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Wentworth Residential Home

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 ●

Summary of findings

Overall summary

Wentworth Residential Home is a 'care home' that provides accommodation for a maximum of 20 adults, of all ages, with a range of health care needs and physical disabilities. At the time of the inspection there were 18 people living at the service. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Wentworth Residential Home provides accommodation over three floors. Some bedrooms are on the ground floor where communal areas are also present. The remaining bedrooms are on the first and second floor which is accessed by chair lifts. Staff continuously monitor people if they remain in their rooms to ensure people's needs are met at all times. People are able to access a patio and garden area. The home is near to St Austell town centre which people visit.

There was a registered manager in post who was responsible for the day-to-day running of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Wentworth Residential Home has been owned by the provider for 38 years and is a family run business. The registered manager is a family relative. and has been in this post for seven years.

We carried out this unannounced inspection on 27 January 2018. At the last inspection, in January 2016, the service was rated Good. At this inspection we found the service remained Good.

On the day of the inspection there was a calm, relaxed and friendly atmosphere in the service. We observed that staff interacted with people in a caring and compassionate manner. People who were able to talk to us about their views of the service told us they were happy with the care they received and believed it was a safe environment. Comments from people included, "All the staff are amazing", "it's lovely here", "What I like about this place is you are treated as an equal" and, "You are treated as individuals, not as a crowd, I'm treated as a person." Relatives we spoke with told us they were "very pleased" with the care that their family members received. Comments included "it's a happy home, it feels like home." Staff ensured people kept in touch with family and friends. Relatives told us they were always made welcome and were able to visit at any time.

Where people were unable to tell us about their experiences we observed they were relaxed and at ease with staff. People's behaviour and body language showed that they felt cared for by staff. Staff said they were proud to work at Wentworth and told us "The people are lovely. It's lovely here we [staff] work well as a team."

People were protected from abuse and harm because staff understood their safeguarding responsibilities and were able to assess and mitigate any individual risk to a person's safety. People said they felt safe at Wentworth, and relatives echoed this view.

The service was warm, comfortable and appeared clean with no unpleasant odours. The service was well maintained by the in house maintenance staff and using contractors as required. Bedrooms were personalised to reflect people's individual tastes. People were treated with kindness, compassion and respect.

Some people living at Wentworth were living with dementia and were independently mobile around the service. The service had pictorial signage to help people who need additional support recognising areas of the building such as their bedrooms, toilet and shower rooms.

People received care and support that was responsive to their needs because staff were aware of the needs of people who lived at Wentworth. Staff were prompt at recognising if a person's health needs had changed and sought appropriate medical advice promptly. One person told us "I didn't feel well the other day, they [staff] asked me lots of questions to see what was up and looked after me well." Relatives told us the service always kept them informed of any changes to people's health and when healthcare appointments had been made.

Care plans were well organised and contained personalised information about the individual person's needs and wishes. Care planning was reviewed regularly and whenever people's needs changed. People's care plans gave direction and guidance for staff to follow to help ensure people received their care and support in the way they wanted. Risks in relation to people's care and support were assessed and planned for to minimise the risk of harm.

People told us they were able to take part in a range of group and individual activities. A programme of activities for the month was on display so that people could decide if they wanted to participate in the group activities. We saw people undertaking individual activities such as reading newspapers, word searches, socialising and watching TV

There were safe arrangements in place for the administration of medicines. People were supported to take their medicines at the right time by staff who had been appropriately trained. Medicines which required stricter controls by law were stored correctly and records kept in line with relevant legislation.

People told us the food was "amazing" and "great." Staff supported people to maintain a balanced diet in line with their dietary needs and preferences. Where people needed assistance with eating and drinking staff provided support appropriate to meet each individual person's assessed needs. Staff were recruited in a safe way. There were sufficient numbers of suitably qualified staff on duty and staffing levels were adjusted to meet people's changing needs and wishes.

Staff were supported by a system of induction training, one-to-one supervision and appraisals. The induction and on-going training of staff ensured they were effective in their role. Staff knew how to ensure each person was supported as an individual in a way that did not discriminate against them. People's legal rights were understood and upheld.

Management and some staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). However staff demonstrated the principles of the MCA in the way they cared for people. Staff believed that everyone at the service had the right to make their own decisions and respected them. The provider told us currently the people they supported had capacity to make decisions about their health and welfare and this was constantly reviewed. The provider knew the process to follow if a person's level of capacity changed so that the service would act in accordance with legal requirements.

There was a management structure in the service which provided clear lines of responsibility and accountability. Staff had a positive attitude and the management team provided strong leadership and led by example.

People and relatives all described the management of the home as open and approachable. People and their relatives told us if they had any concerns, or comments about the service that they could approach the provider, manager or staff "without hesitation." People were asked for their views on the service regularly. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Wentworth 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 checked 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 was a comprehensive inspection. It took place on 27 January 2018 and was unannounced. The inspection team included one adult social care inspector.

Before the inspection we reviewed information we held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern. We also reviewed the Provider Information Return (PIR). The PIR provides key information about the service, what the service does well and the improvements the provider plan to make.

During the inspection we spoke with eight people who were able to express their views of living at the service. Not everyone was able to verbally communicate with us due to their health care needs. We also spoke with three relatives, staff, pathway tracking (reading people's care plans, and other records kept about them), carrying out a formal observation of care, and reviewed other records about how the service was managed. We looked around the premises and observed care practices on the day of our visit.

We spoke with the registered provider, senior carer, two care staff and cook. As the inspection occurred on a Saturday domestic and maintenance staff were not present during the inspection. We looked at three records relating to the care of individuals, three staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service. We spoke with three visiting relatives to gain their views on the service

Is the service safe?

Our findings

The service continued to be safe. People told us they felt safe at Wentworth. Relatives echoed this view.

People were protected from abuse and harm because staff knew how to respond to any concerns. All staff had received safeguarding training. Staff told us they thought any allegations they reported would be fully investigated and satisfactory action taken to ensure people were safe. Where necessary the registered provider had submitted safeguarding referrals to the local authority where they felt there was a risk of abuse. Safeguarding concerns were handled correctly in line with good practice and local protocols. The service had a whistle-blowing policy so if staff had concerns they could report these and be confident of their concerns being listened to.

There was equality and diversity policy in place and staff received training on equality and diversity. This helped ensure that staff were aware of their responsibilities in how to protect people from any type of discrimination. Staff were able to tell us how they helped people living at the service to ensure they were not disadvantaged in any way due to their beliefs, abilities, wishes or choices

The service did not hold any money for people. When people needed to purchase items such as for toiletries and hairdressing items, the person's family or representatives were invoiced for any expenditure. Appropriate records were held that were regularly audited.

Risk assessments were in place for each person. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately in order to minimise risk and keep people safe. For example, to prevent poor nutrition and hydration, skin integrity, falls and pressure sores. Risk assessments were reviewed monthly and updated as necessary.

Accidents and incidents that took place in the service were recorded by staff in people's records. Such events were audited by the registered provider and manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced. Records showed actions were taken to help reduce any identified risk in the future.

Some people were at risk of becoming distressed or confused which could lead to behaviour which might challenge staff and cause anxiety to other residents. Care records contained information for staff on how to avoid this occurring and what to do when incidents occurred. For example, providing staff with information on what effectively distracted the person and what calmed them if anxious. Staff were clear about people's rights and ensured any necessary restrictions were the least restrictive.

Equipment owned or used by the service, such as specialist beds, hoists and stand aids, were suitably maintained. Systems were in place to ensure equipment was regularly serviced and repaired as necessary. All necessary safety checks and tests had been completed by appropriately skilled contractors. We observed staff safely and competently supporting people and using appropriate equipment; for example when supporting people to move from chair to standing positions or to more comfortable furnishings.

People and their relatives told us they thought there were enough staff on duty and staff always responded promptly to people's needs. We saw people received care and support in a timely manner.

Staffing arrangements met people's needs in a safe way. The registered provider reviewed people's needs regularly. This helped ensure there were sufficient skilled and experienced staff planned to be on duty to meet people's needs. The registered provider and manager were office based but were available to people if this was necessary. On the day of the inspection there were a senior carer, two care staff on duty, the registered provider and cook to meet the needs of 18 people. The rotas confirmed that there was routinely a minimum of three care staff on duty from 7.30am to 7pm, after which two care staff were on duty till 9pm. Night carers commenced at 9pm till 8am. A manager was present in the service during the day and was on call overnight. At handover staff were allocated responsibilities so that they were aware of who they were to support and what other tasks they were accountable for, for example medicines. This helped ensure staffing was allocated appropriately so people received the help they needed. Any gaps in staffing were met by existing staff which has meant that the service has not needed to use agency staff to ensure continuity of care for people by staff who know them.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of two references.

The service had suitable arrangements for the ordering, storage and disposal of medicines. The medicines records were completed accurately, for example on checking the amount of medicines in stock this tallied with the medicines records. Medicines were administered by staff who had been trained and assessed as competent to manage medicines. Staff explained to people what their medicines were for and ensured each person had taken them before signing the medication record. People were given their medicines at the correct times. Medicines which required stricter controls by law were stored correctly and records kept in line with relevant legislation. The stock of these medicines was checked weekly.

Some people required medicines to be given as necessary or occasionally. There were clear records to show when such medicine might be indicated and if it had been effective. For example, pain relief for an occasional ailment.

People had suitable links with their GP's and medical consultants who prescribe and review people's medicines. Where necessary staff appropriately consulted with medical professionals to ensure types of medicines prescribed, and dosages were helping people with their health needs.

The service had arrangements in place to ensure the service was kept clean. The service had an infection control policy and lead staff who monitored infection control audits. The registered provider understood who they needed to contact if they need advice or assistance with infection control issues. Staff received suitable training about infection control, and records showed all staff had received this. Staff understood the need to wear protective clothing (PPE) such as aprons and gloves, where this was necessary. We saw staff were able to access aprons and gloves and these were used appropriately throughout the inspection visit.

Relevant staff had completed food hygiene training. Catering staff were on duty from breakfast time until 1.30pm. Suitable procedures were in place to ensure food preparation and storage meets national guidance. The local authority environmental health department has judged standards as a high standard.

Is the service effective?

Our findings

The service continued to provide people with effective care and support because their needs were fully assessed, understood and met in line with relevant guidance. People and their relatives told us they were confident that staff knew people well and understood how to meet their needs. People told us they did not feel they had been subject to any discrimination, for example on the grounds of their gender, race, sexuality or age.

People's need and choices were assessed prior to moving in to the service. Before moving into the service a member of the management team would assess people to check the service could meet the person's needs. People, and/or their relatives, were also able to visit the service before admission. One person was currently having a 'trial period' at the service to see if they wanted to stay at the home permanently. Copies of pre admission assessments on people's files were comprehensive. This information was used as the basis for their care plan which was created during the first few days of them living at the service.

People received effective care because they were supported by a staff team who received regular training and had a good understanding of people's needs. Staff they told us they were provided with relevant training which gave them the skills and knowledge to support people effectively. There was an in house training programme in place to help ensure staff received relevant training and refresher training was kept up to date. The registered provider ensures that all mandatory and relevant staff training was up to date.

When staff started working at the service they received an induction. This involved spending time with a more experienced member of staff, and shadowing them to learn their roles. Records showed that new staff had completed the Care Certificate, which is an identified set of national standards that health and social care workers should follow when starting work in care. Staff we spoke with said they had received an induction and gained qualifications or were working towards a Diploma in Health and Social Care.

Staff received support from the management team. The management team undertook monthly staff observations of care staff practise. This was then discussed with the member of staff so that they could reflect on how they supported people in their care. Staff also had an annual appraisal. Staff told us they felt supported by the registered provider and manager and were able to ask them for additional support if they needed it. Staff meetings were held to provide staff with an opportunity to share information and voice any ideas or concerns regarding the running of the service.

Staff regularly monitored people's food and drink intake to ensure all people received sufficient each day. Staff monitored people's weight regularly to ensure they maintained a healthy weight. For example from the weight charts it recorded that a person was continuing to lose weight. The staff team implemented a food and fluid chart so that they could monitor the person's food intake. The monitoring charts were regularly discussed with the district nurse and GP to ensure the person was receiving the most appropriate health and nutritional care. In addition how the food needed to be presented, for example pureed was also put in place to ensure that the food was provided to the person in a manner that suited their health needs.

People told us the food was "beautiful" and "great" and confirmed that if they did not want the menu choice on offer they could request an alternative and this would be provided. We observed the support people received during the lunchtime period. The atmosphere was warm and friendly with staff talking with people as they ate their meals. Where people needed assistance with eating and drinking staff provided support appropriate to meet each individual person's assessed needs.

The chef was knowledgeable about people's individual needs and likes and dislikes. They were aware of people's dietary requirements and preferences. Staff regularly consulted with people on what type of food they preferred and ensured that food was available to meet peoples' diverse needs. The weekly menu plan was discussed with each person. One person had written on their menu plan alternative meals that they would prefer and these were then provided. Staff told us, "People can have pretty much whatever they want" "Care staff had 24 hour access to the kitchen so people were able to have snacks at any time.

The registered provider said the service had good links with external professionals. The service worked closely with a wide range of professionals such as district nurses, social workers and general practitioners to ensure people lived comfortably at the service. Relatives told us that staff were prompt to inform them if their family members health needs had changed and referred to medical professionals promptly.

People's health conditions were well managed and staff supported people to access healthcare services. Staff supported people to see external healthcare professionals such as occupational therapists, GPs, speech and language therapists (SALT) and chiropodists. Care records contained details of multi professionals visits and care plans were updated when advice and guidance was given. One person told us "I didn't feel well the other day, they [staff] asked me lots of questions to see what was up and looked after me well." Relatives told us the service always kept them informed of any changes to people's health and when healthcare appointments had been made.

The service was well maintained, with a good standard of décor and carpeting. Some people living at Wentworth were living with dementia and were independently mobile around the building. The service had pictorial signage to help people who need additional support recognising areas of the building such as their bedrooms, toilet and shower rooms.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People had their capacity assessed appropriately. The service knew who had appointed lasting powers of attorney for either finances or health, and these people were asked to consent on behalf of the person if they lacked the capacity to do this for themselves.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Management and some staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). However staff demonstrated the principles of the MCA in the way they cared for people. Staff believed that everyone at the service had the right to make their own decisions and respected them. The provider told us currently the people they supported had capacity to

make decisions about their health and welfare and this was constantly reviewed. The provider knew the process to follow if a person's level of capacity changed so that the service would act in accordance with legal requirements.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. We observed throughout the inspection that staff asked for people's consent before assisting them with any care or support. People made their own decisions about how they wanted to live their life and spend their time.

Is the service caring?

Our findings

The service continued to be caring because people were supported to understand that Wentworth was their home and the staff were there to support them in running their home. On the day of the inspection there was a calm, relaxed and friendly atmosphere in the service. We observed that staff interacted with people in a caring and compassionate manner. People told us they were happy with the care they received and believed it was a safe environment. Comments from people included, "All the staff are amazing", "It's lovely here", "What I like about this place is you are treated as an equal" and, "You are treated as individuals, not as a crowd, I'm treated as a person." Relatives we spoke with told us they were "very pleased" with the care that their family members received.

Staff ensured people kept in touch with family and friends. Relatives told us they were always made welcome and were able to visit at any time. Several relatives visited the service during our inspection. Staff were seen greeting visitors and chatting knowledgeably to them about their family member.

We received many positive comments about the attitudes of staff. People and their relatives said they were treated with kindness, respect and compassion. Staff also demonstrated this by telling us "The people are lovely. It's lovely here we [staff] work well as a team, we care for them all so much." Staff all talked individually to us with a common theme of them being an 'extended family' which encompassed the people they supported, their relatives and the staff team. Some staff had worked at the home for many years and felt this made the relationship ties much stronger.

We saw numerous compliments from people and relatives. All were complimentary about the service they had received.

We observed staff sitting and talking with people in lounges in a respectful and friendly manner. Staff did not rush people and took time to listen to them. There was plenty of shared humour between people and staff. People, who were able to verbally communicate, engaged in friendly and respectful conversations with staff. Where people were unable to communicate verbally, their behaviour and body language showed that they were comfortable and happy when staff interacted with them.

The care we saw provided throughout the inspection was appropriate to people's needs and wishes. Staff were patient and discreet when providing care for people. They took the time to speak with people as they supported them and we observed many positive interactions that supported people's wellbeing. For example, staff encouraged and prompted a person to eat their meal. Staff were discreet and respected the person's wishes when they said they had eaten enough.

Some people's ability to communicate was affected by their disability but the staff were able to understand them and provide for their needs effectively. Staff knew people's care and support needs very well. For example, when a person became distressed staff sat with the person and provided appropriate verbal and physical reassurance. The person became more settled and later told us that she knew staff would take care of them.

Staff had worked with people and their relatives to develop their 'life stories' to understand about people's past lives and interests. This helped staff gain an understanding of the person's background and what was important to them so staff could talk to people about things that interested them. People and their families were involved in decisions about the running of the service as well as their care. People's care plans recorded their choices and preferred routines. People were encouraged to make decisions about their care, for example what they wished to wear, what they wanted to eat and how they wanted to spend their time. One person told us "I make my bed every day except Wednesdays when staff change the sheets. I like to do things for myself."

We observed staff making sure people's privacy and dignity needs were understood and always respected. Where people needed physical and intimate care, for example if somebody needed to change their clothes, help was provided in a discreet and dignified manner. When people were provided with help in their bedrooms or the bathroom this assistance was always provided behind closed doors.

Staff recognised the importance of upholding a person's right to equality, recognised diversity, and protected people's human rights. This was reported on in equality and human rights through well-developed person-centred care planning. Support planning documentation used by the service helped staff to capture information. This was to ensure the person received the appropriate help and support they needed, to lead a fulfilling life and meet their individual and cultural needs. For example respecting people's disability, gender, identity, race and religion.

Is the service responsive?

Our findings

People who wished to move into the service had their needs assessed to ensure the service was able to meet their needs and expectations. Each person had a care plan that was tailored to meet their individual needs. Where possible people, and their representatives, were consulted about people's care plans and their review. Care plans contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health. The care plans were regularly reviewed to help ensure they were accurate and up to date. People, and where appropriate family members with appropriate powers of attorney, were given the opportunity to sign in agreement with the content of care plans.

Care plans gave direction and guidance for staff to follow to help ensure people received their care and support in the way they wanted. Staff were aware of each individual's care plan, and told us care plans were informative and gave them the individual guidance they needed to care for people.

There was a staff handover meeting at each shift change this was built into the staff rota to ensure there was sufficient time to exchange any information. This allowed staff the opportunity to discuss each person they supported and gain an overview of any changes in people's needs and their general well-being. People had their health monitored to help ensure staff would be quickly aware if there was any decline in people's health which might necessitate a change in how their care was delivered. This helped ensure there was a consistent approach between different staff and this meant that people's needs were met in an agreed way each time.

Where people were assessed as needing to have specific aspects of their care monitored staff completed records to show when their skin was checked, their weight was checked or fluid intake was measured. Monitoring records were kept in people's rooms so staff were able to access them easily at the point when care was delivered. This helped ensure the recordings were made in a timely manner and there was less room for errors.

Some people required specialist equipment to protect them from the risk of developing pressure damage to their skin. Relevant equipment was provided and records showed staff monitored this equipment to ensure it was set according to people's individual needs.

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

People told us they were able to take part in a range of group and individual activities. A programme of activities for the month was on display so that people could decide if they wanted to participate in the group activities. These included art sessions with a local artist (and some of people's art work was on display), outings to various attractions on the service's mini bus, and outside entertainers coming to the home. A

minister also visited the service. People also participated in group activities in the service such as quizzes and keep fit. We saw people undertaking individual activities such as reading newspapers, word searches, socialising and watching TV.

People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation. Visitors were always made welcome and were able to visit at any time. Staff were seen greeting visitors throughout the inspection and chatting knowledgeably to them about their family member.

Some people were unable to easily access written information due to their healthcare needs. Staff supported these people to have access to this information. For example, staff spent time with people going through the menu to help people to make a choice.

People and their families were given information about how to complain and details of the complaints procedure were displayed in the service. The people and their relatives, who we spoke with, said if they had any concerns or complaints, they felt they could discuss these with staff and managers. They felt any concerns and complaints would be responded to appropriately. The people we spoke with did not think they would be subject to discrimination, harassment or disadvantage if they made a complaint.

The registered provider said if a person they cared for was nearing the end of their lives they would support them to have a comfortable, dignified and pain free death "in their home." The service had previously worked with relevant health professionals to ensure appropriate treatment was in place to keep people comfortable. The registered provider was aware that due to the relationships that were formed between people and also between people and staff that when a person passed away that people needed time to grieve. A person had recently passed away, the registered provider said their bedroom would remain empty for a period of time to show respect and allow time for people and staff to grieve.

Is the service well-led?

Our findings

The service continued to remain well-led. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was a family run business for the last 38 years. They had a clear vision and strategy to deliver high quality care and support. There were clear lines of accountability and responsibility within the management team. They were supported by a motivated team of care and ancillary staff.

Staff had a positive attitude and the management team provided strong leadership and led by example. They were visible around the service each day and supported staff well. The registered provider and manager spent time within the service so were aware of day to day issues.

The registered provider and people, told us the service treated people as individuals whilst ensuring that they had a flexible level of support which met their needs. Comments from staff included, "What's good about here is that managers listen to you and think about what you are saying and act on it." For example a person at the service wanted to smoke a cigarette and staff were concerned about the impact for the person's health. Managers talked with the staff team about what courses of action they needed to consider. Staff told us "We spoke with [person name] and talked through the effects of smoking, use of nicotine patches and respected [their] decision." This demonstrated that staff could approach the management team to discuss issues and come to an agreed plan of action which met the person's individual needs. It also demonstrated that they respected the person's decisions.

There was an open culture where staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people. Staff told us they did this through informal conversations with the managers, at daily handover meetings and staff meetings.

The registered persons understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. Staff told us if they had concerns management would listen and take suitable action. The registered provider said if they had concerns about people's welfare they liaised with external professionals as necessary, and had submitted safeguarding referrals when they felt it was appropriate.

People's care records were kept securely and confidentially, in line with the legal requirements. Services are required to notify CQC of various events and incidents to allow us to monitor the service. The registered manager had ensured that notifications of such events had been submitted to CQC appropriately.

People and relatives all described the management of the home as open and approachable. Relatives told us, "I can talk to the manager or staff at any time" Due to the managers being at the service daily there were

opportunities for people and their families to share their views about the running of the service.

The registered provider had a quality assurance policy. The service's approach to quality assurance included completion of an annual survey. The results of the most recent survey had been positive. There was also a system of audits to ensure quality in all areas of the service was checked, maintained, and where necessary improved. Audits regularly completed included checking care practice, for example checking records demonstrated people had regular food and drinks; checking the quality of the food provided; monitoring care plans were to a good standard and regularly reviewed; monitoring accidents and incidents; auditing the medicines system, infection control procedures and checking property standards were to a good standard.

The provider carried out regular repairs and maintenance work to the premises. Equipment such as moving and handling aids and wheelchairs were regularly serviced to ensure they were safe to use.

The registered manager said relationships with other agencies were positive. Where appropriate the registered manager ensured suitable information, for example about safeguarding matters, was shared with relevant agencies. This ensured people's needs were met in line with best practice.