunk earlier and then went through the options available. This included milk, milkshakes, squash, tea and coffee. When the person looked confused the staff member asked if they should repeat the options, which they did. Once the person had chosen squash, the staff member brought the bottles to show the person what flavours they could choose from. Staff described each of the six flavours they could have. This was another example of the really positive way that staff involved people in their day to day care choices, and showed that staff thought about every aspect of the care they gave to ensure people’s independence and choice were promoted. Staff communicated effectively with people, took the time to be with them, and gave information in a manner people could understand.

Staff had a good understanding of protecting people’s privacy and confidentiality. When the staff gave information about people they ensured that no one could overhear, and that doors were closed. People’s rooms were respected as private to them, and staff asked people’s permission before they went in. Care records, that held confidential information were stored safely so that unauthorised people could not see them, but were still accessible to staff, and the person if they wanted them.

People’s dignity was respected by staff. Staff explained how they did such as ensuring people were covered when they provided personal care and curtains and doors were closed. People were dressed appropriately for the day, and when items of clothing become dishevelled staff noticed and asked the person if they wanted it to be straightened out. Other examples included people’s laundry being kept separate when being washed.

People were supported by staff that knew them as individuals. A relative said, “They are so in tune with people, they’re like buddies.” Staff were knowledgeable about people and their past histories, their interests and preferences. Staff were able to tell us about the people they cared for. They talked about care and support needs to

## Is the service caring?

more personal information such as favourite films, foods and activities to how individual people liked to receive personal care. This matched with what they told us, as well as what we saw people choose and do during the day.

People looked well cared for, with clean clothes, and tidy hair. The atmosphere in the home was calm and relaxed and reflected the people that lived here, rather than the staff and registered manager.

People's rooms were very personalised with family photographs, ornaments and furniture. This made the room individual to the person that lived there. People's needs with respect to their religion or cultural beliefs were met. Staff had an excellent understanding of those needs and people had access to services so they could practice their faith. A key worker was able to explain in detail a person's faith and what each item in the person's room meant in relation to this and what they must and must not do with each. They had really taken the time to understand the person's faith. A relative said, "Religious needs are taken into account, for example giving support to buy new clothes for festival days."

Relatives told us they were able to visit when they wanted and were made to feel welcome. They could phone 24/7 and staff were never too busy to talk. People were well supported by staff to go to their relative's homes.

The registered manager and staff went out of their way to be responsive to people's needs. A relative said, "Anything I've asked of the manager she's helped me with." They gave the example of when their family member visited them at home it was difficult to access the path in their wheelchair. When the council were coming to discuss a dropped kerb the manager took their family member to their home to meet with them and supported them in getting this authorised."

People were respected and their lives and achievements were acknowledged by staff. A person had recently passed away. The staff had celebrated the person's life with people with a colourful display of photos and written comments from staff saying what they had liked about them. Staff showed real compassion and a deep regard for people, even when they had passed on.

# Is the service responsive?

## Our findings

People were supported by staff that were responsive to their needs. A relative said, “They (staff) are very flexible and never moan.”

People’s care and treatment was planned and delivered to reflect their individual care plan. Care plans were very detailed and positively written. They were person centred and clearly explained what people could do for themselves and how staff could support them to remain independent. Comments such as, “I am able to hold a duster and clean my furniture with staff support,” and “I can hold my covers whilst staff put them on my bed” really showed that staff had taken the time to work with the person on each aspect of their life, to meet their individual needs and preferences. People were seen to be supported by staff in accordance with their care plans and choices.

Reading the care plans gave a good understanding of the person as an individual, and did not just describe support needs and risks. They covered all aspect of a person’s life, and it was obvious from reading them that people and their relatives had been involved. Usual details such as physical and medical support needs were recorded, but a high level of detail was included. For example, dietary requirements did not just record food likes and dislikes; it also recorded where the person liked to eat, depending on the mood they may be in, and what support staff could give. During our inspection staff asked us to move from particular areas, to respect people’s choices and preferences around eating. What staff told us, and how people acted, matched exactly with what had been recorded in the care plan, showing it was a true reflection of their preferences.

The care records were legible and up to date. All the information was recorded in well organised, and for the level of detail given, compact files. People and relatives were involved in developing care and support plans, and in reviews of care. A relative said, “There have been significant changes in our family members health over the past couple of years. They keep me posted and act quickly if anything happens.” Care plans were regularly updated in line with people’s changing needs, such as a change in health or preference.

Daily handovers were carried out by staff to ensure any important information or changes in relation to a person were shared amongst staff straight away.

People had access to a range of activities such as day centres, shopping and practicing their religious faith. A relative told us, “I’m given a breakdown of what he does when he has a review. They support him to buy/make a little present to show what he’s been doing. He always goes on holiday.” They went on to say, “When he goes clothes shopping staff will hold the clothes up and ask if he likes them, if he does he will raise his hand, he always has a choice.” People were able to access the community, for example to go out shopping and visit relatives. Feedback recorded from a GP said, “Staff adjust activity levels to suit people’s needs.” On site facilities included a sensory room, which contained audio, visual and physical stimulus for people. The design of the room was such that people who used wheelchairs were able to move around on the floor in comfort if they wished. The registered manager and key workers were also looking at ways they could further improve the activities available around the home to be even more personalised.

People’s needs had been assessed before they moved into the home to ensure that their needs could be met. This contained detailed information about people’s care needs, for example, in the management of the risks associated with people’s mobility or dietary needs. The care plans contained detailed information about the delivery of care that the staff would need to provide.

People were supported by staff that would listen to and responded to complaints. Relatives knew how to raise a concern or make a complaint, and told us the process had been brought to their attention by staff. One relative said, “If I have any concerns they will listen to what I say.” Another said, “A few years ago they listened to me and took appropriate action. If I have any issues they won’t delay, they always sort things out straight away.”

There was a complaints policy in place. This was prominently displayed in the home. It was also in a format that most people who lived there would be able to understand, as it used signs and pictures. The complaints policy included clear guidelines on how and by when issues should be resolved. It also contained the contact details of relevant external agencies, such as the Care Quality Commission.

## Is the service responsive?

There had been no formal complaints received about the staff or home since our last inspection. The registered manager and staff had a good understanding of what to do

should a complaint be received, to ensure that they addressed the issue to the satisfaction of the complainant. They said that information from complaints would be used as a learning exercise to improve the service they provided.

# Is the service well-led?

## Our findings

There was a positive and friendly culture within the home between the people that lived here, the staff and the registered manager. A relative described the registered manager as, “A conscientious manager.”

Staff were positive about the working environment, and told us they felt supported by the management and able to feedback any issues they may have. One staff member said, “The manager is supporting and caring. It’s a happy and relaxed working environment and we can take our time to care for people.” Staff told us they were aware of the ethos of the home and that they were to encourage people to live independent, fulfilling lives. Our observations throughout the inspection showed us they put this into practice.

The registered manager and senior management led by example, for example involving people in discussions, and continually looked for ways to improve the home for the people that lived here. For example, the registered manager had reviewed the care records and was working on a way to improve them further. They had looked at best practice around the care sector and had plans and ideas in place to implement them at the home. Ideas such as introducing ‘reference objects’ and ‘talking tiles’ around the home to enable people to communicate their needs more clearly were planned, as well as further adjustments to the environment to meet people’s needs.

The registered manager really promoted a positive attitude and always focussed on looking at how the home could improve. This resulted in staff having the same positive ‘can do’ attitude and provide an outstanding level of care to people.

Staff told us senior management had a good oversight of the running of the home and they responded to any concerns staff may raise with them. Senior management visited the home regularly, as they were based in the same building. They had a good understanding of the atmosphere and working environment at the home, and of the people that lived here.

The quality assurance process was simple and very effective. It was used to identify areas and ways to further improve the excellent care given to people. The quality of all aspects of the home was regularly checked by the use of

audits. These were thorough and where areas for improvement were identified the registered manager and provider took action to correct the issues. Areas covered included infection control, health and safety and records.

The registered manager regularly reviewed information such as accidents and incidents to see that they had been managed correctly. They also looked to see if any patterns were emerging that may indicate a change in a person’s care needs. The registered manager said, “I look at any themes that may be emerging, and think about what changes we may need to make; and if we need to pass information on to other agencies to help the person.” Issues highlighted by these reviews were also discussed during team meetings and used as a tool for learning.

Records of care and the running of the home were well kept. Records such as medicine administration records, water temperature checks, and daily care records were all completed fully and legibly. This enabled people to easily see if appropriate care and support had been provided to meet people’s needs.

Staff were also involved in how the service was run. Regular staff meetings were held to give updates to staff and give them the opportunity to give ideas and suggestions. One staff member said, “We all sit around the table and have a chance to talk.” The meetings were positive events and used by the management to highlight where good practice had been recognised, and to thank the team. It was also used to pass on information, such as changes to the building, and to discuss any issues that may have been flagged up by quality audits (positive and negative), or new guidance that may have been received from external agencies, such as the local authority.

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. We had received notifications from the registered manager in line with the regulations. This meant we could check that appropriate action had been taken.

The registered manager had ensured that various groups of people were consulted for feedback to see if the service met people’s needs. This was done annually by the use of a questionnaire. People contacted included GP’s, the local authority locality team, the speech and language therapist and occupational therapist. All of the feedback was very positive about the home, and the care that people received

## Is the service well-led?

from staff. Comments included, “I am very happy with the support they provide and have always found staff professional and caring;” “Staff always consider peoples

dignity;” and “Staff always treat service users as individuals.” These comments reflected what we found during our inspection, showing that people lived in a caring and well-led home.