

# Family Care Private Company Limited

## Conifers Care Home

### Inspection report

Seal Square, Selsey  
Chichester  
West Sussex  
PO20 0HP  
Tel: 01243 602436  
Website: [www.example.com](http://www.example.com)

Date of inspection visit: 15 September 2015  
Date of publication: 15/10/2015

#### 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?

Good 

#### Overall summary

Conifers Care Home is a residential care home which is registered to provide accommodation for up to 20 older people, the majority of whom are living with dementia. The home provides accommodation over two floors and there is a lift available to access the first floor. There was a total of 16 care staff, two domestic staff, 2 cooks a catering assistant and an administrator. The registered manager was in addition to these staff and she provided additional support for people as and when required. On the day of our visit 14 people lived at the home.

The service had a registered manager in place. 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 and associated Regulations about how the service is run.

People felt safe with the home's staff. Relatives had no concerns about the safety of people. There were policies and procedures regarding the safeguarding of adults and

# Summary of findings

staff knew what action to take if they thought anyone was at risk of potential harm. Risks to people's safety had been assessed and care records contained risk assessments to manage identified risks.

People were supported to take their medicines as directed by their GP. Records showed that medicines were obtained, stored, administered and disposed of safely. The provider's medicines policy was up to date. There were appropriate arrangements for obtaining, storing and disposing of medicines.

Thorough recruitment processes were in place for newly appointed staff to check they were suitable to work with people. Staffing numbers were maintained at a level to meet people's needs safely. People and relatives told us there were enough staff on duty and staff also confirmed this.

People told us the food at the home was good. There was a four week rolling menu displayed in the kitchen and staff went round each morning to check people's choices for lunch and supper. Information regarding meals and meal times were displayed in the dining room.

Staff were aware of people's health needs and knew how to respond if they observed a change in their well-being. Staff were kept up to date about people in their care by attending regular handovers at the beginning of each shift. The home was well supported by a range of health professionals. A visiting health professional told us that the registered manager and staff were very pro-active in asking for advice and support. They said the registered manager worked well with them to meet people's needs.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager understood when an application should be made and how to submit one. We found that the provider had suitable arrangements in place to establish, and act in accordance with the Mental Capacity Act 2005 (MCA). Staff had a basic understanding of the Mental Capacity Act (MCA) 2005

Each person had a care plan which provided the information staff needed to provide effective support to

people. Staff received training to help them meet people's needs. Staff received an induction and there was regular supervision including monitoring of staff performance. Staff was supported to develop their skills by means of additional training such as the National Vocational Qualification (NVQ) or care diplomas. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. All staff completed an induction before working unsupervised. People said they were well supported and relatives said staff were knowledgeable about their family member's care needs.

People's privacy and dignity was respected. Staff had a caring attitude towards people. We saw staff smiling and laughing with people and offering support. There was a good rapport between people and staff.

The registered manager operated an open door policy and welcomed feedback on any aspect of the service. There was a stable staff team who said that communication in the home was good and they always felt able to make suggestions. They confirmed management were open and approachable.

There was a clear complaints policy and people knew how to make a complaint if necessary.

The provider had a policy and procedure for quality assurance. The registered manager worked alongside staff and this enabled her to monitor staff performance. A group manager employed by the provider visited the home regularly to carry out quality audits.

Weekly and monthly checks were carried out to monitor the quality of the service provided. There were regular staff meetings and feedback was sought on the quality of the service provided. People and staff were able to influence the running of the service and make comments and suggestions about any changes. Regular one to one meetings with staff and people took place. These meetings enabled the registered manager and provider to monitor if people's needs were being met.

# 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.

Potential risks were identified and managed, although accurate risk assessments had not been updated in one care record. Staff were aware of the procedures to follow regarding safeguarding adults.

People told us they felt safe. There were enough staff to support people and recruitment practices were robust.

Medicines were stored and administered safely by staff who had received appropriate training.

Good



### Is the service effective?

The service was effective.

People told us staff knew how they wanted to be supported. People had access to health and social care professionals to make sure they received effective care and treatment.

Staff were provided with the training and support they needed to carry out their work effectively. The provider, registered manager and staff understood and demonstrated their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

People were provided with a choice of suitable and nutritious food and drink. Staff supported people to maintain a healthy diet and to have access to a range of healthcare professionals.

Good



### Is the service caring?

The service was caring.

People said they were treated well by staff. Relatives said the staff were caring and respectful in how they treated people.

We observed care staff supporting people throughout our visit. We saw people's privacy was respected. People and staff got on well together

People were supported by staff who were kind, caring and respectful of their right to privacy.

Good



### Is the service responsive?

The service was responsive.

People received care and support that was personalised and responsive to their individual needs and interests.

Care plans gave staff information to provide support for people in the way they preferred. Plans were regularly reviewed and updated to reflect people's changing preferences and needs.

People were supported to participate in activities of their choice.

Good



### Is the service well-led?

The service was well-led.

Good



## Summary of findings

There was a registered manager in post who was approachable and communicated well with people, staff and outside professionals.

People, relatives and outside professionals were asked for their views about the service through a survey organised by the provider so the quality of the service provided could be monitored.

The registered manager carried out a range of audits to ensure the smooth running of the service.

# Conifers Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 inspection took place on 15 September 2015 and was unannounced, which meant the staff and provider did not know we would be visiting. One inspector carried out the inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

Due to the fact that people at the home were living with dementia, people were unable to share their experiences of life at Conifers Care Home with us. We did however talk with people and obtain their views as much as possible. We also used the Short Observational Framework for Inspection (SOFI) tool. SOFI is a way of observing care to help us understand the experiences of people who could not fully engage with us.

During our inspection we observed how staff interacted with people who used the service and supported them in the communal areas of the home. We looked at care plans, risk assessments, incident records and medicines records for three people. We looked at training and recruitment records for two members of staff. We also looked at a range of records relating to the management of the service such as complaints, records, quality audits and policies and procedures.

We spoke with seven people and four relatives to ask them their views of the service provided. We spoke to the registered manager and four members of staff. We also spoke with a visiting healthcare professional.

The last inspection was carried out in December 2013 and was compliant in all outcomes inspected.

# Is the service safe?

## Our findings

People felt safe at the home. People said there was enough staff to provide support. One person said “Of course I am safe, I am very happy with the help and support I get here”. Another person said “All the staff are very good I feel safe and secure here”. Relatives said they were happy with the care and support provided. One relative said “I am happy with the way my relative is treated she is much safer at Conifers Care Home because she was not safe living at home”.

The registered manager had an up to date copy of the West Sussex safeguarding procedures to help keep people safe and understood her responsibilities in this area. There were notices and contact details regarding safeguarding on the notice board. Staff were aware and understood the different types of abuse. They knew what to do if they were concerned about someone’s safety and had received training regarding safeguarding people.

There was a fire risk assessment for the building. There were contingency plans in place should the home be uninhabitable due to an unforeseen emergency such as a fire or flood. There were also risk assessments in people’s care plans. These identified any risk and also provided staff with information on how the risk could be minimised. However in one person’s care plan there was a risk assessment tool which had used a scoring system to identify the degree of the risk for a person with regard to skin integrity and the risk of the person developing pressure areas. The scoring system used indicated that the person was at very high risk of developing pressure sores. There was no clear risk assessment in place on how the risk could be reduced. We spoke to a member of staff who told us the person had a pressure care mattress in place and that the person should be turned regularly when in bed to prevent pressure areas developing. However this was not documented on a risk assessment or in the person’s care plan. Although people’s care was provided in a safe way, incomplete information about managing individual risks could mean staff were not informed of how to protect people fully. We spoke with the registered manager about this who informed us that she was in the process of updating all care plans and risk assessments using a new format. However she said she would ensure that a clear risk assessment would be put in place for this person without delay.

Recruitment records for staff contained all of the required information including two references one of which was from their previous employer, an application form and Disclosure and Baring Service (DBS) checks. DBS checks help employers make safer recruitment decisions and help prevent unsuitable staff from working with people. Staff did not start work at the home until all recruitment checks had been completed. We spoke with a newly appointed member of staff who told us their recruitment had been thorough.

The registered manager told us there were a minimum of three members of care staff on duty between 7am and 8pm. Between 8pm and 7am there were two care staff on duty who were awake throughout the night. In addition the provider employed two domestic staff who carried out cleaning duties, two cooks who shared cooking duties and a kitchen assistant who worked each day to assist staff with the evening meal. The registered manager told us that she worked at the home most days and was available for additional support if required. The staffing rota for the previous two weeks confirmed these staffing levels were maintained. The registered manager told us that staffing levels were based on people’s needs. The provider did not have a dependency tool to help in assessing staffing levels but the registered manager said that staff knew people well and as she regularly worked alongside staff she would be made aware if anyone needed additional support or if the staffing levels needed to be increased. The registered manager said that due to refurbishment and the current numbers of people living at Conifers Care home, the staffing levels had recently been reduced from four members of staff on duty throughout the day to three. She said that as numbers increased or people’s needs changed staffing levels would be adjusted accordingly. Observations showed that there were sufficient staff on duty with the skills required to meet people’s needs. Staff and people said there were enough staff on duty to meet people’s needs. Relatives also said whenever they visited the home there were always enough staff on duty.

Staff supported people to take their medicines. The provider had a policy and procedure for the receipt, storage and administration of medicines. Storage arrangements for medicines were secure and were in accordance with appropriate guidelines. Medication Administration Records (MAR) were up to date with no gaps or errors which documented that people received their medicines as prescribed. Staff who were authorised to administer

## Is the service safe?

medicines had completed training in the safe administration of medicines and staff confirmed this. People were prescribed when required (PRN) medicines and there were clear protocols for their use. MAR's showed these were not used excessively and the dosage given and time they were administered were clearly recorded. Medicine procedures helped to ensure that people received their medicines safely as prescribed.

Premises and equipment were managed to keep people safe. During the inspection, we undertook a tour of the home. Accommodation was over two floors and there was a chair lift and also a stair lift to provide access to the upper

floors. People moved freely around the home. The environment was homely, the dining area attractive and there were several different seating areas for people to choose, depending on their preferences. Refurbishment and redecoration of some of the bedrooms had taken place and the registered manager told us that there was a programme of refurbishment and redecoration under way. This work has resulted in the current number of people living at Conifers Care Home to be reduced but the refurbishment and building work had not impacted on the people currently living at the home.



# Is the service effective?

## Our findings

People got on well with staff and the care they received met their individual needs. They said they were well cared for and they could see the GP whenever they needed to. Relatives said people were supported by staff who knew what they were doing. One relative told us, “The staff know the people who live here very well, they know how people want to be supported and provide people with the care and support they need”. Another said, “The staff are marvellous, I could not ask for better care for my relative”. People told us the food was good and there was always enough to eat. One person said “I often ask for seconds and it’s never a problem”.

The registered manager told us they had a training and development plan and this enabled staff and management to identify their training needs and skills development and monitor their progress. We saw a copy of the training plan and this showed what training each staff member had completed, the dates for future training and the dates when any refresher training was required. The training plan provided evidence that staff training was up to date. Staff had completed training in the following areas; first aid, manual handling, food hygiene, safe handling of medicines, care practices and health and safety. Staff were also provided with specific training around the individual needs of people who used the service including dementia care, management of behaviour that challenges, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Training was provided through a number of different formats including on line training and practical training. This helped staff to obtain the skills and knowledge required to support people effectively. A certificate was awarded to evidence that the training had taken place. The registered manager told us she worked alongside staff to enable her to observe staff practice. Staff knew how people liked to be supported and were aware of people’s care needs.

All new staff members completed an induction within the first three months of starting work. The induction programme included receiving essential training and shadowing experienced care staff. The registered manager told us that all new care staff would be enrolled on the new Care Certificate, which is a nationally recognised standard of training for staff in health and social care settings. The provider encouraged and supported staff to obtain further

qualifications to help ensure the staff team had the skills to meet people’s needs and support people effectively. The provider employed a total of 16 care staff. Of the 16 staff, 12 had completed additional qualifications up to National Vocational Qualifications (NVQ) level two or equivalent. These are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. Staff confirmed they were encouraged and supported to obtain further qualifications. Staff attended regular supervision meetings with their line managers and were able to discuss issues relating to their role, training requirements and the people they supported.

Consent to care and treatment was sought in line with the requirements of the Mental Capacity Act 2005 (MCA). The MCA aims to protect people who lack mental capacity, and maximise their ability to make decisions or participate in decision-making. The registered manager understood her responsibilities in this area and staff understood the main requirements of the legislation. The registered manager told us that although all people at Conifers Care Home were living with differing degrees of dementia people were able to make day to day choices and decisions for themselves. She knew that, if a person was assessed as lacking capacity, decisions about their care and treatment would need to be made on their behalf and in their best interest. The registered manager had made applications under Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. DoLS applications had been completed for people permanently accommodated at the service. Three had already been authorised by the local authority, while others were being dealt with on a priority basis.

We spoke to the cook about meals at the home and she told us that breakfast was up to people’s individual choice. Some people had cooked breakfast while others had porridge, cereals or toast. At lunchtime there was a four week rolling menu with two choices of main meal each day with a choice of vegetables and dessert. The cook said that staff went round in the mornings to inform people of the choices for lunch as some people might have difficulty in retaining information about menu choices. All the lunchtime meals were delivered pre-packed and heated on



## Is the service effective?

site. These were delivered weekly. The cook said they could make an alternative if the choices available were not to a person's liking, such as an omelette, soup, jacket potato or sandwiches but said this had never been a problem as people liked the choice available to them. The registered manager said that the catering company who provided the meals organised tasting for people if any new meal options were requested. The registered manager said all the meals had been designed to ensure that people's dietary and nutritional needs were met. The company provided pureed, soft diet and vegetarian meals for people individually. Other meals were provided in trays suitable for six or eight people and these were then served on individual plates. We asked about provision for people with diabetes and were told that the meals provided were suitable for people who were diabetic.

The evening meal was normally a snack type meal such as soup, jacket potatoes, sandwiches or fish fingers. The cook said there was always a range of food in the fridge and staff could make people a snack or sandwich at any time if they wanted this.

At lunchtime the dining areas looked attractive and welcoming. We observed the service of lunch was supervised by senior staff. Meals were served in the dining room although people could choose to eat in their rooms. People were assisted by staff as required. We saw one person being assisted to eat by a carer who encouraged

them to talk and interact during mealtimes. Mealtimes were not hurried and people were allowed to take their time over the meal and staff gave people time and space but provided assistance where required.

People's healthcare needs were met. People were registered with a GP of their choice and the home arranged regular health checks with GP's, specialist healthcare professionals, dentists and opticians and this helped them to stay healthy. Staff said appointments with other health care professionals were arranged through referrals from their GP. A record of all healthcare appointments was kept in each person's care plan together with a record of any treatment given and dates for future appointments. The registered manager said that they had a good working relationship with healthcare professionals and that staff would provide support for anyone to attend appointments, however family members usually went with people to attend appointments. One relative told us 'I let the staff take my relative to any appointments, I don't think I could cope. I know they will ensure they get the treatment they need'. One staff member said, "Everyone's health care needs are looked after, we call the GP or nurse if we have any concerns". We saw the daily records sheet provided details of people's health appointments, and messages were placed on the wipe board in the staff office to remind staff to arrange and follow up appointments as required. This meant people's needs were assessed and care and support planned and delivered in accordance with their individual needs and care plans.

# Is the service caring?

## Our findings

People were happy with the care and support they received. People said they were well looked after and said staff were kind. Comments from people included, "Everything is fine", "I have no complaints the staff are very good" and "Everyone is very nice". Relatives said they were happy with the care and support provided to people and were complimentary about how the staff cared for their family member. Comments included, "I cannot say enough good things about the staff, they are marvellous". "They (the staff) treat people really well they are never discourteous and are always respectful" and "Whenever I visit (which is every day) the staff are always cheerful and they cannot do enough for people, they know everyone's little ways and have a laugh with people". One relative said, "I don't know how the staff do it, the place is always clean and my relative is always well groomed, they do such a difficult job but you never hear anyone complain"

Staff respected people's privacy and dignity. They knocked on people's doors and waited for a response before entering. When staff approached people, staff would say 'hello' and check if they needed any support. One member of staff told us, "We all know everyone very well and know what they do and do not like".

We observed staff chatting and engaging with people and taking time to listen. For example one person was walking up and down the corridor and a staff member approached them and asked if they could do anything for them. The person said they were looking for something and the staff member said "Let me help you I think I know where this is", the person then went off with the staff member quite happily. Throughout our visit staff showed people kindness, patience and respect. This approach helped ensure people were supported in a way that respected their decisions, protected their rights and met their needs. There was a good rapport between staff and people. Throughout our visit there was frequent, positive

interactions between staff and people and there was a relaxed atmosphere. People were confident to approach staff and any requests for support were responded to quickly and appropriately.

Everyone was well groomed and dressed appropriately for the time of year. We observed that staff spent time listening to people and responding to their questions. They explained what they were doing and offered reassurance when anyone appeared anxious. Staff used people's preferred form of address and chatted and engaged with people in a warm and friendly manner.

A regular visitor to the home said, "I go into quite a few different homes, but this is one of the better ones. The staff are very caring and are always around to support people". A relative said, "Whenever I visit there is always warmth, care and friendliness.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was passed verbally in private, at staff handovers or put in each individual's care notes. There was also a wipe board in the staff office where staff could leave details for other staff regarding specific information about people. This helped to ensure only people who had a need to know were aware of people's personal information.

People had regular one to one meetings with staff to discuss any issues they had and these gave people the opportunity to be involved as much as possible in how their care was delivered. Records of these meetings were placed in daily care notes.

There was information and leaflets in the entrance hall of the home about local help and advice groups, including advocacy services that people could use. These gave information about the services on offer and how to make contact. This would enable people to be involved in decisions about their care and treatment. The registered manager told us they would support people to access an appropriate service if people wanted this support.

# Is the service responsive?

## Our findings

Everyone we spoke to said they were well looked after. Comments included “All the staff know what I like and don’t like”. “The staff are very good, I get all the help I need” and “I don’t need much help but if I do, I know who to ask”. Relatives said they were invited to reviews and said staff kept them updated on any issues they needed to be aware of. One relative said “The staff are very good, they keep a good eye on (named person) and call the doctor or nurse if they notice anything is not right”.

People were supported to maintain relationships with their families. Details of contact numbers and key dates such as birthdays for relatives and important people in each individual’s life was kept in their care plan file.

Before people moved into the home they received an assessment to identify if the provider could meet their needs. This assessment included the identification of people’s communication, physical and mental health, mobility and social needs. Following this assessment care plans were developed with the involvement of the person concerned and their families to ensure they reflected people’s individual needs and preferences.

Each person had an individual care plan. These plans guided staff on how each person should be supported. Staff were reminded that when providing any care they should explain to the person what they were doing. There was information in care plans about what each person could do for themselves and what support they required from staff. For example, one care plan stated the person needed assistance to wash and dress. However the person would choose their own clothes from the wardrobe and staff would need to assist the person if their choice was not suitable for the time of year. This helped to ensure people were kept informed of what was happening and enabled people to be as independent as possible. Another care plan explained that the person could at times present behaviour which may challenge and may refuse support in the mornings. Staff were instructed to remain calm and give the person time and space and talk to the person. Staff were asked to write a reflective report on the behaviour so this could be monitored to see if there was a pattern to the behaviour. This would enable specialist advice and support to be sought if necessary.

Staff said that although people lived with dementia they could express their wishes and preferences and these would always be respected. Staff said people needed different levels of support with care tasks and the care plan gave details of the support each person needed. One staff member said “It’s really important to explain to people what you are doing, sometimes they don’t understand that you are trying to help” Another staff member said “We always talk with people to see what support they need and if they do not want any support at a particular time we will respect this decision and go back later and offer the support again”. They said that at times this could be a bit of a challenge and said that people could get frustrated if they forgot certain things. However because all the staff knew people well they were able to understand people’s body language and recognised signs if people were becoming frustrated and they could intervene and use distraction techniques to help keep people calm and relaxed.

Staff were knowledgeable about the people they supported and were able to tell us about the people they cared for. They knew what support people needed, what time they liked to get up, whether they liked to join in activities and how they liked to spend their time. This information enabled staff to provide the care and support people wanted at different times of the day and night. We observed staff providing support in communal areas and they were knowledgeable and understood people’s needs.

Daily records compiled by staff detailed the support people had received throughout the day night and these followed the plan of care. Records showed the home had liaised with healthcare and social care professionals to ensure people’s needs were met. For example, we saw that relevant healthcare professionals had been contacted to help meet people’s needs. These included; the dementia support team, community nurse and GP. This meant people’s needs were assessed and care and support planned and delivered in accordance with their individual needs and care plans

Care plans were reviewed every month to help ensure they were kept up to date and reflected each individual’s current needs. We saw that one person’s mobility care plan had changed following a chest infection. The care plan had been amended as the person now needed two care staff to transfer and the person could no longer stand unaided.

The registered manager told us that new care plan formats were being introduced as previously care plans were hand

## Is the service responsive?

written. New care plans were being typed and the registered manager said that any changes to care plans would be incorporated into the new care plans and that this would also make it easier to record and incorporate any amendments. We saw that invitations to relatives had been sent out so they could be involved in the process.

Staff told us they were kept up to date about people's well-being and about changes in their care needs by attending the handover held at the beginning of each shift. During the handover staff were updated on any information they needed to be aware of and information was also placed in the staff communication book or on the wipe board in the staff office. This ensured staff provided care that reflected people's current needs.

The provider employed an activities co-ordinator who organised activities for people and activities included; quiz, games, films, music therapy exercise, sing alongs and visiting entertainers. There were also trips down to the seafront which was close by or visits in the local area. Care staff also arranged activities for people. On the day of our visit we saw staff giving manicures to people and also

reading newspapers and chatting to people about topical subjects. A record of activities that people took part in were recorded and this included comments and feedback on how people had enjoyed the activity. This helped the registered manager and activities co-ordinator to arrange activities that people enjoyed.

There was an effective complaints system available and any complaints were recorded in a complaints log. There was a clear procedure to follow should a concern be raised. Relatives told us they were aware of the complaints procedure and knew what action to take if they had any concerns. We looked at the complaints log and saw that a recent complaint had been made regarding an infection control issue. This was dealt with appropriately by the registered manager to the satisfaction of the person making the complaint. The registered manager brought this issue to the attention of staff at a staff meeting and reminded staff of their responsibilities regarding infection control. The provider's complaints policy and procedure helped ensure comments and complaints were responded to appropriately and used to improve the service.

# Is the service well-led?

## Our findings

People said the registered manager was good and they could talk with her at any time. Relatives confirmed the registered manager was approachable and said they could raise any issues with her or a member of staff. They told us they were consulted about how the home was run by completing a questionnaire. One relative said “The manager is easy to talk to, she keeps me up to date with any issues regarding my relative and I can speak to her on the phone or meet with her whenever I want”. Another relative said “Whenever I visit I can talk with the manager or staff and they will keep me up to date”.

The registered manager acted in accordance with CQC registration requirements. We were sent notifications as required to inform us of any important events that took place in the home.

The provider aimed to ensure people were listened to and were treated fairly. The registered manager told us she operated an open door policy and welcomed feedback on any aspect of the service. She encouraged open communication and supported staff to question practice and bring her attention to any problems. The registered manager said she would make changes if necessary to benefit people. She said there was a good staff team and felt confident staff would talk with her if they had any concerns. Staff confirmed this and said the registered manager was open and approachable and said they would be comfortable discussing any issues with her. Staff said that communication was good and they always felt able to make suggestions. They said she was approachable and had good communication skills and that she was open and transparent and worked well with them.

The registered manager was able to demonstrate good management and leadership. Regular meetings took place with staff and people, which enabled them to influence the running of the service and make comments and suggestions about any changes. She said she regularly worked alongside staff to observe them carrying out their roles. It enabled her to identify good practice or areas that may need to be improved. The registered manager showed a commitment to improving the service that people received by ensuring her own personal knowledge and skills were up to date. She was currently undertaking a National Vocational Qualification (NVQ) level five to keep her skills up to date and was also enrolled on the six step

end of life training course which was a one year course. The registered manager said she regularly monitored professional websites to keep herself up to date with best practice. She told us she then passed on information to staff so that they, in turn, increased their knowledge.

Staff told us that they had regular staff meetings and minutes of these meetings were kept so that any member of staff who had been unable to attend could bring themselves up to date. Staff told us that these meetings enabled them to express their views and to share any concerns or ideas about improving the service. However we looked at the minutes of the last staff meeting and the minutes did not evidence this. The minutes contained information about who had attended and gave information about the topics discussed. But there was no information about any outcomes from previous meetings, any details of the issues discussed or any action points to be followed up. There were also no information about decisions that had been made and no action points to take forward. We discussed this with the registered manager who said she felt the staff meetings were useful and constructive but agreed that the minutes did not reflect this. She said that in future she would ensure that minutes of staff meetings were more comprehensive to reflect the issues discussed and the decisions made. This would help ensure that feedback was given to staff in a constructive and motivating way.

The registered manager obtained people’s views and opinions about the quality of the service provided through the use of questionnaires to people, relatives and also outside professionals who were regular visitors to the home. The registered manager collated the responses and produced an evaluation of the results. We looked at the evaluation from the last set of questionnaires which were sent out in February 2015 and saw that people were positive about the quality of care provided.

The provider had a policy and procedure for quality assurance. The quality assurance procedures that were carried out helped the provider and registered manager to ensure the service they provided was of a good standard. They also helped to identify areas where the service could be improved. The registered manager ensured that weekly and monthly checks were carried out to monitor the quality of service provision. Checks and audits that took place included; food hygiene, health and safety, care plan monitoring, audits of medicines, audits of accidents or

## Is the service well-led?

incidents and concerns or complaints. The provider employed a 'group manager' who visited the home each week and they checked that the registered manager's audits had been undertaken. Staff confirmed that the group manager was a regular visitor to the home and spoke with them about how the home was meeting people's needs. If any shortfalls were identified the registered manager would produce an action plan and the group manager would check that any required actions had taken place.

Records were kept securely. All care records for people were held in individual files which were stored in the homes office. Records in relation to medicines were stored in a separate room which was locked at all times when not in use. Records we requested were accessed quickly, consistently maintained, accurate and fit for purpose.