South West Care Homes Limited

Sunningdale House

Inspection report

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Date of inspection visit: 28 and 29 April 2015
Date of publication: 21/07/2015

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?	Requires improvement

Overall summary

Sunningdale House provides care for primarily older people, some of whom have a form of dementia. The home can accommodate up to a maximum of 36 people. On the days of the inspection 34 people were living at the service. Some of the people at the time of our inspection had physical health needs and some mental frailty due to a diagnosis of dementia.

We carried out this unannounced inspection of Sunningdale House on the 28 and 29 April 2015. Our findings were that people were being cared for by competent and experienced staff, people had choices in their daily lives and that their mobility was supported appropriately.

The service is required to have a registered manager and at the time of our inspection there was no registered manager in post. A registered manager is a person who has registered with the 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 and

Summary of findings

associated Regulations about how the service is run. The provider reassured us that the registered manager's post would be advertised and recruited to promptly**.** During the absence of the registered manger the deputy manager had taken on the responsibility to manage the service.

The manager had not had a sufficient handover of information, and was unclear how long they would remain in this new position. However the manager had commenced reviewing some of the systems in place at the service. Care plans had been updated and reviewed and staff said the care plans were more specific and informed, guided and directed staff in how care was to be provided. This allowed a consistent approach from staff in meeting people's needs.

The manager identified that staff supervisions and some training needed to be reinstated and had started a programme to do this. Dementia care training had not occurred for some staff and this would support staff to care for people with dementia at the service.

The provider had a quality assurance service to assess and monitor the quality of service that people received. The manager was aware that the service had a quality assurance system in place however she was not able to find the quality assurance documentation. Some audits took place at the service and were monitored to identify if any further action was needed. The audits included medicines, refrigeration temperatures for both food and medicines fridges, and maintenance of the service. Further audits were carried out in line with policies and procedures. For example we saw fire tests were carried out weekly and emergency lighting was tested monthly.

People told us they felt safe living at Sunningdale house. Relatives told us they felt their family member was cared for safely. One commented: "Safe, absolutely" Staff were aware of how to report any suspicions of abuse and had confidence that appropriate action would be taken.

People told us staff were; "Kind," "Caring," "Marvellous" and "They really look after me well". They told us they were completely satisfied with the care provided and the manner in which it was given. One relative told us they found staff to have: "Great skill." A healthcare professional commented staff were: "Competent and professional."

We found that there were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs during the day and at night. On the first day of our visit we discussed staffing levels, particularly around lunch time. The manager reviewed people's dependency needs and the following day had permanently increased staffing levels at this time. One person told us: "When I press my buzzer there is some waiting, but some people need a lot of help." People felt overall staff were "busy" but responded to their needs. Relatives commented staff were always available if they had any queries at any time.

People's care and health needs were assessed prior to admission to the service. Staff ensured they found out as much information about the person so that they could; "Really get to know them, their likes, dislikes, interests they wanted to know all about their life." Relatives felt this gave staff a better understanding of their family member and how they could care for them. People chose how to spend their day and a range of activities were provided. Visitors told us they were always made welcome and were able to visit at any time.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. Where people did not have the capacity to make certain decisions the service involved family and relevant professionals to ensure decisions were made in the person's best interests. The manager had made applications to the Deprivation of Liberty Safeguards team but stated that more guidance for her and the staff in this area would be beneficial.

Records showed staff had made referrals to relevant healthcare services quickly when changes to people's health or wellbeing had been identified. Staff felt the care plans allowed a consistent approach when providing care so the person received effective care from all staff. People and relatives told us they were invited and attended care plan review meetings and found these meetings beneficial.

People told us staff were very caring and looked after them well. People told us; "Staff are lovely." We saw staff provided care to people in a calm and sensitive manner and at the person's pace. When staff talked with us about individuals in the service they spoke about them in a caring and compassionate manner. Staff demonstrated a good knowledge of the people they supported.

Summary of findings

Peoples' privacy, dignity and independence were respected by staff**.** At this visit we undertook direct observations using the SOFI tool to see how people were cared for by staff. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We saw examples of kindness, patience and empathy from staff to people who lived at the service.

The service's complaint procedure provided people with information on how to make a complaint. The policy outlined the timescales within which complaints would be acknowledged, investigated and responded to. It also included contact details for the Care Quality Commission, the local social services department, the police and the ombudsman so people were able to take their grievance further if they wished. People and relatives told us they had; "No cause to make any complaints" and if they had any issues they felt able to address them with the management team.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People felt safe living in the home and relatives told us they thought people were safe.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

People were supported with their medicines in a safe way by staff that had been appropriately trained.

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

Is the service effective?

Good

The service was effective. People were positive about the staff's ability to meet their needs. Staff received on-going training to so they had the skills and knowledge to provide effective care to people.

The registered manager and staff had a general understanding of the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

People were able to see appropriate health and social care professionals when needed to meet their healthcare needs.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences.

Is the service caring?

Good

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

Staff respected people's wishes and provided care and support in line with their wishes.

Positive relationships had been formed between people and supportive staff.

Is the service responsive?

Good

The service was responsive. People's care needs had been thoroughly and appropriately assessed. This meant people received support in the way they needed it.

People had access to activities that met their individual social and emotional needs.

Visitors told us they knew how to complain and would be happy to speak with managers if they had any concerns.

Summary of findings

Is the service well-led?

There was no registered manager in post. A registered manager must be employed and registered with the CQC to manage the service. 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.

The acting manager needed support to ensure that systems to review the quality of the service are reinstated.

Staff said they were supported by management and worked together as a team, putting the needs of the people who lived in the home first.

Staff were motivated to develop and provide quality care.

Requires improvement

Sunningdale 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 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 28 and 29 April 2015. This was an unannounced inspection which meant the staff and provider did not know we would be visiting. The inspection team consisted of two inspectors.

Before visiting the service we reviewed previous inspection reports, the information we held about the service and notifications of incidents. A notification is information about important events which the service is required to send to us by law.

During the inspection we spoke with nine people who were able to express their views of living in the service and three visiting relatives. We looked around the premises and observed care practices. We used the Short Observational Framework Inspection (SOFI) over the visit which included observations at meal times and when people were seated in the communal lounge throughout the day. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We also spoke with six care staff, catering staff, and the acting manager. We spoke with a health care professional during the inspection. We looked at five records relating to the care of individuals, seven staff recruitment files, staff duty rosters, staff training records and records relating to the running of the home.

Good

Is the service safe?

Our findings

People told us they felt safe living in the service. One person told us: "I feel safe." Relatives told us they felt their family member was cared for safely. One commented: "Safe, absolutely." People and their relatives were complimentary about how staff approached them in a thoughtful and caring manner. We saw throughout our visit people approaching staff freely without hesitation and that positive relationships between people and staff had been developed.

Staff were aware of the services safeguarding and whistle blowing policy. This policy encouraged staff to raise any concerns in respect of work practices. Staff said they felt able to use the policy. A harassment policy was also available for staff so they knew what process to follow should they feel harassment had occurred.

Staff had received training on safeguarding adults and had a good understanding of what may constitute abuse and how to report it. All were confident that any allegations would be fully investigated and action would be taken to make sure people were safe. Care staff had reported concerns to the provider when they felt that a person was not safe. The provider took appropriate action and followed the Local Authority reporting procedure in line with local reporting arrangements. This showed staff were supported and listened to when they had concerns about a person's welfare. The service worked openly with other professionals to ensure that safeguarding concerns were recognised, addressed and actions taken to improve future safety and care of people living at the home.

Staff had worked with other professionals to develop different ways of working so appropriate measures could be put in place to minimise risks to people. Risks were identified and assessments of how any risks could be minimised were recorded. For example, how staff should support people when using equipment, reducing the risks of falls, the use of bed rails and reducing the risk of pressure ulcers. From our conversations with staff it was clear they were knowledgeable about the care needs of people living at the service.

Staff supported people with mobility difficulties. We observed transfers during the day in the main lounge or dining area. All the transfers from chair to wheel chair and vice versa were carried out by competent staff. During the transfers staff spoke to the person telling them what they were going to do and ensured the person felt comfortable and safe at all times. Staff had received training in this area of care.

People told us staff were supportive. Three people told us that at times when they pressed their call bell for assistance "there is some waiting, but some people need a lot of help." We used our Short Observational Framework for Inspection tool (SOFI) during lunch time on the first day of this inspection. Staff were very busy and they were not able to meet all people's needs. For example a person attempted to get up and needed support due to their mobility needs. Staff were not present as they were busy ensuring people had their meals provided. We had to ask for assistance as the person was at risk of falling and staff then responded immediately. Staff said there were "busier times during the day, especially lunch time" but felt there were sufficient staff levels at the service for the reminder of the time. We spoke with the manager regarding this who acknowledged this was not acceptable. The manager told us they had a dependency tool to review if staffing levels were appropriate to meet the current needs of the people they were caring for. Due to our observation the manager reviewed people's dependency needs with the operational manager to see if additional staffing were needed to ensure the correct level of support was available to meet peoples changing needs. On the second day of our inspection the manager told us that from this review they had increased staffing levels over the lunchtime period to ensure people needs were met and this was rostered on the staff rota permanently.

Other staff on shift were a senior carer, care staff, and the manager were on duty. In addition there were kitchen, domestic, maintenance, administrative staff and an activity coordinator on duty. At night two carers were on duty. Staffing rotas showed this level of staffing was on duty throughout the week.

Staff had completed a thorough recruitment process to ensure they had appropriate skills and knowledge required to meet people's needs. The recruitment files contained all the relevant recruitment checks to show people were suitable and safe to work in a care environment.

People told us they received their medicines on time. Medicines were stored in a locked cabinet. The Medicines Administration Records (MAR), were completed as required. The medicines in stock tallied with those recorded on the

Good

Is the service safe?

MAR. We saw some people took medicines 'as required' (PRN). We saw a person ask for their medicines at mid-morning. Staff clearly explained to the person the last time they had their medicine and when their next medicines were due and asked if the person felt ok or was in any pain. The person accepted they would have their medicines later. During a medication round staff asked a person if they wanted additional pain relief medication. A recent external medicines inspection had been completed at the service and found medicines to be managed in a safe way.

There were appropriate fire safety records and maintenance certificates for the premises and equipment together with a system of health and safety risk assessment of the environment. These were annually reviewed.

The manager told us they held money for people at the service. People's money was kept safely. Records for each individual person were kept detailing money received and spent along with receipts. These records were audited regularly by the service accountant. We reviewed two people's accounts and found all transactions and money held tallied. There was no signed consent that people agreed for the service to hold their money and the manager acknowledged this practice should be undertaken so that the person or their relative's permission consent was recorded.

Good

Is the service effective?

Our findings

People were able to make choices about what they did in their day to day lives. For example, when they went to bed and got up, who they spent time with and where, and what they ate. A person told us they chose to spend a lot of time in their pyjamas and staff respected this. People felt staff responded to their needs promptly and were "fantastic" and "pretty good."

Food and drinks were available at all times. One person had difficulty sleeping and it was recorded that at 03.00am '[person's name] was up most of the night watching TV, chocolate cake and crisps given as said would like some food.' Another person requested breakfast at 05.10am and this was provided, the person was then offered food again at 9.30am. This showed that people's wishes were respected.

We used our Short Observational Framework for Inspection tool (SOFI) in communal areas during our visit over the lunchtime period. This helped us record how people spent their time, the type of support they received and whether they had positive experiences. People were able to choose where they wanted to eat their meals, in either a lounge, dining room or in their bedroom. Lunch was leisurely and people enjoyed their food. People told us they had discussed with the catering staff their likes and dislikes so they were provided with meals they liked. One person said they would like more variety. The manager said they would discuss with the person how they could make the food more appetising for them. Others told us the food was "lovely" and "I have no complaints." Relatives were complimentary about the food, one said; "the food is superb." The catering staff had a good knowledge of people's dietary needs and catered for them appropriately, for example soft, pureed and organic vegan diets. Staff said that they had an appropriate budget to buy all foods needed.

Staff helped people who needed assistance with eating in a respectful and appropriate manner, sitting alongside the person talking to them and encouraging them to eat and to drink. One person needed support with eating and the carer ensured that the person knew what food was available, for example fish pie, and asked if they would like more of this or something else from the plate. Staff offered people regular drinks.

Relatives were complimentary about the staff, stating they were "marvellous." A health care professional told us staff were "competent and professional." Relatives were involved in the admission of their family member to the home and staff ensured they found out as much information about their family member so that they could get to know them, their likes, dislikes, interests they wanted to know all about their life. This gave staff a better understanding of people new to the service and how they could care for them.

New staff had completed an induction when they started to work at the service. An induction checklist was filled out by the staff member and their supervisor. The manager was aware of the new induction guidelines commenced on the 1 April 2015 and stated that new staff employed after this date would follow this guidance. A member of staff told us when they had started work at the service they worked with a more experienced member of staff for the first few shifts. This enabled them to get to know people and helped ensure that staff met people's needs in a consistent manner.

The manager acknowledged that regular meetings (called supervision) had not occurred due to the absence of the registered manager for the last few months. However supervision had occurred before her absence. Due to the current length of time of the registered manager's absence the manager had planned a supervision meeting with each staff member. Staff told us that whilst formal supervision had not occurred they felt able to approach the manager and discuss any issues with her. The manager and staff were aware that supervision was an opportunity to discuss how they provided support to people to ensure they met people's needs. It also provided an opportunity to review their aims, objectives and any professional development plans. In addition, staff had regular contact with the manager and provider. Staff had an annual appraisal to review their work performance over the year.

The manager acknowledged that for newer members of staff some staff training was not up to date but had arranged for staff to attend relevant training. Some staff had not attended recent dementia training which would have been beneficial as they supported people with this diagnosis.

Some of the courses attended included: safeguarding, equality and diversity and manual handling.

Good

Is the service effective?

The provider and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. Some people living in the home had a diagnosis of dementia or a mental health condition that meant their ability to make daily decisions could fluctuate. Staff had a good understanding of people's needs and used this knowledge to help people make their own decisions about their daily lives wherever possible.

Where people did not have the capacity to make certain decisions the home acted in accordance with legal requirements. Decisions had been made on a person's behalf; the decision had been made in their 'best interest'. Best interest meetings were held to decide on the use of bedrails for some people. These meetings involved the person's family and appropriate health professionals.

The manager considered the impact of any restrictions put in place for people that might need to be authorised under the Deprivation of Liberty Safeguards (DoLS). DoLS is part of the Mental Capacity Act 2005 (MCA) and requires providers to seek authorisation from the local authority if they feel there may be restrictions or restraints placed upon a person who lacks capacity to make decisions for themselves. Records confirmed that the manager had made appropriate applications to the DoLS team.

Staff asked people for their consent before delivering care or treatment and they respected people's choice to refuse treatment. For example, during the medication round people were asked if they would like pain relief and their decision was respected.

Staff made referrals to relevant healthcare services quickly when changes to health or wellbeing had been identified, such as GP's dentists and opticians. A healthcare professional told us they found staff to be pro-active in their approach, they listened and acted on advice given so that people's treatment needs were being consistently followed. Specific care plans, for example, diet and nutrition, informed directed and guided staff in how to provide care to a person. These had been reviewed to ensure they remained up to date and reflected peoples current care needs.

Good

Is the service caring?

Our findings

We received positive comments from people who lived at Sunningdale House. Comments included staff were; “Staff help me to be more independent, I have not one complaint”, “Staff are a good crowd”, “Staff are lovely, very sweet and kind and thoughtful.” People told us they were completely satisfied with the care provided and the manner in which it was given.

We received positive comments from relatives about the care their family member received. Comments included: "Staff are fantastic,” “Staff genuinely care.” Visitors told us they were always made welcome and were able to visit at any time. People could choose where they met with their visitors, either in their room or different communal areas.

The manager valued her staff and believed they provided good care. The manager and staff shared the view that they needed to remember the people they cared for were dependent on them, therefore vulnerable and it was essential they provided care for the person in a way they wanted them to. Care plans identified how a person wished to be supported, for example staff were to ‘before starting any intervention explain the process and gain consent from the person.’ The manager acknowledged that how staff approached a person could have an affect in how they requested support, for example a person may prefer a female carer to male carer to provide personal care.

Staff commented; “I like to treat people as if they are my mum or dad,” “The work can be challenging, but I really love it, it so rewarding when you see people are happy.” Staff interacted with people respectfully. All staff showed a genuine interest in their work and a desire to offer a good service to people.

Staff were seen providing care and support in a calm, caring and relaxed manner. Interactions between staff and people at the home were caring with conversations being held in a gentle and understanding way.

People’s privacy was respected. Staff told us how they maintained people’s privacy and dignity. For example, by knocking on bedroom doors before entering, gaining consent before providing care and ensuring curtains and doors were closed. Staff told us they felt it was important people were supported to retain their dignity and independence. As we were shown around the premises staff knocked on people’s doors and asked if they would like to speak with us. Where people had requested, their bedrooms had been personalised with their belongings, such as furniture, photographs and ornaments. Bedrooms, bathrooms and toilet doors were always kept closed when people were being supported with personal care.

Staff provided care and support in a timely manner and responded to people promptly when they requested assistance. For example, one person said she felt sick. Staff responded promptly and ensured they supported the person throughout her feeling unwell. Staff stayed with the person stroking the persons hand and forehead and verbally reassuring the person that they were with them and checking if they wanted any other help. A health care professional was visiting the service and staff asked staff if they could check the persons health needs were being met by them. The health care professional said “I don’t know why they asked me as they had it all sorted. The care here is great.”

There were opportunities for staff to have one to one time with people and we saw this occur throughout our inspection. Staff provided one to one support through the night. Care records showed that a person was prone to panic attacks and how care staff should support the person with this. Daily night records recorded ‘[person’s name] rang buzzer at 00.30am saying they was having a panic attack, we sat with them talking and telling them to breathe in and out of mouth. Slowly settled after having a chat. Sleeping on all other checks.’

Where possible people were involved in decisions about their daily living. Staff were clear about the backgrounds of the people who lived at the service and knew their individual preferences regarding how they wished their care to be provided. A person’s care record stated ‘I like to keep clean shaven I have an electric razor but I also like a wet shave occasionally. I will tell you when.’ The daily records showed that this request had been respected.

We saw that some people had completed, with their families, a life story which covered the person’s life history. Relatives told us they had been asked to share life history information and had provided photographs and memorabilia. This gave staff the opportunity to understand a person's past and how it could impact on who they are today.

Good

Is the service caring?

The manager told us where a person did not have a family member to represent them they had contacted advocacy services to ensure the person's voice was heard.

Good

Is the service responsive?

Our findings

Staff responded to people's calls for assistance promptly. People and relatives told us that staff were skilled to meet their needs. People who wished to move into the service had their needs assessed to ensure the home was able to meet their needs and expectations. One person who had recently moved to the service had met with the manager prior to admission to ensure that the service would be able to meet their care needs Their relative was also consulted to ensure their views on what support the person needed were obtained. Both commented that the move to the service was completed in a sensitive manner. Following the person's admission they were invited and attended care plan review meetings and found these meetings beneficial. The manager was knowledgeable about people's needs and made decisions about any new admissions by balancing the needs of any new person with the needs of the people already living in the service.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the home. Staff were able to tell us detailed information about people's backgrounds and life history from information gathered from families and friends.

Care plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. Care plans were reviewed monthly or as people's needs changed. Care plans were informative, easy to follow and accurately reflected the needs of people. People who were able, were involved in planning and reviewing their own care. Where people lacked the capacity to make a decision for themselves, staff involved family members in the review of care. People and their family members were given the opportunity to sign in agreement with the content of care plans.

Care plans provided specific guidance and direction about how to meet a person's health needs. For example a care plan stated that a person had specific dietary needs. Information from relevant health professionals had been sought to ensure the staff had relevant information to meet the person's health needs. An external health professional told us; "The staff are much better at pressure care, good at identifying it and treating it. Turn charts and MUST tools are now all in place so there is better monitoring of the persons health."

Care plans guided staff on how to manage a person's behaviour when they became anxious or distressed. We observed two people becoming upset with each other resulting in a drink being thrown. A staff member responded immediately and checked both people were not physically hurt. The staff member then led one person away to get changed and diffuse the situation from escalating. We spoke with the other person until staff were available to ensure the person was ok. Staff reassured both people and offered appropriate reassurance. Information in the care plan allowed staff to respond in a consistent manner when the person displayed anxiety or distress. Staff told us they felt the care plans were individualised and provided them with clear guidance in how to provide care consistently for the person.

Care records reflected people's needs and wishes in relation to their social and emotional needs. The manager was aware that more meaningful and achievable activities for people were needed. The manager, along with the activities coordinator, had recently organised a weekly pub lunch and a Wednesday bake. The Wednesday bake took place during this inspection and people enjoyed making cakes and reminisced about their cooking for their family when their children were young. The activities coordinator provided activities which included skittles, bowls, having time to chat, music and fitness. The activities coordinator acknowledged that the level of activities had needed to change with the needs of people, therefore they tended not to provide arts and crafts activities as these were too complex for people to undertake or did not have the physical dexterity to engage in the task. People received visitors, read newspapers, listened to music and watched TV. An 'activities book' recorded when people had been engaged in an activity.

The service's complaints procedure provided people with information on how to make a complaint. The policy outlined the timescales within which complaints would be acknowledged, investigated and responded to. It also included contact details for the Care Quality Commission, the local social services department, the police and the ombudsman so people were able to take their grievance further if they wished.

We asked people who lived at the service, and their relatives, if they would be comfortable making a complaint. People told us they would have no hesitation in raising

Good

Is the service responsive?

issues with the manager or staff. All told us they felt the manager was available and felt able to approach her, or staff with any concerns. No-one we spoke with had made a complaint.

Staff felt able to raise any concerns. They told us the management team were approachable and would be able to express any concerns or views to them. Staff told us they had plenty of opportunity to raise any issues or suggestions.

Requires improvement

Is the service well-led?

Our findings

The registered manager had been absent from the service for a few months. We were told during the inspection that the registered manager had resigned two days prior to our visit. A registered manager is a person who has registered with the 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 and associated Regulations about how the service is run. The provider reassured us that the registered managers' post would be advertised and recruited to promptly.

Whilst there had been the absence of the registered manager, the deputy manager had taken on the responsibility as manager for the service. The current manager had not had a sufficient handover of information, and was not clear and was unclear how long they would remain in this new post. However the manager had commenced reviewing some of the systems in place at the service, for example care plans had been updated and reviewed. Staff said the care plans were more specific so that they informed, guided and directed staff in how care was to be provided. This allowed a consistent approach from staff in meeting people's needs.

The manager had identified that staff supervisions and some training needed to be reinstated and had started a programme to do this. Dementia care training had not occurred for some staff and this would be beneficial in light of the people they provide a service to. The manager had made applications to the Deprivation of Liberty Safeguards team for potentially restrictive care plans but stated that more guidance for her and the staff in this area would be beneficial.

The manager was unaware of where some documents were to be found. For example compliments and quality assurance information. Policies and procedures accessible for staff were out of date. The manager was made aware by inspectors that some records such as the communication book and handover records did not protect a person's confidentiality as records were on shared documents, for example the staff communication book, handover sheets and dairy and agreed to rectify this immediately. This also meant that records did not adhere to the Data protection Act.

The provider, who is the owner of the service, supported the manager and monitored the service. The manager worked in the service every day providing care and supporting staff this helped ensure they were aware of the culture of the home at all times. There was a clear ethos at the service which was communicated to all staff. The manager said that she had "tried hard to change the culture of the home." Staff and the health professionals recognised that the atmosphere at the service was more relaxed, open and could approach the manager for any issue. Staff said that due to this "A lot of positive change has happened, I really love working here now," and "Just as we value the people we care for, I now feel valued too by the managers." It was important to all the staff and management at the service that people who lived there were supported to be as independent as possible and live their life as they chose. Care was personalised and specific to each individual. Staff meetings were held and staff found these meetings useful and they felt the management listened to them and their views were considered.

The manager spoke daily with people who used the service, visitors and the staff to gain their views as this supported constant development and improvement of the service provided to people. The manager also ensured that she met with night staff to ensure that they had the opportunity to share their views. Staff told us they liked working at the service and found the manager to be approachable.

People and relatives told us the manager was approachable and they would be able to talk with her about any suggestions regarding how the service was run. All said the management of the service listened to comments and suggestions. The management team were always present in the service and it was easy to communication with them. A health professional told us: "There has been such a big difference since [managers' name] has taken on the role of manager. I have visited here for 11 years and this is the most settled staff I have seen. This is good for patients too. I now enjoy coming here."

The manager and staff tried to make sure they were aware of any worries or concerns people or their relatives might have and regularly sought out their views of the home. The manager was aware that the service had a quality assurance system in place however she was not able to find

Requires improvement

Is the service well-led?

the quality assurance documentation. The manager said she would discuss with the provider when the next quality assurance process was due and ensure views from people were sought in a more formal way.

Some audits took place at the home and were monitored to identify if any further action was needed. The audits included medicines, refrigeration temperatures for both food and medicines fridges, and maintenance of the service. Further audits were carried out in line with policies and procedures. For example we saw fire tests were carried out weekly and emergency lighting was tested monthly.

The home was clean and there was no odour anywhere in the home on the days of our inspection. Equipment such as moving and handling aids, air mattresses, stand aids, lifts and bath lifts were regularly serviced to ensure they were safe to use.

Staff had a good understanding of the people they cared for and they felt able to raise any issues with management if the person's care needed further interventions. Daily staff handover provided each shift with a clear picture of each person at the service and encouraged two way communications between care staff. This helped ensure everyone who worked with people who lived at the service were aware of the current needs of each individual. Staff had high standards for their own personal behaviour and how they interacted with people.

Services that provided health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The provider and manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.