Robert Pattinson

Acorn Grange Care Home

Inspection report

Vicarage Rd,
West Cornforth,
Ferryhill,
DL17 9HU
Tel: 01740 656976
Website: www.example.com

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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 inspection took place on 14 and 15 October 2015. The inspection was unannounced.

Acorn Grange is a residential care home for up to 48 people based in West Cornforth, County Durham. The home provides care to older people and people with dementia. It is situated close to the town centre, close to local amenities and transport links. On the day of our inspection there were 41 people using the service.

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

We spoke with a range of different staff members; care, domestic, senior , kitchen and maintainencestaff who told us they felt supported and that the registered manager was always available and approachable. Throughout the day we saw that people who used the service and staff were comfortable and relaxed with the

Summary of findings

registered manager and each other. The atmosphere was relaxed and we saw that staff interacted with each other and the people who used the service in a very friendly, positive and respectful manner.

From looking at people's care plans we saw they were written in plain english and in a person centred way and made good use of pictures, personal history and described individuals care, treatment and support needs. These were regularly reviewed and updated by the care staff and the registered manager.

Individual care plans contained risk assessments. These identified risks and described the measures and interventions to be taken to ensure people were protected from the risk of harm. The care records we viewed also showed us that people's health was monitored and referrals were made to other health care professionals where necessary for example: their GP, mental health team, community nurse or Chiropodist.

Our observations during the inspection showed us that people who use the service were supported by sufficient numbers of staff to meet their individual needs and wishes.

When we looked at the staff training records they showed us staff were supported and able to maintain and develop their skills through training and development opportunities. The staff we spoke with confirmed they attended a range of learning opportunities. They told us they had regular supervisions and appraisals with the registered manager, where they had the opportunity to discuss their care practice and identify further mandatory and vocational training needs. We also viewed records that showed us there were robust recruitment processes in place.

We observed how the service administered medicines and how they did this safely. We looked at how records were kept and spoke with the registered manager about how staff were trained to administer medication and we found that the medication administering process was safe.

During the inspection we witnessed the staff rapport with the people who used the service and the positive interactions that took place.. The staff were caring, positive, encouraging and attentive when communicating and supporting people.

People were being encouraged to participate in activities that were personalised and meaningful to them. For example, we saw staff spending time engaging with people as a group and on a one to one basis on activities and we saw evidence that other people were being supported to go out and be active in their local community.

We saw people were encouraged to eat and drink sufficient amounts to meet their needs. We observed people being offered a selection of choices of drinks and snacks. The daily menu that we saw also offered choice.

We saw a complaints procedure that was in place and this provided information on the action to take if someone wished to make a complaint and what they should expect to happen next. People also had access to advocacy services if they needed it.

We found an effective quality assurance survey took place regularly and we looked at the results. The service had been regularly reviewed through a range of internal and external audits. We saw that action had been taken to improve the service or put right any issues found. We found people who used the service; their representatives were regularly asked for their views at meetings.

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

This service was safe.

There were sufficient staff to cover the lay out of the building and the needs of the people safely.

People's rights were respected and they were involved in making decisions about any risks they may take. The service had an efficient system to manage accidents and incidents and learn from them so they were less likely to happen again.

Staff knew what to do when safeguarding concerns were raised and they followed effective policies and procedures.

Medicines were managed, reviewed and stored safely.

Is the service effective?

Good

This service was effective.

People could express their views about their health and quality of life outcomes and these were taken into account in the assessment of their needs and the planning of their care.

Staff were regularly supervised and appropriately trained with skills and knowledge to meet people's assessed needs, preferences and choices.

The service understands the requirements of the Mental Capacity Act 2005, its Codes of Practice and Deprivation of Liberty Safeguards, and puts them into practice to protect people.

People were protected from discrimination and their human rights were protected.

Is the service caring?

Good

This service was caring.

People were treated with kindness and compassion and their dignity was respected.

Care staff were aware of, and had access to advocacy services to represent the people who use the service.

People were understood and had their individual needs met, including needs around social isolation, age and disability.

Staff showed concern for people's wellbeing. People had the privacy they needed and were treated with dignity and respect at all times.

Is the service responsive?

Good

This service was responsive.

People received care and support in accordance with their preferences, interests, aspirations and diverse needs. People and those that mattered to them were encouraged to make their views known about their care, treatment and support.

Summary of findings

People had access to activities and outings, that were important and relevant to them and they were protected from social isolation.

Care plans reflected people's current individual needs, choices and preferences.

Is the service well-led?

Good

This service was well led.

There was an emphasis on fairness, support and transparency and an open culture. Staff were supported to question practice and those who raised concerns and whistle-blowers were protected.

There was a clear set of values that included involvement, compassion, dignity, respect, equality and independence, which were understood by all staff.

There were effective quality assurance systems in place to continually review the service including, safeguarding concerns, accidents and incidents. Investigations into whistleblowing, safeguarding, complaints/concerns and accidents/incidents were thorough.

There were good community links and partnership approaches to tackling social isolation and inclusion.

Acorn Grange Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 14, 15 October 2015 and was unannounced. This meant that the service did not know we were visiting. The inspection team consisted of two Adult Social Care Inspectors. At the inspection we spoke with seven people who used the service, three relatives, the registered manager, and nine members of staff.

Before we visited the home we checked the information we held about this location and the service provider, for example we looked at the inspection history, safeguarding notifications and complaints. We also contacted professionals involved in caring for people who used the service, including commissioners and no concerns were raised by these professionals.

The provider was asked to complete a provider information return prior to our inspection (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. During this inspection, we asked the provider to tell us about the improvements they had made or any they had planned. We used the information to plan our inspection.

Prior to the inspection we contacted the local Healthwatch and no concerns had been raised with them about the service. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work.

There were no concerns brought to our attention from the local authority who commission the service.

During our inspection we observed how the staff interacted with people who used the service and with each other. We spent time watching what was going on in the service to see whether people had positive experiences. This included looking at the support that was given by the staff by observing practices and interactions between staff and people who use the service.

We also reviewed staff training records, recruitment files, medication records, safety certificates, and records relating to the management of the service such as audits, surveys, and minutes of meetings, newsletters and policies.

Good

Is the service safe?

Our findings

The people who used the service that we spoke with told us they felt safe living at Acorn Grange. One person who used the service told us "Yes I am safe here, I don't go out on my own without anyone anymore, the staff and my family help me to go out safely. Even through the night there is someone there to help me and check that I'm safe." The service also had policies and procedures for safeguarding adults and we saw these documents were available and accessible to members of staff. This helped ensure staff had the necessary knowledge and information to make sure that people were protected from abuse.

The staff we spoke with were aware of who to contact to make referrals to or to obtain advice from. The registered manager said abuse and safeguarding was discussed with staff on a regular basis during supervision. Staff we spoke with confirmed this happened. Staff told us that they had received safeguarding training within the last three years. They said they felt confident in whistleblowing (telling someone) if they had any worries. One staff member told us; "If anything was amiss, I know how to raise it."

The service had a Health and Safety policy that was up to date. This gave an overview of the service's approach to health and safety and the procedures they had in place to address health and safety related issues. We also saw that a personal emergency evacuation plan (PEEP) was in place for people who used the service. PEEPs provided staff with information about how they could ensure an individual's safe evacuation from the premises in the event of an emergency.

We saw records of maintenance and monthly health and safety checks for the equipment used in the home to support this. We also saw records of other routine maintenance checks carried out within the home. These included regular portable appliance testing (PAT) checks of electrical equipment, water temperature, room temperatures and cold water storage. This showed that the provider had in place appropriate maintenance systems to protect staff and the people who used the service against the risks of unsafe or unsuitable premises or equipment.

Regular fire alarm testing was carried out in the home and we saw the records that recorded this along with; fire door checks, fire alarm testing, escape routes, fire extinguisher checks and emergency lighting testing.

We looked at the arrangements that were in place to manage risk, so that people were protected and their freedom supported and respected. We saw that risk assessments were in place in relation to the people's needs such as; nutrition, falls, and skin care. This meant staff had clear guidelines to follow to mitigate risks.

We looked at the arrangements that were in place for managing accidents and incidents and preventing the risk of re-occurrence. The registered manager showed us this system and explained the levels of scrutiny that all incidents, accidents and safeguarding concerns were subjected to within the home. She showed us how actions had been taken to ensure people were immediately safe.

The four staff files we looked at showed us that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helped employers make safer recruiting decisions and also prevented unsuitable people from working with children and vulnerable adults.

On the day of our inspection there were 41 people using the service. We found the layout of the home was spread over two floors and ran as two different floors. On each floor there were bedrooms and shared lounge areas for people to use. On the ground floor there was two dining areas, a movie room and two lounges for everyone to access.

We spoke with the registered manager about staffing levels, they told us they were using a dependency model but that they brought extra staff in when needed. The dependency tool works out how many staff are required to care for people based on the numbers of people using the service and the layout of the building. When we highlighted to the manager that the dependency tool didn't cover the need of people they told us that they deploy extra staff when needed.

We discussed all aspects of medicines with the registered manager, who demonstrated a thorough knowledge of policies and procedures and a good understanding of medicines in general. We saw that the controlled drugs

Good

Is the service safe?

cabinet was locked and securely fastened to the wall. We saw the medicine fridge daily temperature record. All temperatures recorded were within the 2-6 degrees guidelines. We saw the medication records, which identified the medicine type, dose, route e.g. oral and frequency and saw they were reviewed monthly and were up to date. We audited the controlled drugs prescribed for two people; we found both records to be accurate. Controlled Drugs were checked at the handover of each shift.

We observed the administering of medication and saw that the staff were professional.The application of prescribed local medications, such as creams, was clearly recorded on a body map, stored in the Medication Administration Record (MAR) sheet and in the care plans showing the area affected and the type of cream prescribed. Records were signed appropriately indicating the creams had been applied at the correct times.

We saw there was evidence of sample signatures of staff administering medicines. There was also a copy of the home's policy on administration, and 'as and when required' medication protocols. These were readily available within the MARs) folder so staff could refer to them when required. Each person receiving medicines had a photograph identification sheet, and preferred method of administration. Any refusal of medicines was recorded on the MAR record sheet. All medicines for return to the pharmacy, were disposed of safely in storage bins, and recorded.

We found there were effective systems in place to reduce the risk and spread of infection. We found all areas including the laundry, kitchen, bathrooms, sluice areas, lounges and bedrooms were clean, pleasant and odour-free. Staff confirmed they had received training in infection control and made use of protective clothing and equipment. We looked at daily and monthly cleaning schedules and the staff explained; "Always put a sign up when cleaning and products are always labelled and locked away."

Good

Is the service effective?

Our findings

During this inspection, there were 41 people using the service. We found there were enough skilled and experienced staff to meet people's needs. We observed people throughout the day. When we were speaking with people who used the service and their relatives we asked them if they thought the staff were skilled to carry out their role one relative told us; "I am here two, three times a week and there is always training going on."

For any new employee, their induction period was spent shadowing more experienced members of staff to get to know the people who used the service before working alone. New employees also completed induction training to gain the relevant skills and knowledge to perform their role. Staff had the opportunity to develop professionally by completing the range of training on offer. Training needs were monitored through staff supervisions and appraisals and we saw this in the staff supervision files. One staff member told us; "It was hard going on my induction, I had lots of training to get through but I managed it."

We saw the staff training files and the training matrix that showed us the range of training opportunities taken up by the staff team to reflect the needs of the people using the service. The courses included; Fire safety, medication, manual handling and also vocational training for personal development and one staff member told us that they had started their NVQ (National Vocational Qualification) Level two in health and social care. One staff member told us; "I sometimes take my training workbooks home, I choose to do it in my own time. Sometimes we can go through it as a group; it gives us motivation to do it together."

We saw staff meetings took place with the different teams for example, kitchen staff, cleaning staff, carers and seniors. During these meetings staff discussed the support they provided to people and guidance was provided by the registered manager in regard to work practices and opportunity was given to discuss any difficulties or concerns staff had. When we spoke with staff, they said; "Team meetings are good for bringing up your ideas."

Individual staff supervisions were planned in advance and the registered manager had a reminder system in place and clear record of who had received theirs. One staff member told us "I find them useful for me to develop." Appraisals were also annually to develop and motivate staff and review their practice and behaviours. From looking in the supervision files we could see the format of the supervisions gave staff the opportunity to discuss any issues and covered the following; building relationships, areas of improvement and good practice.

We saw people were encouraged to eat and drink sufficient amounts to meet their needs. Throughout the inspection we observed people being offered a selection of drinks and snacks and support to have them if needed. Drinks were also out in people's rooms and jugs of juice were out in communal areas for people to access. The menu that we looked at was balanced and offered two choices at every meal and was compiled with the people who use the service to reflect their favourite meals. One person who used the service told us "I like the food; I can sometimes eat two dinners."

The inspection team observed the people who used the service having their lunch in both of the dining rooms. We saw one person complain that their meal was cold and the staff quickly took the food and heated again how the person liked it. We could see that there was enough staff available to support people and staff were encouraging and supporting people who needed assistance. The atmosphere in the dining area was relaxed and the people who used the service were enjoying their lunch chatting to staff and giving positive feedback. One relative told us; "The food is fabulous, it is all homemade and appropriate for my relative's needs. I've come in when my relative was unwell to encourage eating. When my relative goes off certain foods, the staff just adjust things to suit; they know my relative quite well."

From looking at peoples care plans we could see that the MUST (malnutrition universal screening tool) focus on undernutrition was in place, completed and up to date, also food intake records where needed.

We saw that people's weight was managed and were recorded regularly. Where supplements or other changes to diet were required this was also recorded individually. There were two people receiving supplements and these were recorded effectively. When we asked the kitchen staff how they prepared different meals for individuals they said; "The people who have their food soft or with added cream, we prepare theirs separately." The kitchen staff also showed us the planned menu and the choices for that day

Good

Is the service effective?

and how it was recorded. This showed us that the kitchen staff communicated well with the rest of the team and had knowledge of individual's likes, dislikes and nutritional needs.

CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLs) and to report on what we find. The Mental Capacity Act 2005 sets out what must be done to make sure that the rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care or treatment. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this. DoLs require providers to submit applications to a 'Supervisory Body', the appropriate local authority, for authorisation to do so.

There was a number of people who used the service who needed a DoLs in place and applications had gone to the local authority for processing at the time of our inspection. We also saw in the staff training matrix that staff had received training on DoLs and the MCA. When we spoke to the registered manager they explained the process they followed. One relative visiting the service we spoke with told us; "The manager spoke with me to explain about the DoLs and the local authority involvement for my relative."

Good

Is the service caring?

Our findings

When we spoke to the people who used the service they told us that the staff were caring and supportive and helped them with day to day living. One person who uses the service told us; "The staff are canny." Another told us; "The staff here are lovely, I'm well looked after. They're good they work hard every day."

We saw staff interacting with people in a positive, encouraging, caring and professional way. We spent time observing support taking place in the service. We saw that people were respected by staff and treated with kindness. We observed staff treating people respectfully. We saw staff communicating well with people and enjoying activities together. When we spoke with relatives we asked them how the staff treated them and their relatives. One relative visiting the service told us; "I'm made to feel welcome, I do know a lot of people and it's a good sign that the staff have been around a long time. The staff are very accommodating. They do their best to help my relative to make choices as best as they can."

During our inspection we observed a person who used the service become very distressed. The staff that were on duty that day dealt with the situation positively and reassured the person in a caring and attentive manner and quickly to minimise the person's distress.

Staff knew the people they were supporting very well. They were able to tell us about people's life histories, their interests and their preferences. We saw all of these details were recorded in people's care plans. The staff we spoke with explained how they maintained the privacy and dignity of the people that they cared for at all times and told us that this was an important part of their role. One staff member commented; "I close the doors to respect their dignity." Another member of staff told us; "We cover people up, we protect their privacy."

Throughout the inspection there was a relaxed, homely atmosphere at the service. We found the staff were caring and people were treated with dignity and respect and privacy was important to everyone. We spent time observing people in the lounge and dining area. One member of staff told us; "I'm happy if I know I've made someone else happy and if they have enjoyed something. I like to go home knowing I've done things right."

We could see during our inspection that people who use the service were helped by the staff team to maintain their independence where they could, one member of staff told us; " I always ask first for example, would they like to get up now or later, offer a choice of clothes, food etc."

Where possible, we saw that people were asked to give their consent to their care, before any treatment and support was provided by staff. Staff considered people's capacity to make decisions and they knew what they needed to do to make sure decisions were taken in people's best interests and where necessary involved the right professionals. We saw that there were posters on display for visitors and people who use the service to see that held contacts for advocacy. The registered manager told us; "I've put a notice up for people to see the numbers and it is on the care plans for the staff to see."

We saw records that showed us a wide range of community professionals were involved in the care and treatment of the people who used the service, such as community nursing teams, dieticians, NHS stop smoking support team, chiropodists and opticians. Evidence was also available to show people were supported to attend medical appointments. The registered manager told us "The GP visits once a week to see anyone who needs to be seen and we can raise any concerns we have then as well as calling them." This helped to ensure people's health care needs were being met. This showed us that the service offered a holistic approach to health, care and wellbeing.

During our inspection, we saw in some people's care plans that people were given support when making decisions about their preferences for end of life care. In people's care records we saw they had made advanced decisions about their care regarding their preference for before, during and following their death. We also saw evidence of this in practice on the day of our inspection. This meant people's physical and emotional needs were being met, their comfort and well-being attended to and their wishes respected.

Good

Is the service responsive?

Our findings

During the inspection several of the people using the service were engaging in activities going on in the service and one of the people using the service told us; "I like it when the music is on." Another told us; "I join in with what I can, I like quizzes and games. I did make a nice bird feeder and I like to do things for myself where I can."

We could hear people who used the service enjoying music in the lounge area and we observed others enjoying a quiz and in another lounge others were cake decorating. The staff that we saw were encouraging everyone to take part as best as they could. The staff member told us; "It can be quite challenging sometimes getting people involved we try to put plenty on; Quizzes, floor games, bingo, bird feeders, knitting, arts and crafts, trips out and we get entertainers to come in too."

We saw that people were involved in planning activities and the staff met up to organise activities by reflecting on what people enjoyed the most by getting feedback from the people who take part. We could see that there was a range of activities planned for people to choose from including: baking, crafts, hairdressing and trips out to the local community. The people who used the service and the staff told us about the relationship they had with the local community groups and how they visit the local amenities including the community centre, library and church hall. One person who used the service told us; "I often go along to the tea dance on a Thursday, I used to love dancing, all kinds of dancing, the teacher always gets me up for a dance." A member of staff also told us; "The local community partnership also come in to run activities, a few people decorated plant pots and planted bulbs." This showed us that there was a range of meaningful activities on offer for people who use the service to enjoy and take part in.

The care plans that we looked at were person centred and were in an easy read format. The care plans gave in depth details of the person's likes and dislikes, risk assessments and daily routines. These care plans gave an insight into the individual's personality, preferences and choices. One care plan detailed a specific daily routine that the person who used the service and their relatives carried out together. Furthermore the care plans held a 'This is me' hospital passport that gave an oversite of a person's likes and dislikes at a glance. When we asked staff how they would get historical information on the people they support they told us; "I would find it in the care plans and the admission information and I would ask to find out more."

We saw people were involved in developing their care plans. We also saw other people that mattered to them, where necessary, were involved in developing their care, treatment and support plans. We saw each person had a key worker and they spent time with people to review their plans on a monthly basis. Key worker's played an important role in people's lives, they provided one to one support, kept care plans up to date and made sure that other staff always knew about the person's current needs and wishes. We saw that people's care plans included photos, pictures and were written in plain language. We found that people made their own informed decisions that included the right to take risks in their daily lives. Staff that we spoke with told us; "I let them choose what they want to do respect their wants and wishes and encourage them to maintain their independence."

We found the service protected people from the risks of social isolation and loneliness and recognised the importance of social contact. The service enabled people to carry out activities within the service and in the local community. We saw people had a variety of options to choose from if they wanted to take part including planned days out for a bowling trip or the local church hall for a movie, local knit and natter club and visits to the service from the local primary school.

One of the relatives visiting the service told us about the activities on offer, they said; "My relative has been involved in the activities in the community and when people come in and has also enjoyed a trip out to Beamish."

When we asked the staff if they knew how to manage complaints they told us; "Yes I know I would go to whoever was in charge that day, pass it over to be dealt with." A visitor at the service also told us that they knew how to raise issues if they needed to. One relative told us; "I know how to complain if I needed to, so far I've not had to. When I have noticed little things and when I mention it to the staff they are already onto it." One person who used the service told us; "Yes if I needed to complain I would speak to the carers first." This showed us that the complaints procedure was well embedded in the service and staff and visitors were confident to use it when needed.

Good

Is the service responsive?

We could see from the meeting minutes that there were regular meetings for relatives and people who used the service. These meetings were chaired by the people who used the service. One person told us; “I go to the meetings. I know the lady who chairs them , we’re friends.” In the minutes we could see that activities had been discussed and ideas taken on board from the previous meetings.

A handover procedure was in place and we saw the completed record that staff use at the end of their shift. Staff said that communication between staff was good within the service. One member of staff told us that; “The handover helps us to keep on top of things.”

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager who had been in post in for over one year. A registered manager is a person who has registered with CQC to manage the service. The manager had recently appointed a new deputy manager to support their role.

The registered manager wa qualified, competent and experienced to manage the service effectively. We saw there were clear lines of accountability within the service and with external management arrangements with the provider. We saw up to date evidence of inspection records from the company's head office covering; people who used the service – their views/concerns, staffing, suggestions for improvement, meals, complaints, accident and incident analysis, maintenance records, fire safety, admissions, care plans, and social activities.

The staff members we spoke with said they were kept informed about matters that affected the service by the registered manager. They told us that staff meetings took place on a regular basis and that they were encouraged by the registered manager to share their views. We saw records to confirm that this. We could see that the registered manager held regular staff meetings with; cleaning staff, night staff and seniors but the care staff meetings were less frequent. We asked the registered manager about this and they confirmed that it was difficult to get all the care staff together and a newsletter/bulletin approach had been used to relay messages to staff and also staff supervisions were up to date. The registered manager told us; "Sometimes supervisions work best for people, so they can talk."

Staff we spoke with told us the manager was approachable and they felt supported in their role. They told us; "Our manager is very supportive and even comes in and helps out when we hold events." Other staff told us; "She is nice; supportive, approachable, I've had no problems.", "She always gets involved and goes round with the GP when they're here so that she's aware of what is going on with the clients."

The majority of the staff we spoke with told us that the morale at the service was generally good, however, others told us it wasn't. This was brought to the registered manager's attention by the inspection team and they assured us that they would be putting more support in place for staff to address this issue. The registered manager gave us some examples and said "I understood that there has been some changes recently and some team building would be good and more team meetings for the care staff. I want to use their ideas to bring us together."

People, who used the service, and their family members, told us the home was well led. One relative told us; "I have no problems asking to see the manager, if I need to. I feel involved and the manager has contacted me when there's any changes to my relative's care I need to know about."

We also saw that the manager had an open door policy to enable people and those that mattered to them to discuss any issues they might have. The manager showed how she adhered to company policy, risk assessments and general issues such as trips and falls, incidents, moving and handling and fire risk. We saw analysis of incidents that had resulted in, or had the potential to result in harm were in place. This was used to avoid any further incidents happening. This meant that the service identified, assessed and monitored risks relating to people's health, welfare, and safety.

We saw there were arrangements in place to enable people who used the service, their representatives, staff and other stakeholders to affect the way the service was delivered. For example, the service had an effective quality assurance and quality monitoring systems in place. These were based on seeking the views of people who used the service, their relatives, friends and health and social care staff who were involved with the home. These were in place to measure the success in meeting the aims, objectives and the statement of purpose of the service.

We discussed partnership working to tackle social isolation with the registered manager and they explained to us how they maintained links with the local community. This was also evident in the care plans and when we spoke with the people who use the service, their relatives and staff. It was made clear that working together with the local community had opened lots of doors for the service including regular visits from Cornforth community partnership a local community group who run activities locally and maintain the local community centre.

Good

Is the service well-led?

The complaints records that we looked at provided a clear procedure for staff to follow should a concern be raised. We saw there had been no recent complaints made but there was evidence that the registered manager had investigated previous complaints appropriately.

We saw the system for self-monitoring included regular internal audits such as accidents, incidents, building, fire safety, control of substances hazardous to health (COSHH), fixtures and fittings, equipment and near misses.

The service has a clear vision and set of values that included honesty, involvement, compassion, dignity, independence, respect, equality and safety. These were understood and consistently put into practice. The service had a positive culture that was person-centred, open, inclusive and empowering. The registered manager told us; "The needs of our people come first and the key worker system is in place to keep on top of care plans and I ensure the seniors make sure it happens."

We saw policies, procedures and practice were regularly reviewed in light of changing legislation and of good practice and advice. The service worked in partnership with key organisations to support care provision, service development and joined- up care. Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met such as, Department of Health, Local Authorities and other social and health care professionals. This showed us how the service sustained improvements over time.

We looked at the processes in place for responding to incidents, and accidents. These were all assessed by the registered manager; following this a weekly report was sent to the head office for analysis along with the registered manager's weekly report on the progress of the home. We found the provider reported safeguarding incidents and notified CQC of these appropriately.

We saw all records were kept secure, up to date and in good order, and maintained and used in accordance with the Data Protection Act.