Willow House Residential Home

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Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
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 25 August 2015 and was unannounced. We also visited on 4 September 2015 and this inspection was announced. The service was last inspected on 24 January 2014 and at that inspection we found records were not kept securely and could not be located promptly when required. At this inspection we checked that improvements had been made and sustained in this area.

Willow House provides accommodation and personal care for up to 30 people. It also offers respite care for people living with early to mid-stage dementia. There were 29 people living there at the time of our inspection including one person on respite care.

There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

People told us they felt safe at Willow House and relatives who spoke on behalf of people who were unable to tell us how safe they felt said they had confidence their relations were safe. Staff could confidently describe the signs of abuse and what to do if they suspected abuse had occurred.

Risks were assessed and managed appropriately and we saw risk assessments had been completed regarding falls and skin integrity

As part of our inspection we carried out a random sample of medicines dispensed in individual boxes. This revealed some shortfalls in the management of individually boxed medicines as a result of non-adherence to the home's policy.

People were supported to eat their meals by care staff appropriately and sensitively and people told us how much they enjoyed their meals. People's nutritional and hydration needs were met and people were encouraged to drink throughout the day.

Staff received an induction and training to ensure they had the skills to meet the needs of the people who lived there. Staff were supported to continually develop by obtaining nationally recognised qualifications and by on-going supervision.

People told us staff were caring and kind and we observed this during our inspection. People told us staff treated them with respect and we saw staff protecting people's dignity and privacy.

People were encouraged to remain independent in activities of daily life such as with personal care tasks and staff recognised the importance of independence in the wellbeing of the people who lived at Willow House.

Care provision was personalised and support plans were reviewed regularly to ensure they were relevant to the people who lived there.

Complaints were handled appropriately and people were happy that any concerns raised had been acted upon.

The home was well led and the management team encouraged an open and transparent culture where people were able to make suggestions for change and improve the quality of the service.

The management team were monitoring the quality of the service and had evidence to support they were continuously improving.

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?

Requires improvement

The service was not always safe

People and their relatives told us they felt safe. Staff understood their responsibilities in keeping people safe.

Recruitment procedures were thorough which resulted in the recruitment of staff who had the knowledge , skills and behaviours to meet the needs of the people living there. The home did not employ agency staff which ensured people were cared for by people who knew them well.

People's medicines had not always been managed safely as we found an error in the administration of boxed medicines.

Is the service effective?

Good

The service was effective.

People told us the food was good and we saw evidence that people's nutritional and hydration needs were met.

Staff received supervision and training to develop in their roles as carers.

People had their capacity assessed in line with the Mental Capacity Act 2005 and the service had referred appropriately for authorisations under the Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring.

People told us staff were kind and caring. We observed interactions between staff and people who lived at the home were caring and respectful.

People were encouraged and supported to maximise independence in activities of daily living.

Staff ensured people's privacy and dignity was respected at all times.

Is the service responsive?

Good

The service was responsive.

People's care records provided person centred information about their care and support needs.

People's mental wellbeing was supported through the provision of meaningful activities.

People and their relatives knew how to complain and were confident their concerns would be acted upon.

Summary of findings

Is the service well-led?

Good

The service was well led.

There was a registered manager and a manager proprietor who provided daily support in the service. People told us they were visible daily and ensured the service ran smoothly.

The culture of the home was open and transparent and the management team encouraged staff to make suggestions for improvement.

Systems were in place to ensure the environment was well maintained and improved to ensure the safety of the people who lived there

Willow House Residential 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 25 August 2015 and was unannounced. We also visited the home on 4 September 2015 to undertake a second day of inspection. The team consisted of an adult social care inspector and a specialist advisor

The registered provided had been asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this information and notifications received from the service.

We contacted the local Healthwatch before the inspection for information about the provider. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. They had not undertaken a recent visit. We also contacted the local authority commissioning team for information regarding the service. We spoke with a visiting community nurse.

We spoke with ten people living at the home and two people whose relatives were living at Willow House during the inspection. We also randomly selected a further three relatives of the people who lived at Willow House to telephone in order to gain their view of the care provided at this service. We reviewed three care files and daily logs. We also reviewed a variety of documents which related to the management of the service. We spoke with seven staff including the registered manager, the manager proprietor , two senior care workers, a care worker, the handyman/ cook and apprentice care worker.

We used a number of different methods to help us understand the experiences of people who lived in the home. We used the Short Observational Framework for Inspection (SOFI) to observe the lunch time meal experience in one of the communal dining areas. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked around the building, including people's bedrooms, bathrooms and communal areas.

Requires improvement

Is the service safe?

Our findings

People told us they felt safe at Willow House. One person said "I feel safe here. I wouldn't be here otherwise." One person said "If I'm not so well they keep popping in to make sure you're ok." They also said "I feel safe as they check on me during the night". All five relatives we spoke with told us their relatives were safe at Willow House. One relative told us there were "Quite a lot of staff that had been there for a long time and they were never short of staff".

We asked a visiting professional for their view on how people were supported to remain safe. They told us "Yes, people are safe. There are always members of staff around. The front door is locked and the gate is locked". They told us people were supported appropriately to ensure they remained safe whether they were in their bedrooms or in the communal areas.

We asked four members of staff their understanding of safeguarding. They could confidently describe the different signs of abuse and what they would do if they suspected abuse was happening. They also told us they were aware of the whistleblowing policy and felt able to raise any concerns with the registered manager knowing that they would be taken seriously.

We looked at the home's accident and incident records and scrutinised records for the five month period immediately prior to our inspection. The accident and incident records detailed how accidents had occurred and what steps needed to be taken to minimise the risk or reoccurrence. We saw no patterns in the type of incident or what time of day the incident occurred.

We looked at two care records of people who had fallen or been found on the floor on more than four occasions. In both cases we found the falls had been recorded and both people had previously been assessed as being at risk from falls. We spoke with the manager/proprietor about falls prevention measures and whether they had access to a team of professionals to assist in falls prevention. They told us they did not have a lot of falls in the care home but when people had fallen they made individual referrals to professionals such as occupational therapy and physiotherapy as there was no specific falls prevention team in that area.

We saw evidence in the care plans that risks were assessed. The service used a tool to assess risk based on actual and perceived risk. This identified areas of risk based on the dependency of the individual and included areas such as skin integrity, mobility and health needs. The home used recognised risk assessment tools for nutrition and tissue integrity. The manager proprietor told us they tried to minimise risk to make it safe for the people who lived there. However, they told us for those people who had the capacity to take a risk they had a process to follow. They would explain the risk to the person, record it in the care plan and request the person signed the care plan. An example they shared, was a person with diabetes who every now and again liked to eat cakes. They told us they recorded this in the care plan and monitored the person for any signs of ill health.

For those people who were cared for in bed, we saw risk assessments regarding skin integrity were in place and there were actions in place to mitigate risk. For example, two hourly turning records were up-to-date; pressure relieving mattresses were being used and set to the correct pressure. We found moving and handling care plans for those people cared for in bed did not contain information around the use of the hoist as the senior carer told us they were not hoisted but all care was undertaken on the bed. We advised the senior carer that there needs to be a record of the system in place to move someone safely, even if they are not routinely supported out of bed. There were personal evacuation plans in place for people cared for in bed and which included a system fitted underneath the mattress, to evacuate a person in the event of an emergency such as a fire but for non urgent events the service needed a method for moving a person from the bed.

Although risk assessments were adequate, individual risk assessments around specific areas such as the use of bathing equipment would ensure that all risk reduction measures had been recorded and reviewed.

Generic risk assessments were completed for areas such as food safety arrangements. For instance we saw the home procured a cook-chill frozen meals service, which required the cook to follow a precise process to reheat. We saw the home maintained accurate records to allow for the traceability of all food. Records were kept to ensure the correct temperature had been achieved in the re-heating process. This action mitigated risks associated with inadequate reheating of frozen foods.

Requires improvement

Is the service safe?

The manager proprietor told us they never used agency staff. They told us they had 28 staff on their books and the main body of staff worked on a contract of a maximum of 28 hours a week so they had the capacity to take on extra shifts to cover sickness and holiday if they chose to do so. They employed a member of bank staff just to cover holidays. They had also taken on apprentice care staff to ensure staff had a range of skills to carry out the various tasks involved in the provision of care.

We looked at the recruitment records for three members of staff. We found there had been a thorough recruitment and selection process. The Disclosure and Barring Service (DBS) checks had been undertaken before they started work at the home. The DBS has replaced the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA) checks. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups. The manager proprietor told us they held first and second interviews to ensure they recruited the right staff.

As part of our inspection we looked at how the service managed people's medicines. Senior care staff undertook all aspects of the management of medicines and we evidenced people's medicines were administered by appropriately trained care staff. We observed medicines were administered safely and people were supported to take their medicines by staff who undertook this role with sensitivity. Care plans indicated when people had a preference of drinks with which to take their medicines or where a health care professional had advised the use of thickening agents. We observed these preferences or instructions were adhered to. We observed the medicines administration records (MAR) recorded allergies and were completed accurately. We saw controlled drug records were accurately maintained. The giving of the controlled drugs and the balance remaining was checked by two appropriately trained staff.

We found medicine trolleys and storage cupboards were secure, clean and well organised. We saw the drug refrigerator and controlled drugs cupboard provided appropriate storage for the amount and type of items in use. The treatment room was locked when not in use. Drug refrigerator temperatures were checked and recorded to ensure medicines were being stored at the required temperatures.

We looked at the provider's medicines policy. The policy demonstrated the provider had taken steps to ensure they complied with current legislation and best practice in the administration of medicines. However, as part of our inspection we carried out a random sample of prescribed medicines dispensed in individual boxes which revealed there to be some shortfalls in the management of individually boxed medicines as a result of non-adherence to the home's policy.

We found on 11 occasions the stock levels of the medicines did not concur with amounts recorded on the MAR sheet. On eight occasions the discrepancy was for one person. The remaining discrepancies related to three people. All discrepancies amounted to more medicines being in stock than the MAR sheet signatures indicated should have been. We re-checked our findings in the presence of the senior care worker and the manager proprietor. We concluded the discrepancy revealed one care staff had signed to indicate they had administered medicines on three days when they had not. This was raised with the manager proprietor who by the second day of inspection had instigated daily checks on the boxed medicines, had undertaken an investigation and additional training for the staff member concerned.

We looked at the outcome of the registered provider's medicines audit conducted five days before our visit. The audit recorded no discrepancies in the stock of boxed medications. The audit recorded a random sample of three MAR sheets which was insufficient to detect potential problems. The audit also recorded PRN protocols were being correctly used and covert medication arrangements were in place but when we checked we found there were no protocols for PRN or covert medicine arrangements in place, although we confirmed there were no medicines given covertly. These protocols were in place by the second day of our inspection.

As part of our inspection we examined how the home controlled the risk of infection and how they addressed the potential risks of cross infection. For example, we observed all staff washed their hands appropriately between tasks and had disposable gloves and aprons to support people with their personal care tasks. Staff had undertaken training in infection prevention and control. This meant the staff had the knowledge and information they needed to minimise the risk of the spread of infection which they demonstrated during the day of our inspection as they carried out practical tasks.

Requires improvement

Is the service safe?

We spoke with an apprentice care worker about the arrangements for keeping the service clean and hygienic. They told us there was adequate time to keep all areas clean on a day-to-day basis. Our observations indicated the area was clean and free from malodours. The apprentice described the protocol for separation of cleaning materials and colour-coded equipment to ensure toilets were cleaned with cloths not used in other areas. The apprentice's description and application of the protocol demonstrated safe practice. We were told there were adequate supplies of cleaning products and protective clothing at all times. All cleaning materials and disinfectants were kept in a locked area out of the reach of vulnerable people.

Good

Is the service effective?

Our findings

We spoke with two people who were sitting in their rooms and asked them about the food and drinks they were offered during the day. Both people showed us they had been provided with several small bottles of water and they told us they were encouraged to drink. One person said "if I wanted a cup of tea or coffee I'd just ask them. It's very seldom I have to use my call bell". They also described the food as 'lovely'. Another person said "Just ask anybody for a drink and they will provide it. The food is beautiful. Too much."

We observed the dining room tables were laid with table cloths, napkins, place mats and condiments. People were offered a choice of three drinks to have with their lunch, and were offered top ups. The manager proprietor told us there was a choice of two meals, two potatoes and vegetables and puddings at meal time. The serving staff had people's preferences on a sheet of paper and people had been asked their preference earlier. They were not offered choice at the table and we observed that not everyone could remember what they had chosen. However, we were told by the manager proprietor, if people changed their mind, they would be supported to have a different choice. The manager proprietor told us the catering company they contracted with provided nutritionally balanced meals and menu changes were discussed every three or four months to ensure they were meeting the needs and preferences of the people who lived there. We observed people were offered second helpings. People were supported to eat their meals by care staff appropriately and sensitively.

People's nutritional requirements had been assessed and recorded. Where a risk had been identified there were nutrition and weight charts in place to enable staff to monitor people's nutritional needs and ensure people received the support required. The care records we reviewed indicated weight records were up-to-date and demonstrated people's weight was being maintained. Care records were updated where a person's needs had changed, for example if they had been assessed due to a risk of choking and required thickening agents to be used with fluids.

The manager proprietor told us all new staff received an induction into the service. New staff received three days induction training and shadowed shifts until the senior staff deemed them competent to be placed on a shift. There was no time frame to the shadowing to ensure staff was not placed on shifts before they had acquired the skills and competence to care for the people who lived there. All new staff were placed on the Care Certificate and the manager proprietor had the authority to assess and confirm staff had met the standards required in the Care Certificate workbook areas. This meant that new staff were supported in their role to acquire the knowledge and skills to care for the people at Willow House.

We reviewed the training matrix of the registered provider. This showed that all staff had received training in the Mental Capacity Act 2005, safeguarding and moving and handling with an annual update to refresh this training. Other training completed by staff included training in infection control, death and dying, fire prevention, nutrition and dementia awareness. We spoke with four members of staff who all confirmed they had received training in safeguarding, the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Answers given to our questions demonstrated the staff had a good understanding of the legislation and were able to translate their learning into practice.

The registered manager and the manager proprietor told us they took advantage of the local authority good practice events and the training opportunities provided by the local authority. They told us their home had taken part in the local authority pilot for dementia training in care homes which meant that there staff were trained to care for people living with dementia.

The manager proprietor told us they undertook supervision with staff every two months. They told us they did not undertake annual appraisals as they had not proved successful for the staff or the organisation and instead they included the training and development needs of staff in supervision. Regular supervision of staff is essential to ensure that the people at the service are provided with the highest standard of care. Staff require supervision to be supported to develop in their roles and that any gaps in knowledge and skills can be identified through this process to ensure safe care delivery.

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

Good

Is the service effective?

2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. Eleven people at the home were subject to DoLS

All the staff we spoke with had a good understanding of the MCA and DoLS. The manager proprietor had a good knowledge of the recent case law and was knowledgeable about what might constitute a deprivation. They had applied the recent case law to the people who lived there and made appropriate requests for authorisations to the local authority to meet the requirements of the Mental Capacity Act 2005.

We saw records of one person with a recently authorised DoLS with conditions attached. We saw the conditions were in progress. Another person subject to DoLS had no effective relationships other than with their carers. As such the supervisory body had appointed an Independent Mental Capacity Advocate (IMCA). We saw the IMCA was being involved in all care planning reviews to ensure the person's needs were being met.

Our discussions with staff, and observations of people using the service and their documentation showed consent was sought and was appropriately used to deliver care.

Accommodation was provided over two levels with a wheelchair accessible lift. There was also a staircase, which people could use if they preferred to manage the stairs, although the manager/proprietor told us people used the lift to access the different floors. Where floor levels changed we saw the availability of handrails to offer people added security. There was a small outdoor area for sitting at the rear of the property with raised beds and a gazebo area. Some of the newer rooms incorporated wheelchair accessible level access shower in the en-suite bedrooms and all communal areas were accessible in wheelchairs and for people with restricted mobility. The registered manager told us they had sought advice regarding the layout and colour scheme of the new extension in order to be suitable for people living with dementia.

Good

Is the service caring?

Our findings

One person we spoke with told us “The staff treat me with respect. They talk nicely to you.” Another person told us “The staff are caring.” One relative we spoke with told us “The staff are amazing and on the ball. I have never heard them speak with people other than respectfully.” Another relative said “The care received is second to none. We are extremely happy. ” One relative we spoke with said “The staff are extremely good. I’ve never had any worries It is homely, not modern like a 4* hotel but it feels likes someone’s own home.”

We reviewed comments received in the Residents and Relatives Satisfaction Survey and evidenced the following comments “Really good care, lovely patient staff.” And “Excellent care given.”

We observed people at the home were at ease and relaxed in their environment and responded positively to staff when they spoke with them. We also observed staff included people in conversations about what they wanted to do and explained any activity prior to it taking place. People looked well cared for and were dressed with thought for their individual needs and had their hair nicely styled. People appeared comfortable in the presence of staff.

People’s rooms were treated as their own space and staff always knocked and asked permission before entering.

People chose where they spent their time. One person told us they had a preferred seat in the lounge which staff tried to make available for them. People had free access into a protected garden area which we observed being used.

A visiting professional who visited twice a day told us “Staff show people respect and dignity at all times”. They then went on to say people were escorted to their rooms during the professional’s visit to ensure all interventions were done in private.

We asked staff how they ensured people were encouraged to remain independent whilst receiving care. One member of staff told us “I ask people to wash their hands and face if they can. They can still understand how to wash their hands and face, even if they have lost other skills.” They also said “If they can shower themselves, they are encouraged to do so.” Another member of staff told us “One of our main aims is to keep people independent.”

Relatives we spoke with all told us communication between the home and themselves was excellent and they were always informed on the wellbeing of their relative and of any incidents. We observed people were given explanations as to what was happening.

One of the relatives we spoke with told us how the home was supporting their relative at the end of their life and how important it was to them, that the home had advised them they were able to support their relative at this time with the assistance of the community nursing staff. They felt reassured their relative would not need to move from the home and their needs could be met with the support of the home at the end of their life.

Good

Is the service responsive?

Our findings

As part of our inspection process, we observed how Willow House ensured the mental wellbeing of the people who lived there through the provision of meaningful occupation throughout the day. One relative told us "there is always something going on." Another said "My relative enjoys the craftwork, hairdresser every week and their nails painted". One relative we spoke with told us they had been concerned at one point about the lack of activities for their relation but this had improved recently, and they had noted their relation had been involved in a sing-along, and exercise class.

The manager proprietor told us they commissioned activities from four external companies. In addition to this, care staff undertook activities with people and it was part of the apprentice's role to undertake activities with people in a group or individually. They told us they had recently purchased a tambourine and bells on sticks as they found the people who lived there enjoyed activities involving music. They told us they were working with people to find out more about their hobbies and preferences in order to direct activities to people's interests. On the second day of our inspection four people who used the service were decorating buns for afternoon tea.

People told us they were free to choose when to get up in a morning and when to go to bed. We saw care records indicated people's preferences regarding their chosen times of going to bed and what they liked to eat and drink. Staff with whom we spoke demonstrated a good understanding of how people wanted to be cared for in terms of their likes and dislikes. One relative we spoke with said "The staff really know the residents. For example, today the first person we saw could tell us what [relative] had to eat and how they have been. Staff have been here a long time and are consistent."

We asked five relatives of people who lived there if they had been involved with their relatives' care plans and reviews. They told us they had been involved with the planning and had been invited to an annual review. They all told us they were informed of any changes to their relation's needs and support arrangements.

Throughout our inspection we saw that people who used the service were able, individually or through their relatives or advocates, to express their views and make decisions about their care and support. We saw staff sought consent to help people with their needs. When people were not able to verbally communicate effectively we saw staff accurately interpreting body language to ensure people's best interests were being met.

We saw bedrooms of most people had been personalised with family photographs, small items of furniture and ornaments and one person told us they had brought items in from home to personalise their room.

We asked one member of staff how they would deal with a complaint if they received one. They told us it would depend what the complaint was about. They said "If it was about a missing pair of slippers, we would deal with that ourselves and go and look for them. If it was more than that we would speak to the management." The manager proprietor told us they have a complaints procedure but they get very few formal complaints. They told us they don't record concerns but everyone is encouraged to discuss 'niggles'. The registered provider asked in their Residents/ Relatives Satisfaction survey whether they think that the comments, suggestions and complaints about the home were listened to and if anything needed to be changed to make it better. We looked at comments made in this section. One relative said "Any comments or complaints I have made have been listened to and acted upon." Another person said "No complaints. Staff take time to sit and listen about problems, etc." This demonstrated to us that comments and complaints people made were responded to appropriately and people felt able to raise concerns in order to improve the quality of the service.

Good

Is the service well-led?

Our findings

We asked the manager proprietor how they gained the views and opinions of people who used the service. They told us they held a meeting with people who used the service every few months. We examined the minutes of the last meeting which had been attended by 14 people who lived there. Discussions focussed on the environment, meals and menus, activities and open access to the building. It was evident that the registered provider had taken on board the views of the people who lived there and actively engaged with people to influence how the service was run.

The registered provider was seeking feedback from the people who used the service and their relatives by means of a resident and relative survey which was sent out to all the people who used the service and their relatives. We were shown a copy of the log detailing when these had been sent out and to whom. On the return of these questionnaires, the registered manager reviewed any comments and demonstrated actions were acted upon. However, although we saw they analysed the individual returns they did not compile the results into one overall audit, which would have demonstrated the home analysed trends or concerns which may have required further action.

We asked staff what the culture was like at Willow House. One member of staff told us "Really happy. The managers are always here and always willing to listen to you. It's a really nice home."

All staff had positive things to say about the management team which included the manager proprietor and the registered manager. Staff told us the manager was visible around the home and available to give advice. For example, all the staff we spoke with told us they had confidence that if they reported a safeguarding issue it would be acted upon.

We asked the manager proprietor what their vision was for the service. They told us "I want it to be a positive place for people to live. We do have that". The registered manager told us their vision was "To keep improving and keep learning, to give the service users the best place to live their life and meet their needs". The registered manager told us part of this recent learning was how important the environment was to people with dementia and they had made changes to improve the environment. They told us about the importance of the outdoor space and the planting in the raised beds to support those people with dementia. They told us they had a programme of changing all the lights to have (passive infrared sensor) PIR sensors so if people got up in the night, the light would come on to improve familiarisation with the environment to reduce falls, accidents and anxiety. The registered manager told us they aimed to provide an environment which was homely and did not feel institutionalised and we observed the homeliness of the environment during our inspection.

The registered manager and the manager proprietor told us they did not hold formal staff meetings. Staff meetings are an important part of the registered provider's responsibility in monitoring the service and coming to an informed view as to the standard of care and support for people using the service. The manager proprietor told us "They don't work for us as we are a small service. If there was anything that was an issue we would hold a meeting". They told us they were hands on managers in a family run service and were there daily to speak with the staff and to monitor the standard of care at the service. They told us they ensured staff were fully informed of any changes in policy or procedure and were confident this worked better than a team meeting in their service. We asked staff if they felt informed of changes, and they all told us the management team spoke with them on a daily basis to ensure they were fully informed.

The manager proprietor told us they maintained links with the community and most of the people who lived there were from the local area. They told us the local vicar visits every month and the local school comes in every harvest festival with gifts for the people who lived there and at Christmas to sing carols. The local scout group also visits at Christmas to ring bells. They told us they had tried coffee mornings in the past but these had not been well attended so they stopped.

The arrangements for auditing the quality of the service were split between the registered manager and the manager proprietor. The management could evidence they were constantly monitoring the quality of the service provided and audits such as the infection control audit were rigorous. We saw evidence the management team were monitoring the quality of the service in other areas, but not all these checks were recorded in a systematic way to demonstrate these added value to improving the quality of the service. However, the registered manager showed us

Good

Is the service well-led?

they were working on their audits in order to be able to evidence the quality of their service and how this was being utilised to ensure the service was continuously improving for the benefit of the people who lived there.

We inspected records for the maintenance and servicing of the environment and found all were up to date and the environment was well maintained. We looked at the records for the lift and hoist maintenance and found all to be correctly inspected by a competent person. We saw certificates confirming safety checks for electrical installation, fire appliances and alarms. We saw all portable electrical equipment had been tested and carried confirmation of the test and date it was carried out. This showed us the registered provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others by ensuring the premises and equipment were maintained and serviced regularly.