Mr R J & Mrs W P Barraclough

Inwood House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 19 May 2016 and was unannounced. The location had last been inspected on 29 May 2015 and was in breach of the Health and Social Care Act regulations at that time in respect of contemporaneous record keeping, the management of medicines, meeting nutritional and hydration needs, and around privacy and dignity issues. We received an action plan from the registered provider, who told us all actions would be completed by 19 August 2015 and we confirmed at this inspection that all actions had been completed.

Inwood House provides accommodation and personal care for up to 55 older people and people living with dementia. There were 54 people living there at the time of our inspection, 30 of whom were living with dementia.

The service had a registered manager in place. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We saw evidence that the people who lived there were supported to maintain their health and social care needs and referrals had been made appropriately to services such as chiropody, dietician, speech and language therapy services, GP, district nurses, and dental services. The home also had a good range of preventative equipment such as pressure mattresses, pressure cushions on loan from the local community equipment service plus profiling beds and moving and handling equipment which were well maintained and serviced regularly.

People who lived there and their relatives told us they felt safe at Inwood House. Staff we spoke with demonstrated a good understanding of how to ensure people were safeguarded against abuse and they knew the procedure to follow to report any incidents

Staff were able to identify risks specific to the people who lived there and could tell us how they minimised risks to keep people safe. Risk assessments were in place and risks had been identified with plans to reduce risk and systems and processes ensured risks to people living there were minimised.

The service practised safe recruitment to ensure staff were recruited with the right experience and behaviours for their role. Staff received regular training to ensure they developed skills and knowledge to perform in their role. Staff had regular supervision and appraisals to support their development and were encouraged to obtain qualifications in care.

The registered manager had complied with their responsibilities under the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). They had a good understanding of when a person might be deprived of their liberty.

The property had been extended and the new facilities were of a high standard to meet the needs of people living there. Signage and facilities for people living with dementia had been improved and there were activities for people to do along the corridors and reminiscence areas including a café area for people and their relatives to use.

We found all the staff to be caring in their approach to the people who lived there and treated people with dignity and respect. Staff knew the people they supported very well and were keen for people to feel they were at home at Inwood House.

Care files were person centred and evidenced people were involved in their care planning when appropriate. Families had also been consulted with to ensure preferences and views were considered when devising support plans.

The management team provided strong leadership and aimed to provide a high quality service.
The registered manager and registered provider were on site and proactive in the running of the home. Staff told us how supportive management were and told us they enjoyed their roles as carers.

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

Staff we spoke with demonstrated a good understanding of how to ensure people were safeguarded against abuse and they knew the procedure to follow to report any incidents.

Risks were managed at the service and there were systems and processes in place to ensure environmental risks were minimised.

Medicines were ordered and stored appropriately and staff were trained to administer medicines safely. We found a few minor errors with the administration of medicines but actions were put in place immediately to ensure this was remedied.

Is the service effective?

Good

The service was effective

The registered manager had complied with their responsibilities under the MCA 2005 and DoLS. They had a good understanding of when a person might be deprived of their liberty.

Staff had received training to ensure they had the knowledge and skills to perform in their roles and were supported to develop through supervision and appraisal.

The environment was to a high standard and regularly maintained to meet the needs of people at the home.

Is the service caring?

Good

The service was caring

We found staff to be caring and compassionate towards people using the service and they knew how to ensure privacy, dignity and confidentiality were protected at all times.

People were encouraged to remain independent in their daily

lives.

People using the service and their relatives spoke highly of the staff at the service and their attitude and approach to provide a caring service.

Is the service responsive?

Good

The service was responsive.

Care plans were detailed and person centred. People were supported by staff who knew them well and were keen to enhance people's well-being and quality of life.

People were involved in their care planning when appropriate and families consulted with to ensure preferences and views were considered when devising support plans.

People enjoyed the group activities on offer. Staff were encouraged to record meaningful occupation and activities in daily logs to evidence the home considered the mental and emotional wellbeing of the people living at Inwood House.

Is the service well-led?

Good

The service was well led

There was a positive culture within the service. There were clear values that included compassion, dignity, and respect. The management team
provided strong leadership and wanted to provide a high quality service.

Staff spoke highly of the registered manager and the registered provider and the support they provided.

Environmental and quality audits had been undertaken and any shortcomings were actioned immediately to ensure a safe environment. There were good systems in place and the management team could provide all the information we required immediately.

Inwood 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 19 May 2016 and was unannounced. The inspection team consisted of two adult social care inspectors, a specialist adviser with expertise in medicines management and dementia. The inspection team also included an expert-by-experience with an expertise in caring for an older person. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we had received from the provider such as notifications and the provider had returned a Provider Information Return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information was used to assist with the planning of our inspection and to inform our judgements about the service.We also contacted Healthwatch to see if they had received any information about the provider or if they had conducted a recent 'enter and view' visit. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We contacted the local authority commissioning and monitoring team and reviewed all the safeguarding information regarding the service.

We spoke with eleven people living at Inwood House and five relatives and visitors. We spoke with the registered provider, the registered manager, one senior care assistants, and two care assistants during our inspection.

We used a number of different methods to help us understand the experiences of people who lived in the home. We observed the lunch time meal experience in all four communal dining areas and observed care interventions throughout the inspection process. We reviewed five care files and daily records for people living there and all the Deprivation of Liberty Safeguards authorisations. We also reviewed the maintenance

and audit records for the home.

Good

Is the service safe?

Our findings

As part of our inspection we asked people who lived at Inwood House, their relatives and visitors whether they were safe. People who lived there told us they felt safe. One person told us "I feel really safe here; I don't lock my bedroom door." Another person said "I feel safe, nobody wanders around at night." One relative of a person living at the home told us "The girls are always walking around checking that everybody is OK."

The registered manager and all the staff we spoke with had undertaken safeguarding training and could tell us what type of abuse might occur in a residential setting. One member of staff told us they would look out for signs of bruising, and changes in behaviour. They said they knew the residents so well, they would pick up if they were out of sorts, or not being treated appropriately by another member of staff. They knew how to report concerns and they felt confident their concerns would be acted upon. We asked staff what they understood about whistleblowing. They were clear they would go to the registered manager or the registered provider in the first instance but would report this to a higher level if required.

Staff were able to identify risks specific to the people who lived at the home. We saw a number of risk assessments in the care plans such as around the use of the shower chair, falls out of bed, and use of a wheelchair. The risk reduction methods, although specific in parts, still contained very generalised measures which were helpful but more specific information would have guided staff to ensuring risks were reduced to the lowest level possible.

Most of the people we spoke with told us there were enough staff and they did not have to wait long if they pressed their buzzer although one person said the service "sometimes could do with another one in the evenings and weekends." Most relatives told us there were enough staff but additional staff could always be an advantage. For example, one relative told us "There are enough staff I think although you could always use more and they can use the hoist when they need to. They don't have to wait." Another relative told us "There seems to be enough staff. Sometimes in the afternoon I have had to fetch one into the lounge but there is always one available."

We asked care staff whether they had enough staff to support the people who lived at Inwood House. They all told us there were enough staff. One member of staff told us they had enough staff but they were busy all the time. They said even though they were busy they always respected people's choices such as what time they would like to go to bed. The registered provider showed us the dependency tool they used to determine staffing hours. They had determined they had the right number of staff to meet the needs of the people living at the service.

The registered manager told us they did not use agency staff. If a member of staff rang in sick they would contact existing staff and offer them additional shifts. They told us staff pulled together at these times, and they always ensured staff were not at work whilst recovering from disorders which might be contagious to the people living at the home.

At our previous inspection we found medicines audits had not been completed and staff training and

competency checks were out of date. At this inspection we found significant improvements had been made and the training of staff, and the ordering and storing arrangements for medicines were in line with good practice.

We observed medicines were administered to people by trained care staff. The medicines administrator told us people were assessed as to their capability to self-medicate and we saw the evidence for this in our review of people's care plans. Whilst no people had been found capable of self-medicating oral medicines, one person applied their own topical preparations. The process demonstrated the registered provider was attempting to maximise people's independence.

We looked at people's medicine administration record (MAR) and reviewed records for the receipt, administration and disposal of medicines and conducted a sample audit of medicines to account for them. We found records were complete. The staff maintained records for medication which was not taken and the reasons why, for example, if the person had refused to take it, or had dropped it on the floor.

Our scrutiny of the MAR sheets and our observations of the administration of medicines demonstrated medicines to be administered before or after food were not always given as prescribed. We observed the medicine round to commence at 10am which compromised the ability of staff to administer medicines correctly. The registered manager described the actions they would take to remedy the situation which gave us the assurances we needed.

Arrangements for the administration of 'as necessary' (PRN) medicines were available but could be improved to ensure people were protected from the unnecessary use of medicines. Whilst the prescription gave some indication of prescriber's wishes, there was no indication as to why the medicine should be given or the minimum time between each dose. The registered manager assured us remedial action would be taken. The registered provider had compiled protocols for the administration of certain medicines which required specific rules to be observed. For example, we saw protocols were available for the administration of warfarin where the dose is determined by periodic blood tests. We saw the most current blood test results were available for care staff to refer to. We saw evidence people were referred to their doctor when issues in relation to their medication arose.

Allergies or know drug intolerances were clearly annotated on each person's MAR sheets.
Some prescription medicines contain drugs controlled under the Misuse of Drugs legislation. These medicines are called controlled medicines. At the time of our inspection no-one was receiving controlled medicines. However the facilities existed to correctly store and record any prescribed controlled medicines. The medicine trolley was secured to the wall in a locked room when not in use. Drug refrigerator and storage temperatures were checked and recorded daily to ensure medicines were being stored at the required temperatures.

Whilst no person was receiving their medicines by covert means the registered manager had a good understanding of the legal framework which applied.

We reviewed the recruitment records for three staff. They had all had checks undertaken with the Disclosure and Barring Service (DBS) before they started work at the home. DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups. The registered manager told us all new staff were on a three month contract before being given a permanent position to ensure they had the right skills and behaviours to support the people who lived at Inwood House and we saw evidence to support this in the staff files we reviewed. This meant the service was practising safe

recruitment and were ensuring the staff they employed met the criteria they set for their staffing complement.

As part of our inspection we reviewed the accident and incident records. The home had a system in place for recording and analysing any incidents. Staff told us they reported all incidents to the registered manager and recorded as per the home's protocol. They also utilised crash mats beside beds and a bed wedge system to prevent people who used the service from rolling out of bed.

At our previous inspection, we observed several wheelchairs at Inwood House had missing footplates. At this inspection the registered manager told us all the wheelchairs had been replaced with ones where the footrests could not be removed and lost.

Infection control practices were observed to be good with the appropriate use of Personal Protective Equipment (PPE). The service had recently undergone their Infection Control audit which had been a positive experience and they had taken on board suggestions from the Infection Control team. The service has a newly refurbished laundry area and has employed a laundry assistant to undertake laundry tasks every morning. The service had recently been inspected by Environmental Health and had been awarded 5 star rating.

Good

Is the service effective?

Our findings

We asked the people who lived there whether the staff had the skills and knowledge to care for them. One person told us "The girls are well trained, all very pleasant. Can't fault anything." A relative told us "I think the staff are well trained I haven't seen anything amiss. The girls are polite and friendly." Another relative said "There are seniors who oversee new staff who shadow them at the beginning and there are training sessions as well."

Staff we spoke with told us they had received an induction when they started in their employment at Inwood House and we reviewed this in the training matrix. They told us they shadowed a shift for a week and also had a mentor. One relative we spoke with as part of our inspection told us they found the care staff to be well trained and capable.

The registered provider told us they had invested in staff training since the previous inspection to ensure staff had the skills to perform in their role. They told us they were using an external training provider for the Care Certificate for staff induction and we saw evidence of this in the staff files we reviewed. In addition they had five staff enrolling in NVQ2 and NVQ3 (National Vocational Qualification) with the intention that all care staff would have a nationally recognised qualification in care. We saw training had been planned for all staff in June 2016 in care for oral health, End of Life Care, and practical fire extinguisher training. We reviewed the training matrix for staff and noted that staff training was up to date. The service had also invested in 'train the trainer' qualifications for certain staff so they had the skills in house to improve practice in areas such as moving and handling. As a result of this we saw improved moving and handling practices supported by detailed paperwork.

Staff we spoke with told us they had supervision with the registered manager between two and three monthly and an annual appraisal. The registered manager also completed a reactive supervision session for some staff in between formal sessions such as if there had been an issue noted around the practice of the member of staff. We saw evidence of such a session where the staff member had been found to be using inappropriate language in a daily record. This showed the registered manager aimed to develop staff and ensure all staff understood the values the home worked towards. We saw supervision sessions focussed on what staff had done well but also where there were gaps in their performance and skills. Staff require supervision to be supported to develop in their roles and that any gaps in knowledge and skills can be identified through this process to ensure safe care delivery and we found the supervision provided to staff was meeting this objective.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can 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 saw nine people had a DoLS in place with a further ten authorisations awaiting processing by the supervisory body. We saw where the supervisory body had attached conditions to the authorisation these were being met.

We spoke with the registered manager about the use of restraint which included the use of bed-rails. We were told bed-rails were not used but soft wedges were employed to give people confidence at not falling out of bed. We saw assessments were completed which demonstrated these appliances were being used for benefit to people and not as a form of restraint. The provider had compiled a policy on the use of restraint which underpinned the assessments we witnessed.

We saw evidence of mental capacity assessments in response to the need to consider an application for DoLS. Whilst the assessment applied only to DoLS the assessment highlighted specific areas where people may be being deprived of their liberty. Examples included washing and dressing, the decisions about when to go to bed and what to eat. Whilst we saw no specific mental capacity assessments our discussions with the registered manager and their assessments for DoLS demonstrated to us they understood the spirit in which mental capacity assessments should be conducted. Furthermore we saw the registered provider had produced a policy and procedure on consent. The procedure required the assessor to establish a person's comprehension and ability to use information to make choices. The ability of a person to give valid consent was established by exploring such issues as the person's ability to paraphrase what had been said and whether the person was able to compare alternatives. We were satisfied the registered provider was delivering a service based on people's wishes, the wishes of their close family or the requirements of their appointed representatives. Care plans showed the provider was ensuring inclusive consent procedures were being enacted in determining people's care needs.

People we spoke with told us the quality of the food was very good. One person said "The food is very good, too good really I have put on weight." A relative we spoke with told us "The food is very good and plenty of it, [relative] has theirs mashed or blended and they know what [relative] likes and doesn't like." We observed food was well presented and in good sized portions.

We observed the lunchtime experience in the four dining areas in the home. People were served chicken pie and gravy was offered individually to people at the table. Eve's pudding was offered as a dessert. The registered manager told us people were offered a choice of one option at lunchtime and three at tea time and the chef discussed the menu with people every morning and if people didn't like what was on offer they were offered an alternative. We observed one person requested and was provided with an alternative to the menu option. At our last inspection, we found people were waiting a long time to be served their meals, as food was individually brought from the kitchen. However, a heated trolley had been purchased to speed up the process. We found people were still seated in the large dining area for half an hour before being served their meal, so further improvements might be possible in this area but in comparison to the lunchtime experience at our previous inspection, there had been a significant improvement.

We also observed people were offered drinks throughout the day to ensure their hydration needs were met. One person told us "You can ask for tea and things but they are always bringing it so I don't bother." A relative told us "There is always water, juice and they will make tea"

We were concerned at our previous inspection that food intake had not been monitored but at this inspection we were assured the system had changed and they recorded once people had been given their

meal to ensure no person missed their meal. Staff told us people who used the service were weighed monthly and if weight loss was observed people were seen by their GP who referred them to the dietician. We saw recorded weight monitoring in the care records we reviewed which demonstrated to us the service was taking steps to ensure people's nutrition was being appropriately monitored and concerns acted upon.

We saw evidence that the people who lived there were supported well to maintain their health and social care needs and referrals had been made appropriately to services such as chiropody, dietician, speech and language therapy services, GP, district nurses, and dental services. One relative told us "The district nurse comes in every day and [relative] sees the GP regularly, if I'm worried I just say and they get the GP in straight away." The home also had a good range of preventative equipment such as pressure mattresses and pressure cushions on loan from the local community equipment service plus profiling beds and moving and handling equipment which were well maintained and serviced regularly.

The property was fully accessible to people using wheelchairs. Attention had been paid to suitable seating and furnishings giving Inwood House a homely feeling. Signage and orientation to assist those people with memory problems had been improved and the service had installed some activities on the communal walls such as noughts and crosses for people with dementia and also areas of reminiscence. There was a café area to the main foyer, which was decorated and furnished as a working café. We observed relatives and people who used the service utilising this facility.

Good

Is the service caring?

Our findings

We asked people who lived at Inwood House whether the care staff were caring and compassionate in their role. One person who lived at Inwood House told us "They are always obliging, kind and caring to me." Another person said "They come last thing at night to help me to bed and have a chat." Other comments included "Really good, really kind, caring and professional, really bother about you"and "They treat you well and with respect". We spoke with one visitor who said "Very good and caring, Very kind, really kind".

We observed staff speaking and interacting with people in a calm and friendly manner. People were treated with respect. Staff knocked on people's bedroom doors before entering. We saw staff took every opportunity to engage with people and paid particular attention to people who chose to remain in their rooms. We saw people's privacy, dignity and human rights were respected. For example, staff asked people's permission and provided clear explanations before and when assisting people with medicines and personal care. This showed people were treated with respect and were provided with the opportunity to refuse or consent to their care and or treatment.

We observed staff communicated with people well and very clearly during the medicines round. They gave people options and spoke to them directly at their level and towards them so that they could hear and understand what was being asked of them. Where people were seated staff knelt by their side. We saw the staff asked people before they did things for them. For example a person was asked, "Do you have sufficient water to drink with your tablets or would you prefer juice?." For people who could not easily communicate their needs verbally, staff understood their facial expressions and body language to make sure people's needs were met. For example one person was asked on a number of occasions if they would like to take their medicines, they said 'yes' but made no attempt to take the medicine. The care worker patiently repeated their question but eventually interpreted the person's actions as refusing their medicines. They said they would try later. We saw the person later in the day who was more responsive and participating with carers in helping them with their needs.

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Staff told us they encouraged people to remain as independent as possible by enabling people to undertake their own personal care tasks. This was confirmed by people using the service and one person told us "They let me try things for myself but if I ask for help they are there."

The staff we spoke with told us they had a handover for all staff at each changeover of staff. One member of staff told us "At handover we go through each person. The night staff write in the book everything we need to know about the person." They told us it was 'good' and ensured there was continuity of care between shifts.

At our last inspection we were concerned that care plans were kept in the entrance lobby area and were not locked away. At this inspection we found care plans were kept in the reception area in a locked cabinet to ensure they were kept confidentially.

The registered manager told us at the present time they were not utilising the services of an advocate to

speak on people's behalf, when they may not be able to do so for themselves as people at the service had relatives who were involved in their care planning and reviews.

We saw 'Do Not Attempt Cardio-Pulmonary Resuscitation' (DNACPR) forms were completed appropriately in discussion with people who used the service and/or their relatives and signed by relevant professionals

Good

Is the service responsive?

Our findings

The registered manager and the registered provider undertook a pre-admission assessment before people came to live at the home. They told us they considered the needs of other people who lived there before accepting new people. Once a person came to live at Inwood House, a detailed care plan was compiled by the registered manager.

We found the information in people's care plans extremely detailed and person centred. People's care files had a record of all the professional visits such as GP, SALT, chiropodist and best interest assessors. Care plans were devised for key areas such as personal hygiene, mobility, social activity, continence, dementia, nutritional hydration and deprivation of liberty. Each section cross referenced other relevant sections in care plans and risk assessments to enable staff to understand how care was to be provided. The author of the care plans clearly knew the person supported and had identified how best to support them without restricting their ability to choose and be involved in the caring process. The relatives we spoke with told us both they and their relation living at the home were actively involved in making changes to their care plan. One relative told us "I am involved in [relatives] care; I've been involved right from the beginning and in the reviews". The care files we looked at evidenced people's needs were regularly reviewed and a review was triggered where there had been a change in the person's needs. This ensured all information was current and easy for staff to follow to ensure appropriate care was delivered.

Staff we spoke with demonstrated they were aware of the needs and preferences of the people they were supporting. They told us how they supported people to make choices in their everyday lives taking into account their views and preferences which demonstrated they were providing person centred care. We saw evidence in staff supervision sessions that they had discussed the importance of offering choice to people in their everyday lives which demonstrated the service appreciated the importance in supporting people to live their lives as they had chosen where appropriate and possible.

The registered provider told us they were proud of the level of activities on offer at the service. There was evidence in people's daily notes regarding the activities they had undertaken including photographs of the person taking part. We also saw a collage of photographs in the corridors of people partaking in some of the activities on offer at Inwood House. We asked people living at Inwood House about the activities they undertook. One person told us "There are plenty of activities, I don't like too many really." And another said "I would like to do more but that's because my brain is still active sometimes I am the only person awake." Another person told us "You can go out to Wakefield or anywhere." A relative we spoke with told us "There are a lot of activities, hand crafts, singers, chair aerobics, and music."

The registered manager told us how they had introduced social evenings every four weeks for a small number of residents with the aim of creating a social club atmosphere. The people attending are able to choose what they might like to drink such as their preferred beer or wine, what music they want and they will often play bingo or do a raffle with prizes. They told us people talked about this for days afterwards and although it was a commitment for the registered manager, they would try to increase the frequency because of the positive impact it had on people using the service.

We found bedrooms were personalised and people were encouraged to bring in items from home. They were decorated to a high standard and each bedroom was refreshed in line with a planned maintenance programme.

We asked people using the service how they would complain if they were not happy with an aspect of how their service was delivered. One person told us "I know how to complain but I don't want to. I haven't got any complaints". We asked the relatives we spoke with about complaints. One person told us "I have never made a formal complaint." Another relative told us I have complained once; it has been sorted out as it hasn't happened again".

The registered manager told us all complaints were acted on but only formal complaints were recorded. The registered manager and the registered provider dealt with all complaints and met with the complainants to respond to any concerns. The registered provider told us they saw most relatives when they visited as they were there most days, and dealt with any concerns before they became an issue. We reviewed the complaints received and noted these had been dealt with appropriately and concerns acted upon. The home also kept a record of all compliments regarding the service and they had received compliments over the past year from relatives and professionals regarding the service provided at the home.

Good

Is the service well-led?

Our findings

There was a well-established registered manager in post who had been at the service for 27 years and registered since 2009. They were supported by a consistent team of care, domestic and catering staff. Our discussions with the registered manager and the registered provider demonstrated a significant level of leadership existed at the home with absolute clarity as to who had responsibility for each aspect of management. The registered provider showed us their policies and procedures and the registered manager provided us with evidence as to how the policies had been enacted. For example, the registered provider had policies on a wide range of topics such as safeguarding, restraint, the Mental Capacity Act, whistleblowing and complaints. The registered manager was able to show us how they adhered to the policies, for example by showing us the complaints and compliments file.

The registered manager was visible around the service. They knew everyone by name, their background history and current needs and circumstances. They had established good working relationships with staff and had a clear focus of how the service was run and delivered. We saw the registered manager spoke with staff in a supportive manner. For example, when introducing staff to the inspection team, the registered manager spoke warmly of them, telling us of their strengths and explaining to us how valuable they were in their specific roles. Later in our inspection we discussed with the registered manager and the care worker who administered medicines some on the minor shortfalls we had witnessed. We saw the registered manager and care worker together made suggestions to remedy matters with no hint of solutions being managerially imposed. All our discussions with the registered provider, the registered manager and care staff consistently demonstrated an inclusive approach to the management of staff and to the delivery of care.

People living at the service told us they thought the service was well managed. One person said "I do think it is well run." and another person told us "Yes you can influence things, I have made an observation once and they acted on it." Relatives of the people living at Inwood House told us they thought the home was well-led and they could shapehow the service was run. For example, we received the following comments "I see the management regularly and they always listen." and "They are trying to improve all the time." Another relative told us "I could influence the service through informal chats with the manager and the owners if anything is amiss like laundry mix-ups" and "I see the manager and the owners a lot and chat to them all the time." Another relative told us "It's a well-run place I would recommend it."

All the staff we spoke with told us how much they enjoyed working at the service. One member of staff said it was "A lovely home. A lovely job." They also told us the registered manager was 'brilliant'. They described the culture of the home as "Really easy going. Everyone is happy and relaxed. Staff are really good and professional".

The registered manager was keen to tell us what they thought was good about the service. They said "The home owners are here all the time. Money is no object. If we need more equipment such as a hoist, there is no issue. For me as a manager that is very good." The registered provider told us they kept up to date by attending meetings with other providers and they were continually striving to improve by learning from the

various inspections they had undergone and from nationally recognised bodies such as Skills for Care and The National Institute for Health and Care Excellence (NICE). They had drawn up a quality improvement and development plan to formally measure and monitor improvements at the home. This demonstrated the service was actively seeking to improve the service to ensure the home continually developed in line with good practice.

They registered manager shared their vision for the service. They told us they "It's all about the residents. They have chosen to live here and we want their families to have peace of mind that their relative is safe. We are continually striving to improve. We always take on board feedback and try to improve. We want to do well." We saw the minutes of relatives and resident meetings and staff meetings which demonstrated involvement from both staff and people using the service to improve the quality of the service in line with people's wishes and preferences. Meetings are an important part of the registered provider's responsibility in monitoring the service and coming to an informed view as to the standard of care and support for people using the service and this was clearly evidenced at Inwood House.

They registered provider told us they were on site most days to support the registered manager. They told us they had an external monitor of the quality of their service to meet the ISO9001-2008 standards and were externally audited once a year. We found all the environmental and maintenance audits to be up to date with good, clear systems and records in place.

We saw the service undertook regular audits from mattress checks to care plan audits. Since the last inspection the registered manager randomly audited three care records each day to ensure staff record keeping continues to improve and they tackle any issues directly with staff through a reactive supervision session as we had observed