Countrywide Care Homes Limited

Gateford Hill Care Home

Inspection report

Gateford Hill
Gateford
Worksop
Nottinghamshire
S81 8AF

Tel: 01909475402

Date of inspection visit:
07 July 2016
08 July 2016

Date of publication:
16 August 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We performed the unannounced inspection on 7 and 8 July 2016, Gateford Hill Care home is run and managed by Countrywide Care homes Ltd. The service provides residential and nursing care for 65 people over the age of eighteen. On the day of our inspection 54 people were using the service. The service is provided across three floors divided into four units.

The service did not have a registered manager in place at the time of our inspection, the present manager was in the process of registering with the Care Quality Commission. 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 and associated Regulations about how the service is run.
People were protected from the risk of abuse and staff had a good understanding of their roles and responsibilities if they suspected abuse was happening. The manager shared information with the local authority when needed.

The risks to people's safety were assessed and reviewed on a regular basis. These risks were managed in such a way as to both protect people and allow them to retain their independence both in the home and out in the community.

Staffing levels in the home were sufficient and the manager regularly reviewed and maintained safe staff levels dependant on the needs of the service. People received their medicines safely from suitably trained staff. Staff had a full understanding of people's care needs and received regular training and support to give them the skills and knowledge to meet these needs.

People were encouraged to make independent decisions and staff were aware of legislation to protect people who lacked capacity when decisions were made in their best interests. We also found staff were aware of the principles within the Mental Capacity Act 2005 (MCA) and had not deprived people of their liberty without applying for the required authorisation.

People were protected from the risks of inadequate nutrition. Specialist diets were provided if required. Referrals were made to health care professionals when needed.

People who used the service, or their representatives, were encouraged to contribute to the planning of their care, they were treated in a caring and respectful manner. Staff delivered support in a relaxed and considerate manner.

People, who used the service, or their representatives, were encouraged to be involved in decisions about their care and their environment, and systems were in place to monitor the quality of service provision. People also felt they could report any concerns to the management team and felt they would be taken seriously.

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 were safe as the provider had systems in place to ensure staff recognised and responded to allegations of abuse.

Risks to people's safety were assessed to allow them freedom but also keep them safe.

People received their medicines as prescribed and medicines were managed safely.

There was enough staff to meet people's needs and staff able to respond to people's needs in a timely manner.

Is the service effective?

Good

The service was effective.

People were supported by staff who had received training and supervision to ensure they could perform their roles and responsibilities effectively.

People were supported to make independent decisions where possible and procedures were in place to protect people who lacked capacity to make decisions.

People were supported to maintain a nutritionally balanced diet with sufficient fluid intake and their health was effectively monitored.

Is the service caring?

Good

The service was caring.

People's choices, likes and dislikes were respected and people were treated in a kind and caring manner.

People's privacy and dignity was supported and staff were aware of the importance of promoting people's independence.

Is the service responsive?

Good

People were supported to make complaints and concerns to the management team.

People who lived at the home at the home, or those acting on their behalf were involved in the planning of their care and staff had the necessary information to promote people's well-being.

People were supported to pursue a varied range of social activities within the home and the broader community.

Is the service well-led?

Good

The service was well led.

People felt the management team were approachable and their opinions were taken into consideration. Staff felt they received a good level of support and could contribute to the running of the service.

There were systems in place to monitor the quality of the service.

Gateford Hill 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 unannounced inspection took place on the 7 and 8 July 2016. The inspection team consisted of one inspector and a specialist advisor. A specialist advisor is a person who has professional expertise in aspects of the field of care being inspected.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports and statutory notifications. A notification is information about important events and the provider is required to send us this by law. We contacted commissioners (who fund the care for some people) of the service and asked them for their views.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with seven people who were living at the service and four people who were visiting their relations. We also 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 to us. We spoke with four members of care staff, the chef and the housekeeper. We also spoke with the home manager and quality manager.

We looked at the care records six people who used the service, eight staff files, as well as a range of records relating to the running of the service, which included audits carried out by the registered manager.

Good

Is the service safe?

Our findings

People we spoke with who lived at the home told us they felt safe. They told us if they were concerned they would know who to speak to. One person told us, "Yes I feel safe." We asked the person what made them feel safe and they told us that the staff made them feel safe. Another person told us, "I feel 100% safe, it's the staff and the surroundings." A relative we spoke with told us they had confidence in the staff to keep their relative safe. The people we spoke with and their relatives told us they would be happy to go to the manager or deputy manager if they had any concerns about safety in the home.

Staff we spoke with had a good understanding of the different types of abuse and how to recognise and respond to possible abuse. The staff we spoke with understood their role in ensuring the safety of the people who lived in the home. They told us they had received training on protecting people from the risk of abuse. One member of staff we spoke with was able to explain about a safeguarding incident they had been involved with. They gave the example of the concern being raised by a member of staff and the referral and investigation which had followed. It was clear from their description that correct processes had been followed to protect people who lived at the service.

The manager was confident staff would protect people from possible abuse and the staff we spoke with were confident that the manager would deal with any safeguarding issues They told us the manager had an open door policy and encouraged staff to protect the interests of the people they cared for. The manager demonstrated their understanding of their role in safeguarding the people in their care and their responsibility with regard to reporting incidents in the service to the local authority and us.

People were supported to manage risks to their safety whilst not restricting their freedom. Risks to individuals were assessed when they were admitted to the home and reviewed regularly to ensure their safety. There were detailed risk assessments in people's care plans. These showed what help individuals needed with aspects of their day to day activities such as mobility, nutrition or managing their medicines. Where the risk assessments had identified people were at risk of pressure ulcer formation appropriate pressure relieving equipment had been provided and was in use.

One person we spoke with told us staff worked with them to help them maintain their independence. They were able to give us examples of how manager and staff had worked with them to ensure they were able to access areas of the community they wanted independently, but still remaining safe.

Another person told us they had the right equipment to allow them to move around the home safely and confidently. Staff encouraged and supported them to do this. We saw someone who clearly enjoyed moving around the home but had limited mobility. The staff maintained observation of the person but ensured they were able to take the lead and move at their own pace as independently as possible.

Where people were at risk of falls they had risk assessments detailing the preventative measures that were in place. There had been appropriate referrals to the falls prevention team to look at ways to reduce the risk of further falls through their assessment of the person's needs. When falls occurred accident forms were

completed and a copy kept in the person care record. The manager also retained copy and completed a monthly falls analysis, this was also sent to the company's quality assurance manager who would undertake a further analysis to establish any trends and individual risks which could be addressed.

We saw staff using hoist equipment confidently and safely. Staff confirmed they had received the appropriate training to use the equipment. They told us they knew where to get the information they needed to keep people safe. One member of staff told us they got information from the individual risk assessments in people's care plans, discussions in daily handovers and reading a communication book.

People could be assured the environment they lived in was safe. The manager and regional manager undertook regular environmental audits we saw action plans in place relating to issues that had been raised and subsequently addressed. The company employed a maintenance person who maintained records which showed that up to date monitoring and servicing of equipment and the environment took place. Throughout the inspection we saw there were no obvious trip hazards and corridors were clean and clutter free.

Where appropriate the company used external contractors to audit and ensure they met the legal requirements to keep people safe. We saw a recent fire safety audit had been undertaken by one such contractor. The auditor had noted in their summery that the manager and maintenance person demonstrated a positive attitude in relation to the health and safety issues in the home. They noted that areas of responsibilities had been considered and were clear and satisfactory.

People we spoke with told us there were sufficient staff to meet their needs. One person told us, "If I want something people will help me." Another person told us, "Staff are there when you want them," Relatives we spoke with were happy with staff levels. One relative told us, "Staff come quickly and often anticipate [name's] needs."

Staff we spoke with told us in general the staffing levels were sufficient. One senior care worker we spoke with told us, "The ratio at the moment meets the needs of people." Other members of staff we spoke with were happy with the levels of staff. Staff felt that they were given a good induction and were supported by their peers. A senior care worker we spoke with explained the induction process to us and explained how they supported new staff. They told us they would work with the new member of staff and would go through their competencies before letting them work alone.

We spoke with the manager and Quality manager who explained a dependency tool was used to establish safe staffing levels. The units in the home required different levels of skill. For example, the residential unit did not require a registered nurse, but when required the registered nurse would support the senior care worker and the units worked well together. We saw rotas for the previous six months which showed the numbers of staff on each unit had been maintained and whilst there was a use of agency staff on night duty we saw the same names on the rota showing that regular agency staff were used.

People could be assured they were cared for by people who had undergone the necessary pre-employment checks. We examined eight staff files and saw the provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in maker safer recruitment decisions.

People had their medicines administered by staff who had been appropriately trained and told us they got their medicines when they needed them. One person said, "Yes get [medicines] regularly and never run out

of things." Another person we spoke with had been having some health issues they thought were related to their medicines. They told us staff were working with them and their relevant specialist health professional to address the issues.

The overall management of medicines was undertaken safely, we saw the storage of medicines was secure and appropriate. The home was supported by a pharmacist assistant from their supplier who came to check in medicines with staff when each supply was received. The home's designated GP undertook a regular assessment of people's medicines, to ensure what was prescribed was appropriate for them.

We observed a medicines round and saw the staff member followed safe practices, ensuring each person took their medicines. We saw medicines were stored correctly and records relating to administration and ordering were up to date. Senior care staff audited people's medicines records daily to ensure all medicines were given. The manager undertook regular medicines audits and we saw up to date records that these audits had taken place with actions identified and followed up.

Good

Is the service effective?

Our findings

People who lived at the home told us they received care appropriate to their needs, One person we spoke with told us, "Oh yes certainly they [staff] work well." Another person said, "I see staff helping new staff and staff know what they are doing." Relatives we spoke with had confidence in the skills of the staff who cared for their relations. One relative told us, "Yes I've watched the way they work, they are very good."

Staff we spoke with told us they had training which enabled them to effectively carry out their roles and had regular updates in areas such as moving and handling, infection control, tissue viability and dementia care. We spoke with the chef who told us of a recent course both they and other members of staff had attended on nutrition, they explained how they had worked with staff to use their knowledge to improve care for people. The provider information return document also highlighted the home had a number of staff undertaking key roles such as an infection control link person and tissue viability champions.

Staff told us that on commencing employment they were required to undertake an induction process. Staff confirmed to us they felt the induction was sufficient to meet their needs. They told us the induction process allowed them to familiarise themselves with the needs of people who used the service and also gave them the opportunity to read the organisation's policies and procedures. We also found the induction process included a period of 'shadowing' more experienced staff until the less experienced staff felt ready to work independently. A member of staff told us they had been made to feel very welcome by their peers on commencing employment. The manager explained they used the new care certificate induction for new staff. The care certificate induction is regarded as the best practice for inducting new staff in health and social care.

Staff dealing with end of life care had also received training relevant to the roles they undertook and some staff told us they had completed the gold standard framework training. The training is for staff providing end of life care for people with recognised standards of care. The training is related to managing particular problems that people in the end stages of life experience such as adequate pain management and emotional support for the person and their loved ones.

People were supported to consent to their care. One person we spoke with told us, "Yes they ask before helping." Another person told us staff didn't just start doing things for them, they told us staff would ask them if they wanted the particular aspect of care before assisting them. Records we looked at showed that consent to care forms had been signed by the person or their chosen representative.

People could be assured that staff followed the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

There were assessments of people's capacity to consent in their care plans. These assessments were

detailed and individualised. There was information in place to highlight where people may need help in deciding what they wanted to do in relation to various aspects of their day to day care. The focus of the assessments were on what decisions people could make and how staff should assist them. Staff we spoke with showed a good knowledge of the MCA, one member of staff told us, "We are not here to take control of people's lives. When they can, people should make their own decisions" Another member of staff said, "Just because someone makes a bad decision it doesn't mean they haven't got capacity."

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).We checked whether the service was working within the principles of the MCA and DoLS, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw a number of applications to the local authority awaiting assessments relating to DoLS in people's care plans. We saw one completed authorisation and noted the conditions of the authorisation were being met.

People we spoke with told us they enjoyed the meals in the home. One person told us, "I get the choice of what I want." Another person told they got enough to eat and enjoyed the food. The person preferred to spend a lot of time in their room and told us staff ensured they got plenty to drink and there were always snacks available. Relatives we spoke with told us staff were very accommodating with regard to their relative's nutritional preferences and the chef would assist them to ensure their relatives got the type of food they wanted. For example one relative had cooked part of a meal for their relation at home and brought it in. The chef had added appropriate vegetables and ensured it was served the way the person liked it.

We observed the dining experience and saw people who required assistance with their meals were helped in a discreet and unhurried manner. They received meals that were hot and well presented, people who sat together were served together making the mealtime experience a pleasant one.

People could be assured that their nutritional needs would be managed. The staff showed a good understanding of the type of diets individuals required. They monitored people's weights and worked with the home's chef, dietitians and other health professionals to ensure people maintained a healthy weight. The manager told us the chef and staff worked well together and the dietitian from the local authority had been working with them to complete a survey after recent training the chef and members of staff had undertaken. The training had helped staff look at diets in a particular way. For example the home had purchased a smoothie maker which had helped make fortified diets more palatable and as a result the manager had seen a reduction in weight losses among the people who lived in the home.

People told us they had access to health care professionals and staff had sought the advice of the appropriate health professional to support people with their health care needs when required. One person told us, "Oh yes the doctor is called quickly [if needed] and they always follow what the doctor says" whilst another said, "If I have a problem they call a doctor straightaway" Relatives we spoke with told us that staff worked well with health professionals to ensure their relations got the best and most appropriate care. For example, one relative told us their relation had arrived in the home with tissue damage and the staff had worked closely with the tissue viability nurse to treat the tissue damage successfully. They also told us when their relative had required the GP urgently the staff had been quick to keep them informed, the relative told us it gave them confidence in the care their relation received. We spoke with health professionals who were visiting on the day and were told staff were helpful and followed instructions for treatments when required.

Staff also confirmed they ensured health care professionals were involved in people's care package when required. One member of staff told us, "I request GP visits and if needed district nurses as soon as I am told of an issue." The manager told us the GP made regular monthly visits to the home and undertook medicines reviews and non-urgent reviews of individuals. They told us they had a good working relationship with the GP practice and had their own designated GP which worked well for the home. The manager also told us other health care professionals, such as chiropodists, visited the home. Records supported this information.

Good

Is the service caring?

Our findings

The people who lived at the home told us the staff who worked at the home were very caring. One person told us, "They [the staff] are always very concerned that things are right for me." Another person said "The carers are fabulous they are a great team." All the relatives we spoke with were complimentary about the staff's attitude towards their loved ones. One relative told us the staff obviously cared for their relation, they said, "They [staff] are very dedicated, they show great compassion and they have been a great support for me too." Another relative told us the staff were very good with their relation and looked after them well.

Staff we spoke with enjoyed working at the home and they had developed positive relationships with the people they cared for. They were able to discuss the different needs of the people in their care and understood their care needs and preferences. One member of staff told us, "I like the feeling that people are getting looked after, and it's rewarding job." During our visit the manager and deputy manager were visible around the home and people who lived at the home and their relatives clearly knew who they were. Positive relationships had been developed between the manager and deputy manager and the people they cared for. The manager told us, "I am passionate about my job and I hope this is cascaded to staff."

Our observations supported what people had told us. Staff interacted with people in a relaxed and caring manner. We saw a member of staff serving lunches, then going and sitting with some people at a table and chatting with them. Staff responded to people's requests in a timely way chatting easily with them as they provided support. We found staff spoke to people in a kind tone of voice and used effective communication skills such as establishing eye contact with people before speaking with them. We saw staff were patient and understanding when supporting people. For example we saw a number of people moving around the home and staff allowed people to move at their own pace assisting when necessary, not rushing people.

People had opportunities to follow their religious beliefs. Some people had visits from members of their faith and arrangements were made for some people to attend their local place of worship.

People were encouraged to express their views and felt their opinions were valued and respected, they felt staff listened to their decisions in respect of their daily care, and these were acted upon, "Yes I choose what I want to do, staff listen to you and help you". People were able to get up when they wanted to and undertake their daily routine in the way they wanted.

People told us they were involved in managing their daily care. One person who was receiving palliative care told us as their condition changed, the staff worked with them, their relative and specialist health professionals to ensure the care they received continued to meet their needs. For example the person, staff and specialist health professionals had been looking at the person's pain management and had worked together to ensure the person's pain relief continued to be effective. The person felt that the staff listened to them and as a result this had improved their sense of wellbeing.

Staff we spoke with told us they worked with people to involve them in their care plans, and we saw care plans had enough information in them to ensure staff were aware of people's preferences and choices.

We spoke to the manager about the use of advocacy services for people, an advocate is a trained professional who supports, enables and empowers people to speak up. The manager told us this service had been used by some people who lived in the home in the past and we saw there was information in the home about the availability of advocacy services.

People we spoke with told us that staff respected their privacy and dignity. One person told us, "Oh yes, the door is always closed and I am covered [when receiving personal care] no one else would come in, and staff always knock before they come in anyway." Relatives we spoke with told us they felt that their relations' privacy and dignity was respected. One relative told us, "I have peace of mind on that score."

Staff we spoke with showed a good understanding and were empathetic when discussing how they maintain people's privacy. One member of staff told us about being discrete when talking to people regarding personal care and said, "We should treat them the way we want to be treated." The registered manager told us they had dignity champions in the home. Dignity champions re-enforce to the importance of maintaining people's dignity. This is done through leading by example or challenging poor practice. The manager said there were regular discussions in staff meetings about people's privacy and dignity.

People were encouraged to remain as independent as possible, one person told us, "I am always going out." The person was able to enter the local community independently and told us staff encouraged them to remain independent. The person showed us a device that had been designed by a friend to assist them with their personal care, allowing them to manage more aspects of their care independently. They told us this had been an improvement for them and staff had helped them set it up.

Good

Is the service responsive?

Our findings

People who lived at the home received personalised care from staff who understood their needs. The people who lived in the home had a wide range of different needs, the care plans in place were tailored to meet the individual nuances of these. The care plans we viewed gave good accounts of the daily issues people faced. The different aspects of care for each person was recorded, clearly covering areas such as how to support someone with their personal care or communicating well with them.

The provider information return document stated there were systems in place to involve people in the development of their care package and ongoing reviews of the care plans. We saw evidence of this during the inspection. People and their relatives told us they were encouraged to attend these reviews and felt the management team respected their contribution to the review process. One relative we spoke with told us their relative went into the home for respite care throughout the year and each time they stayed, their needs were re-assessed, with the person and their relatives contributing to the process. They told them this gave them confidence in the care their relative received.

Staff told us effective communication systems were in place to ensure they were aware of people's individual preferences as soon as they were admitted to the service so person centred care could be provided. One member of staff told us, "We always have a handover and we can discuss people's needs then. All the information we need is in people's care plans, but we know people's needs really well here and we know what interests people."

People could be assured that staff could be responsive to potential risks which may compromise their health and wellbeing. We looked at the records of people who had difficulty in maintaining their skin integrity and people who had a chronic illness such as diabetes. We found the documentation was effective as they had enough detail to inform staff of ways to respond to any complications.

We saw there were different initiatives in place to support people's particular needs. For example one person struggled communicating verbally, and staff had tried a number of different options to help the person. Recently they had worked with the speech and language team (SALT) to develop a set of visual aids to help the person make their needs known. They found this had worked well. The staff had not only produced a comprehensive folder with general visual aids that could also be used by other people, but also produced what they called the person's scrap book that contained visual prompts relating to the person's particular interests. Staff told us this had improved their ability to engage in conversations with the person.

The staff at the home worked to ensure there were a wide range of activities on offer to stimulate and meet the needs of people who lived in the home. The activities co-ordinator produced a newsletter for people and their relatives, discussing the success of different events and advertising forthcoming events. As well as an activities co-ordinator the manager had noted on their provider information return they had created an initiative called 'two o'clock stop''. At 2pm each day a care worker on each of the units would undertake some one-to-one activity with people on their unit.

The activity co-ordinator facilitated activities to suit the needs of as many of the people who lived at the home as they possibly could. These activities ranged from gardening projects to music therapy and there were organised trips that people could take part in. During our visit people were able to take part in a craft activity and a lively game of skittles. The activities co-ordinator tailored the activities so as many people could join in as possible whatever their skill level. People were also supported to follow their interests and take part in social activities, for example attending day centres or undertaking college courses.

We saw that animal therapy was used in the home, there was a fish tank in the reception area and a number of people had birds. We saw the positive effect this had on one person in the home who enjoyed talking to their bird. Relatives were encouraged to bring family dogs into the home, one person we spoke with told us how much this had improved their sense of well-being.

The people we spoke with told us they would be able to say if they had any concerns, but none of them had needed to, one person told us, "Yes, they would be sorted out, we know [name] the manager and where to find her if we needed." Another person told us they had nothing to complain about and issues were sorted out by the staff for them. Relatives we spoke with told us any issues they raised with the staff were always dealt with quickly and to their satisfaction. Relatives were aware there was a complaints procedure and we saw a copy displayed in the home entrance. The manager was able to show us their complaints file and whilst there were very few complaints we saw the correct process for dealing with complaints were followed.

Staff we spoke with told us they knew how to deal with any complaints or concerns raised with them. One member of staff told us, "I would talk to people to see if I could resolve it, if I needed more knowledge I would tell the senior, then I would record things and apologise."

The manager held regular relatives' meetings, these were advertised in the monthly newsletters sent out to relatives and displayed on notice boards around the home. However relatives also approached her individually on a regular basis. The manager was confident that any issues of concern were raised and dealt with to the satisfaction of both people who lived in the home and their relatives.

Good

Is the service well-led?

Our findings

At the time of our inspection the service did not have a registered manager in post. The previous registered manager had retired and the present manager was in the process of applying for their registration with the Care Quality commission. It is a condition of the service's registration that there is a registered manager in post.

On the day of our visit the manager was visible around the service. We observed the manager interacting with people on a regular basis and it was evident that they had a good rapport with people. People told us they felt confident in approaching the manager if they wanted to discuss anything with them. One person told us, "Yes I am happy to talk to [manager] she knows me well."

Relatives we spoke with confirmed what people had told us, one relative told us their relation came into the home for respite care and the manager was always around and easy to talk to. Another relative said, "I don't always need to talk to [manager] as I can talk to the staff, but she is always about and I know I can talk to her if I want."

Staff told us the manager was approachable and was a significant presence in the home. They said they felt comfortable making any suggestions to make improvements within the home and felt they were proactive in developing an open inclusive culture within the service. One member of staff told us, "[Manager] is very good she has an open door policy, if anything is in her power to sort out she does, if not she will escalate up."

On the day of our inspection the manager was sat working in the reception area when we arrived, people told us she often worked there as she could see people coming and going and was available to talk to people who lived in the home and their relatives

Staff told us they enjoyed working at the service and felt the management team was proactive in developing the quality of the service. Throughout our inspection we observed staff working well together and they promoted an inclusive environment. Staff supported each other and it was evident that an effective team spirit had been developed.

The staff we spoke with were aware of the organisation's whistleblowing and complaints procedures. They told us they would feel confident that any issues they raised would be dealt with confidentially and appropriately. The management team were aware of their responsibility for reporting significant events to the Care Quality Commission (CQC). We also contacted external agencies such as those that commission the care at the service and were informed they had not received any concerns about people who lived at the service.

People benefited from interventions by staff who were effectively supported and supervised by the management team. Staff told us they were supported with regular supervision and appraisals, they told us the meetings were supportive, and useful. One member of staff told us they had received training to allow

them to offer effective supervision to the staff they managed and we saw a training matrix which showed how the supervisions were managed.

Staff felt the supervision meetings aided the efficient running of the service and helped the manager to develop an open inclusive culture within the service. One member of staff told us, "I am able to discuss things that are bothering me and know this will be treated confidentially and sorted out." The meeting also provided the opportunity for senior staff to discuss the roles and responsibilities with their teams so they were fully aware of what was expected of them.

The staff we spoke with and observed were confident and competent. They were aware of the staff structure and told us they always had someone to go to for help and support. The manager told us and it was noted on the provider information return document that she and the deputy manager undertook regular spot checks on the practice of their staff. There was also a senior person on call for the home 24 hours a day seven days a week. The provider information return document also noted the manager undertook unannounced visits to monitor the running of the home outside normal working hours. The manager told us they wanted to be sure the care people received was of a high standard.

People who lived at the home, their relations, and staff were given the opportunity to have a say in what they thought about the quality of the service. This was done by sending out surveys each year. The manager told us the results were discussed at the resident and relative's meetings and the feedback acted upon to keep improving the service.

People's views on the appearance of the home were also considered by the manager. The home had recently undertaken some refurbishments and the manager had consulted people who lived on the different units on the style and colours used in the redecorating.

Internal systems were in place to monitor the quality of the service provided. These included audits of care plans and medicines management. They were undertaken by the manager and over seen and further analysed by the Quality manager. The home manager and the Quality manager also performed environmental audits. Systems were in place to record and analyse adverse incidents, such as falls, with the aim of identifying strategies for minimising the risks.

The manager and provider used the information from the audits and spot checks to ensure the staff at the home were able to maintain a high standard of care. This showed that the provider was proactive in developing the quality of the service and recognising where improvements could be made.