

# Platinum Care (Lincoln) Ltd

# Waterloo House

## Inspection report

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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

Waterloo House is situated near to the centre of Market Rasen in Lincolnshire. The home provides support and care for up to 35 older people with physical needs and those associated dementia.

We inspected the home on 12 January 2016. The last inspection took place on 24 September 2013 and we found the registered provider was compliant with all of the outcomes we inspected.

There was an established registered manager in place who managed the home on a day to day basis. A registered manager is a person who has registered with

the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

Staff knew how to respond to any concerns they identified so that people were kept safe from harm. People were helped to promote their wellbeing and staff followed the care needs identified for each person in order to reduce the risk of accidents occurring.

# Summary of findings

Background checks had been completed by the provider before any new staff they had recruited started to work at the home. There were enough staff available over each shift to ensure people's social and health care needs were met.

Staff had received the right levels of training and guidance and had the skills each needed in order to care for people in the ways required. This included being able to assist people to eat and drink enough to stay healthy. In addition, people had been supported to receive all of the healthcare assistance they needed both from care staff and from external visiting professionals. Clear arrangements were also in place for ordering, storing, administering and disposing of medicines.

People were involved in making decisions about their care and how they wanted to be supported. The registered manager had processes in place which ensured, when needed, they acted in accordance with the Mental Capacity Act 2005 (MCA). This measure is intended to ensure that people are supported to make decisions for themselves. When this is not possible the Act requires that decisions are taken in people's best interests.

The Care Quality Commission is required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards (DoLS) under the MCA and to report on what we find. These safeguards are designed to protect people where they are not able to make decisions

for themselves and it is necessary to deprive them of their liberty in order to keep them safe. In relation to this, the registered persons had taken the necessary steps needed to ensure that people's rights were protected. At the time of this inspection five people had their freedom restricted and the registered provider had acted in accordance with the Mental Capacity Act 2005 (MCA).

Staff understood people's needs, wishes and preferences and people were treated with kindness and compassion. The registered manager and staff recognised people's right to privacy, promoted their dignity and respected confidential information.

People had been consulted with regarding the care and support they needed and were offered the opportunity to undertake a range of planned and individual activities in order to help them maintain and further develop their interests and hobbies.

The provider and registered manager ensured the home was run in an open and inclusive way. Staff were encouraged to speak out if they had any concerns and there were systems in place for handling and resolving any concerns or complaints they received from people.

The provider and registered manager had a range of meetings, checks and audit systems in place to enable them to assess, monitor and continually improve the quality of the services they provided.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People told us they felt safe living in the home and that they were well cared for by the staff team.

Staff knew how to recognise and take action to keep people safe from any harm. Staff knew the correct reporting procedures and followed them if they thought any person was at risk.

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

People's medicines were managed safely and the systems in place ensured people had access to their medicines when they were needed.

Good



### Is the service effective?

The service was effective.

Staff had established a good knowledge of each person and how to meet their needs.

People were assisted to maintain a consistently good diet and when needed, helped to eat and drink enough to stay well.

The registered manager and staff understood and followed the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

Staff received support and on-going training so they had the skills and knowledge to provide effective care to people.

People saw health and social care professionals when they needed.

Good



### Is the service caring?

The service was caring.

There was a homely, warm and welcoming atmosphere in the home.

Staff listened to people, respected their wishes and provided care and support in line with those wishes.

Staff recognised people's right to privacy, respected confidential information and promoted people's dignity.

Good



### Is the service responsive?

The service was responsive.

People were supported to pursue their interests and hobbies and there was a range of meaningful activities available to all of the people who lived at the home.

People had been consulted about their needs and wishes and staff provided people with the care identified as needed.

Good



# Summary of findings

People were able to raise any issues or complaints about the service and the registered provider had a policy and procedure in place which enabled them to take action to address any concerns raised.

## Is the service well-led?

The service was well-led.

Staff said they felt well supported by the provider and registered manager and were aware of their responsibility to share and escalate any concerns they had about the care provided at the home.

The provider and registered manager worked together well to complete quality checks and a range of audits which ensured people received consistent levels of care and support.

**Good**



# Waterloo House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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.

We inspected Waterloo House on 12 January 2015. The inspection was unannounced and the inspection team consisted of a single inspector. We last inspected the service on 24 September 2013.

Before we undertook our inspection visit, we looked at the information we held about the home such as notifications, which are events that happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

The registered provider also completed a Provider Information Return (PIR) and submitted this to us in advance of our inspection. This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR to us and we took the information it contained into account when we made our judgements in this report.

During our inspection we spoke with seven people who lived at the service and two relatives who visited. We also spoke with the registered manager, five care staff, the cook, the maintenance staff member and three of the domestic staff employed at the home. We also spoke with a visiting community healthcare professional and a student who visited with them.

We obtained feedback from the local authority who commissioned services from the registered provider in order to obtain their view of the quality of care provided by the service. A local authority senior contracts officer also undertook a visit to the home during our inspection. We spoke with them about their findings as part of this inspection.

We spent time observing how staff provided care for people to help us better understand their experiences of care. This was because some people who lived at the home had difficulties with their memory and were unable to tell us about their experience of living there. In order to do this we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not speak with us.

We looked at the information recorded by the registered manager and staff which described how they cared for people in four care plan records. A care plan provides staff with detailed information and guidance on how to meet a person's assessed social and health care needs.

Other information we looked at included; five staff recruitment files, staff rota information, training, supervision and appraisal arrangements in place to support staff and information and records about the activities provided to people who used the service. We also looked at the systems in place for managing complaints and assessing, monitoring and maintain the quality of the services provided at the home.

# Is the service safe?

## Our findings

People and relatives we spoke with told us they felt safe living at Waterloo House. We observed they were happy in the company of staff who worked at the home and were happy to tell us about the way staff helped them to keep safe. One person said, “I feel very safely looked after here. It’s a place that is calm and I like to feel like I feel in being here.” Another person said, “The staff help me if I can get going in the morning. I don’t want to fall and they make sure I don’t and remind me to use my frame to walk.” A relative we spoke with told us, “It’s all about being constantly safety conscious and I think staff are.”

Records showed that staff had completed training in how to keep people safe and staff we spoke with said that they had been provided with relevant guidance on how to take any action needed to protect people. This included escalating concerns direct with the registered manager and senior staff and knowing how to make direct calls to external authorities such as the local safeguarding team.

Care records showed and staff we spoke with described a range of potential risks to people’s wellbeing and how they worked to minimise risks they had identified. Actions undertaken by staff to protect and support people to be safe included managing the risks linked to people’s mobility and assisting them to turn in bed when they needed caring for in their rooms. Care plans showed the specific arrangements in place to assist people who had reduced mobility. When it was given, this support included the use of special equipment such as walking frames, hoists and equipment in bathrooms to assist people to bathe safely.

Staff had also taken the practical steps needed in order to reduce the risk of people having accidents. For example, people had access to call bells so they could summon help if they had chosen to move and felt unsafe. We saw some people had also been provided with equipment such as bed rails fitted to the side of their bed so that they could be comfortable and not have to worry about rolling out of bed.

Risks identified were regularly reviewed by staff, with records updated to show actions taken to respond to any increase or decrease in the risk. When any accidents had occurred they had been checked, recorded and analysed by the registered manager so that steps could be taken to help prevent or reduce the risk of them happening again.

The registered manager had safe systems in place in order to recruit new staff. During our inspection we looked at four staff recruitment files. The information they contained demonstrated staff had been recruited using checks undertaken by the registered provider with the Disclosure and Barring Service (DBS). These checks had been completed to ensure new staff would be suitable and safe to work with vulnerable people. The checks also included confirmation of identity, previous employment, and references from previous employers.

People, relatives and staff we spoke with told us that they felt there were enough staff on duty to meet people’s support needs and we observed the staff team took enough time to give care in a way which wasn’t rushed. Staff noticed and responded quickly to ensure people were safe whenever they needed assistance and people were not left waiting for the care they needed.

Staff rotas we looked at showed the registered manager had established how many staff needed to be on duty and that this had been decided by assessing each person’s level of need in line with the staffing levels they required. The registered manager did this through the use of a dependency tool which helped them calculate the staffing levels for each month.

Advanced planning of shifts and rotas by the registered manager had ensured routine shift arrangements were being filled consistently and any changes in staff at short notice were being covered wherever possible from within the staff team. The registered manager and staff we spoke with said cover had mainly been provided from within the staff team. The registered manager confirmed if needed they included themselves in the rota if urgent cover was required at short notice. The registered manager confirmed any cover they provided did not affect the manager role and that if they needed to use agency staff to ensure people received safe care they would not hesitate to use them. The registered manager also told us they would always be fully supported by the provider to do this whenever it might be needed.

The registered manager had a range of information to show relevant safety and maintenance checks, including those related to gas and electrical safety, and had been carried out at regular intervals to ensure the building was safe to live in. We spoke with the maintenance staff member who told us if any minor issues were identified by staff they would leave a record for them to follow this up. The records

## Is the service safe?

were in the form of notes on the homes notice board. We spoke with the registered manager about the risk of notes getting lost and actions not being followed up. They took immediate action to set up a record book for staff to add a formal record of work requiring attention. The registered manager confirmed this would enable her to check when the work had been completed.

The registered manager and the maintenance staff member we spoke with confirmed there was a fire risk assessment in place and fire alarm checks and safety drills were undertaken regularly to ensure people and staff would know the action to take in the event of a fire. We also saw that the registered manager had information in place which showed staff the level of assistance each person needed if they had to evacuate the home quickly or move to an area of the home where they would be safe.

The registered manager had a business continuity plan in place in order to make sure staff and people would be safe

and know what to do if, for example they could not live in the home due to a fire or flood. This information included details about alternative temporary local accommodation people could move to if required in an emergency.

People's care records showed how they were supported to take their prescribed medicines and that these were given at the times they need to be taken. We observed staff carried out medicines administration in line with good practice. Staff told us, and records confirmed, the staff who had this responsibility had received training about how to manage medicines safely. A senior staff member also demonstrated how they ordered, recorded, stored and disposed of medicines in line with national guidance, this included medicines which required special control measures for storage and recording. This meant that people's medicine was always available for them as prescribed and at the time it was needed.

# Is the service effective?

## Our findings

People and relatives we spoke with told us they knew the registered manager and staff team very well and had confidence in their ability to care for them. One person commented that, "I think the staff are careful to use their knowledge about us as people to give us the care we need. I like it that way." A relative we spoke with said, "The staff know their jobs and they are consistent in that there have been few staff changes here. I feel they have got to know [my relative] and we have worked together to get to the point we are at with [my relative] and that's been great."

Staff told us and we saw records to confirm they had completed a structured induction when they started to work at the home. The registered manager and staff we spoke with also confirmed new staff were being supported to commence completion of the care certificate which sets out common induction standards for social care staff.

Staff said once their induction was complete they received a varied package of training to help them meet people's needs. Training records showed staff skills were developed in line with the needs of the people who lived at the home. For example, staff had completed training in subjects such as helping people to move around safely, dementia care, equality and diversity, food hygiene and fire safety. Refresher training was planned in advance so all of the staff team could keep updating their skills. The registered manager confirmed that where appropriate, staff had obtained or were working toward achieving nationally recognised care qualifications. These qualifications covered all of the key principles of supporting people who lived in the home.

Staff told us and records confirmed staff received regular supervision and that an annual appraisal had either been completed or scheduled with each of them. Staff said supervision sessions helped them to keep a focus on the role they had and to identify any specific issues regarding their ongoing training needs. This meant that their skills were being continuously assessed and developed as a result of the support given.

The registered manager confirmed they and the staff team had regular contact with the local GP and community health care professional team. We spoke with a visiting community healthcare professional and a community

healthcare student who visited with them. They told us they had developed strong working relationships together with the registered manager and that communication between them and staff was clear and consistent.

People's healthcare needs were recorded in their care plans and it was clear when they had been seen by other healthcare professionals such as social care professionals, dentists and opticians. A district nurse communication book had been set up by the registered manager to record requests for support, visits undertake and any actions needed. Records of the visits and any decisions made were also available in individual care records.

We observed that staff asked people for their consent before they provided any kind of support. We saw staff encouraged people to make decisions that they were able to, such as what they wanted to eat and drink and how and where they wanted to spend their time. We also saw staff explained the support they were going to give in a way that people understood and we saw that people responded positively when staff communicated with them.

The Mental Capacity Act 2005 (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.

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).

The registered manager and staff we spoke with told us they understood the principles of the legal framework. At the time of our inspection five people had their freedom restricted and the provider had acted in accordance with the Mental Capacity Act, 2005 DoLS. The registered manager also confirmed they had submitted one further application for another person to have their freedom restricted in order to provide the additional support they needed.

People's care plan records showed the types of decisions people could make for themselves and the support they needed when they needed assistance to make any specific



## Is the service effective?

decisions. Decisions taken in people's best interests were recorded and showed that everyone involved with the person's care had been consulted. For example, where bed rails and sensor mats were in use to help reduce the risk of people falling there was a record to show consent had been obtained. When it had been needed the records included confirmation of consultation with family members and also any external health and social care professionals. People and their relatives told us they were always kept involved in decision making about care needs and that staff always respected their views.

People told us they had access to a good range of food and drink whenever they wanted it and that they enjoyed the foods provided by the home. One person said, "The food is exactly what I like. I enjoy it and never feel hungry after my meals, which is good." A relative told us, "The food here is excellent. The staff make sure everybody gets what they want. I'm around and I see that." When we started our inspection we saw some people had finished their breakfast and some were still eating theirs. People we spoke with who were still eating said they chose to eat a little later and that this was supported. One person liked to take their time and we saw this was also supported with help from a staff member. One person said, "We are never rushed when we have our meals. I like to enjoy my breakfast in my own time and I am allowed to."

We saw records to confirm people were asked for their choice of meal either from the menu or their individual preference in advance of the planned meals. During lunch we saw that where people changed their minds about the choice they had made this was respected.

The registered manager told us and records contained in the care plan information we looked at confirmed that where people were at risk of poor nutritional intake, their weight was checked regularly. Staff demonstrated their knowledge and understanding of people's nutritional needs. We observed they followed care plans for issues such as encouraging people to drink enough and we observed staff supported people to eat and drink whenever they needed help to do this. The registered manager also told us when it was needed staff made timely referrals to specialist services such as dieticians in order to request any additional support and advice they required.

We spoke with the cook who told us they were well established in their role and understood people's individual needs and preferences. They showed us records which confirmed they catered for a range of individual tastes and how they had established a varied menu. This had been developed through asking people about their preferred meals. We also saw the menus were flexible and adapted when it was needed in order to cater for people who had needs linked to conditions such as diabetes and those who required nutritional supplements to keep them healthy.

# Is the service caring?

## Our findings

Before we undertook our inspection the provider told us in their PIR that their statement of purpose set out what they meant by privacy, dignity, independence, choice, rights and fulfilment. They also told us that staff induction was used to ensure new staff understood the document and its importance. This statement was available for people, visitors and staff to read.

Throughout our inspection we observed the interactions, behaviours and rapport between people and staff was aligned to this statement and was open and relaxed. Relatives we spoke with confirmed they thought the staff treated people with respect and were very caring toward them. One relative told us, “The whole care team are a caring bunch. They know the people who live here very well and the relations built up between the carers and people clearly go a long way in making the atmosphere caring.”

Staff interacted well with people and responded to requests for help in a personal and professional way. Staff and people knew each other’s first names and we saw staff spoke with people in a way which showed they knew them and their needs very well. Any direct care needed was undertaken with staff explaining what they were planning to do before giving the care. We saw this helped people to be more relaxed and reassured.

We saw people had access to their own rooms whenever they wanted to be in them. People also spent time in the homes main communal area and dining room area. Staff noticed and took action when people needed any additional support but recognised the importance of not intruding into people’s private space. When people had chosen to be in their rooms we saw staff knocked on the doors to the rooms before entering them. Staff also ensured the doors to rooms and communal toilets were closed when people needed any additional help with their personal care.

We observed staff always carried out care and support tasks on the basis that people had the ability to make their own decisions about their daily lives. When staff gave people choices they listened for the response people gave before carrying out individual requests and wishes. Staff were sensitive to those people who lived with dementia and took time to listen to their comments or instructions before carrying out any support task with them. For

example during lunch time staff gave people the time to express their view and about how they wanted to eat the meals they had chosen and were served with. Where people chose to eat independently they were supported to maintain their dignity using protective tabards and adapted cutlery so they could undertake the task of eating in the way they chose. At the end of the meal one person started to sing spontaneously. Other people, staff and a relative joined in together to sing, “It’s a long way to Tipperary.” People and staff all clapped together at the end of the song.

When we spoke with the cook they showed us they and the staff team kept a record of people’s birthdays and any special personal events so they could be sure they were celebrated together with them and people in the home. On these occasions food was prepared to help people celebrate, including personalised cakes.

Relatives told us they were treated with respect and able to visit their loved ones in privacy when they wished to. Two relatives told us they were also supported to take meals with their loved ones if they wished and this helped them to feel included in their family members care.

The registered manager and staff told us about the importance of always respecting personal information that people had shared with them. We saw peoples’ care records and any staff and private administration records were stored securely in the registered manager’s office so only the registered manager and staff could access them. This meant people could be assured that their personal information remained confidential.

The registered manager told us how they provided support for people at the end of their lives and that they and the staff team were aware of the impact of death on relatives. The registered manager confirmed staff spent additional time with people and their relatives whenever this was needed to listen and offer any advice regarding bereavement counselling services. The registered manager also told us they had developed a leaflet for bereaved families which included useful local information and contacts. In this way the registered manager and staff ensured that people and their relatives were supported through the difficult process of bereavement.

The registered manager told us they understood the role advocacy services and advocates and was aware that local advocacy services were available if needed. Advocates are

## Is the service caring?

people who are independent of the service and who support people to make their own decisions and communicate their wishes. The registered manager and staff confirmed they knew how to access the information people may need in order to make contact with advocacy

services. However, we noted there was no information readily available for people about these services. The registered manager took action during the inspection to address this issue. This meant people could make contact direct themselves if they chose to.

# Is the service responsive?

## Our findings

People we spoke with said they enjoyed the activities which took place at the home and that they were supported to maintain and develop their individual interests and hobbies in the way they wished. One person said, "We have planned games, exercises and music events here and there is always something going on." A relative told us, "There are a number of people here I have known all of my life. It's got a community feel inside the home and it feels part of the community in that people come and go doing the things they want."

The provider told us about how they supported people to maintain their identity and develop their individual interests. For example, before we undertook our inspection the provider told us in their PIR that people were asked for input to the redecoration of their bedrooms and were able to determine their colour scheme and selection of soft furnishings for the rooms. The provider had also told us in the PIR that the development of the rear garden had been a big project at the home.

We saw people had been encouraged to bring their personal belongings into the home and were supported to furnish their rooms in the way they wanted. Records showed and one person told us they had also been involved in making decisions about the colour scheme for their room. Although people could access their rooms when they wanted to the registered manager also told us about the plans the provider had in place to install an easy to access platform lift so that people would be able to access their rooms more easily and quickly.

During our inspection people said they enjoyed using the garden area. We saw the garden had been developed so there were seating areas for people, a greenhouse for people to grow plants and vegetables in and planting areas for people who were interested in gardening to use. A large mural had also been painted with the help of one of people who gave their input and through support from a local art and painting group.

At the time of our inspection we saw that the registered manager had ensured staff time had been built into the staffing rotas for all staff to support people with planned activities and for one to one time. This included supporting people to go out and maintain links in their local community. The registered manager told us they been

reviewing the arrangements in place to provide activities for people and had recently recruited a dedicated activity co-ordinator to provide an additional 16 hours a week for activities. The staff member was in the process of completing their induction and training focused on developing activity and reminiscence related skills.

Staff told us and records we saw confirmed there were a range of flexible and planned activities for people to take part in. Records of each planned activity were maintained to show how many people had taken part in any given activity. Planned activities were listed in the homes main communal area. These ranged from, games, puzzles and card making, music mornings or afternoons and bingo games. We observed people being supported by two staff to play a communal game together and that some people were drawing or undertaking colouring in books for therapy. We saw this was an interactive social experience for all those who took part.

The registered manager and people we spoke with told us people had access to Wi-Fi in the home and that those who chose to used computers to keep in contact with friends and relatives. People were also supported to maintain their religious beliefs and we saw that Christian services were arranged for those people who had chosen to maintain their faith. One person who had chosen to follow a different religion was also supported to maintain and develop their beliefs.

We saw staff took the time to talk with people. People said staff we spoke with confirmed they knew people well and this knowledge helped people talk about their life experiences and freely reminisce together with staff. We saw the time spent with individuals included those people living with dementia.

Staff told us care plans records were kept up to date and gave them clear guidance to care for people in the way they needed. People and relatives told us they had been involved in care reviews and had always found them useful in determining and checking current and future care needs. We spoke with the local authority who had visited the service on the same day as our inspection in order to check the contractual arrangements in place to support people. The social care professional who undertook the visit told us they had found care reviews were completed regularly and those records were clear.

## Is the service responsive?

The registered manager had a complaints policy in place and we saw that it was available for people to access in the home. People we spoke with told us they felt able to voice any concerns or complaints they had. They said they were confident they would be listened to and action would be taken to address any issues at the time they arose. Records showed that where concerns or complaints had been

raised with the provider and registered manager they had been responded to and when needed investigated with any appropriate actions taken. This was in line with the registered provider's policy and procedures. Records were maintained by the registered manager regarding any resulting actions and at the time we undertook our inspection there were no complaints outstanding.

# Is the service well-led?

## Our findings

There was an established registered manager in post who told us they had the support of the provider and the whole staff team to undertake their role. People their relatives and staff we spoke with said that the registered manager was consistently available and that the home was well led. One person told us, “I feel the manager is always there when I need to talk to her. She is a leader and at the same time from what I can see she looks after her staff and us as well.”

Staff said that they were happy working at the home and felt supported by the registered manager. One staff member said, “Although the manager is there for us we work as one team and it has led to low staff turnover, good communication and a way of working that helps us to think about the people who live here rather than just the job.” Staff demonstrated they fully understood their job roles and their levels of responsibility. During our inspection we observed staff spoke with the registered manager and senior staff regarding any areas they needed to check on in relation to care for people. We also saw that when needed they sought guidance regarding any changes in people’s needs.

Staff we spoke with told us communication between them and senior staff and the registered manager was good. Staff said hand over meetings were held daily between shifts. These were used to share information about each person’s needs and any details regarding changes that staff starting the shift needed to be aware of. The meetings were also used to in the planning of reviews and whether the registered manager needed to be involved in any specific review.

The registered manager told us that in addition to their manager role they had time planned in to work with staff as part of the care team. They told us this was to maintain a full understanding of people’s needs and to ensure staff were supported to carry out their roles and had the necessary skills. They also said this helped them identify any future training. The registered manager gave us an example of how they, staff and a relative had worked with one person to review and take actions to reduce the number of falls the person was experiencing. The actions agreed and taken showed a significant reduction in the falls. The person’s relative told us, “The manager has helped and involved me all the way in trying to keep [my

relative] independent but at the same time safe. They have been monitoring things closely and together I think we have got a good balance. I think the manager and staff have done a great job.”

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. Records we hold confirmed the provider and registered manager had informed us of any significant incidents and events and the actions they had taken in response to these in a timely way. This meant we were able to regularly review and if needed communicate with the provider about any actions they had undertaken.

The provider confirmed they had a policy, information and guidance about whistle-blowing which was available for staff. Information in the homes staff room included contact details for the provider and a copy of the whistle-blowing policy and procedure was available for all staff. Staff described the actions they would take in order to escalate any concern they may have and said they would not hesitate to use them if they needed to raise any of these types of concerns, including the contact details for The Care Quality Commission.

Staff told us they worked as a team with the registered manager and that staff meetings were in place for all staff including those who worked at night so they could contribute to the ongoing development of the home. Staff said these meetings enabled them to get up to date information about the running of the home and helped in identifying any team changes or improvements in care that were needed. The registered manager confirmed and we saw they kept records of meetings held and that they reviewed each record in advance of the next meeting so they could pick up on any outstanding issues for follow up.

The registered manager had a quality assurance and audit framework in place to enable them to routinely monitor and audit all aspects of care and general maintenance within the home. Regular audits were carried out by the registered manager and outcomes recorded for areas such as fire safety, the environment, food safety, accidents and incidents, infection control and medicines management. This information was used to regularly report to the provider about anything they needed to be aware of.

The registered manager told us the provider also visited the home regularly and in addition completed a formal report as part of the monitoring visit they made every two months.

## Is the service well-led?

As part of these visits more formal meetings were held between the registered manager and the provider and records of each visit and meeting were maintained. Records also showed the provider spent time talking with people to obtain feedback from them whenever they visited.

Survey forms were also sent out to people and their relatives to seek feedback on the quality of care provided at the home. We looked at some of the feedback submitted

after the last survey carried out in August 2015. Positive comments received ranged from, "A home from home, always feel comfortable and made to feel at home" to "Caring, Friendly and Supportive" and "We are very grateful to management and care staff for all they do."

In order to encourage more feedback from people the registered manager showed us they had also recently introduced a comments book and suggestion box in the reception area of the home for people to use.