Mrs Eileen Margaret Horne

Charlesworth Rest 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?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 8 November 2016 and was unannounced.

Charlesworth Rest Home is a family run, residential care home, providing accommodation for up to 18 people, some of whom are living with dementia and who may require support with their personal care needs. On the day of our inspection there were 17 people living at the home. The home is a large property situated in Brighton, East Sussex. It has a communal lounge, dining room and garden.

The home was the only home owned by the provider and was a family run home. The management team consisted of a registered manager, who was also the provider of the home and a deputy manager. A registered manager is a '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 home is run.

At the previous inspection in November 2014, there were concerns regarding the daily recording of people's needs, the completion of notifications to CQC about certain events that had occurred within the home and the quality assurance processes. At this inspection we could see that improvements had been made with regard to the daily recording of people's needs. However, there were continued concerns with regard to the quality assurance systems and the completion of notifications to CQC.

There was a lack of quality assurance systems and audits and those that were in place were not always effective to enable the registered manager to have sufficient oversight and awareness of all of the systems and processes within the home. For example, there were no audits in place for the monitoring of care plans. As a result the registered manager had not recognised that the reviews of care plans had not always identified changes in people's needs.

Although the registered manager had informed us of some events and incidents in the home, they had not informed CQC of a safeguarding investigation that had been conducted by the local authority. This is part of the registered person's responsibilities. By not being informed of these incidents CQC were potentially unable to ensure that the appropriate actions had been taken to ensure that people were safe. This is an area of concern.

People were protected from harm and abuse. There were sufficient quantities of appropriately skilled and experienced staff to ensure that they understood people's needs and conditions to enable them to recognise concerns and respond appropriately. Training which the registered manager considered essential, as well as additional training to meet people's specific needs, had been undertaken. People told us that they felt safe and comfortable with the support provided by staff. People's freedom was not unnecessarily restricted and they were able to take risks in accordance with risk assessments that had been devised and implemented.

People received their medicines on time and according to their preferences, from staff with the necessary training and experience. There were safe systems in place for the storage and disposal of medicines. Comments within a recent resident's survey contained a comment which stated, 'The girls look after my medicines'.

People were asked their consent before being supported and staff had an awareness of legislative requirements with regard to making decisions on behalf of people who lacked capacity. The registered manager was in the process of making applications for some people who lacked capacity, to comply with legislative requirements.

People and their relatives', if appropriate, were fully involved in the planning, review and delivery of care and were able to make their wishes and preferences known. Care plans documented people's needs and wishes in relation to their social, emotional and health needs and these were reviewed and updated regularly to ensure that they were current.

Positive, friendly, affectionate and warm relationships had been developed between people as well as between people and staff. There was a relaxed atmosphere within the home and people were encouraged to maintain relationships with family and friends. Staff worked in accordance with people's wishes and people were treated with respect and dignity. Most staff had worked at the home for a number of years and it was apparent that they knew people's needs and preferences well. Positive relationships had developed amongst people living at the home as well as with staff. One relative told us, "Everyone here knows each other, they're friends". People told us they were happy, comments included, "The carers are great company and respect me greatly. They care for me with a combination of kindness and humour" and "It is a little gem. I am the luckiest person in the world to be brought here. 5 Star it is here".

People's health needs were assessed and met and they had access to medicines and healthcare professionals when required. People's privacy and dignity was respected and maintained. When asked if staff respected their privacy, one person told us, "Yes they do. The nurses always get me back to the bedroom to look at my legs". People had a positive dining experience and told us that they were happy with the quantity, quality and choice of food. One person told us, "The cook goes out of her way to accommodate me". Another person told us, "Yes it is very good actually. We get some treats and they celebrate my birthday". A comment within a recent resident's survey stated, 'I used to be a cook and the food here is excellent'.

The registered manager welcomed feedback, people and relatives' were sent annual satisfaction surveys to gain their feedback. People were encouraged and able to make complaints about their care, any that had been made had been dealt with appropriately. People, relatives' and staff were complimentary about the leadership, management and culture of the home. One relative told us, "You walk in here and it feels friendly and warm". In relation to the home being a 'care' home, the relative told us, "It does what it says on the tin". One member of staff told us, "They're brilliant, I couldn't ask for better management than them". One person told us, "The whole home is wonderful, in a wonderful area. I can always go out with someone from the home helping me. You couldn't wish for anything more. I think all you need is being kept safe and cared for, which I am".

We found a breach of the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the registered manager to take at the back of the full version of the report.

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 home was safe.

Sufficient numbers of staff ensured people's safety. Staff were aware of how to recognise signs of abuse and knew the procedures to follow if there were concerns regarding a person's safety.

People received their medicines on time, these were dispensed by trained staff and there were safe systems in place for the storage and disposal of medicines.

Risk assessments ensured there were appropriate measures in place to ensure people's safety. People were encouraged to take risks to promote their independence and quality of life.

Is the service effective?

Good

The home was effective.

People were asked their consent before being supported. The registered manager was aware of the legislative requirements in relation to depriving people of their liberty and plans were in place to make appropriate applications to the local authority.

People were happy with the food provided. They were able to choose what they had to eat and drink and had a positive dining experience.

People were cared for by staff that had received training and had the skills to meet their needs. People had access to healthcare services to maintain their health and well-being.

Is the service caring?

Good

The home was caring.

People were supported by staff that were kind, caring and compassionate. Positive relationships had developed between people and staff as well as between each other.

People were involved in decisions that affected their lives and

care and support needs and staff respected people's right to make decisions.

People's privacy and dignity was maintained and their independence was promoted.

Is the service responsive?

Good

The home was responsive.

There were activities for people to participate in if they chose to. People's right to choose how they spent their time was respected.

Care plans documented people's individual social, emotional and health needs and enabled staff to care for people in accordance with their needs and preferences.

People and their relatives' were made aware of their right to complain. The registered manager encouraged people to make comments and provide feedback.

Is the service well-led?

Requires Improvement

The home was not consistently well-led.

Quality assurance processes did not always sufficiently monitor practice. The registered manager had not always notified CQC of some events and incidents that affected people.

People and staff were positive about the management and culture of the home.

People were treated as individuals, their opinions and wishes were taken into consideration in relation to the running of the home.

Charlesworth Rest 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 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 home, and to provide a rating for the home under the Care Act 2014.

The inspection took place on 8 November 2016 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of home. Before the inspection we asked the registered manager to complete a Provider Information Return (PIR). This is a form that asks the registered manager to give some key information about the home, what the home does well and improvements they planned to make. Prior to the inspection we looked at previous inspection reports and notifications that had been submitted. A notification is information about important events which the registered manager is required to tell us about by law. We used this information to decide which areas to focus on during our inspection.

During our inspection we spoke with eight people, two relatives, three members of staff, the registered manager and the deputy manager. We reviewed a range of records about people's care and how the service was managed. These included the individual care records for five people, medicine administration records (MAR), staff records, quality assurance audits, accident and incident reports and records relating to the management of the home. We observed care and support in the communal lounge and dining room during the day. We also spent time observing the lunchtime experience people had and the administering of medicines.

The home was last inspected in November 2014. It found areas in need of improvement in relation to the daily recording of people's needs, the completion of notifications to CQC about certain events that had occurred within the home and improvement of the quality assurance processes used, particularly in relation to accidents and emergencies and care plans. The home received an overall rating of 'Good'.

Good

Is the service safe?

Our findings

People and relatives' told us that people felt safe and that the home was a safe place to live. One person told us, "I am very happy with all my friends around me, I certainly do feel safe here".

People were cared for by staff that had been recruited through safe recruitment procedures. Prior to their employment commencing identity and security checks had been completed and their employment history gained, as well as their suitability to work in the health and social care sector. This had been checked with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable groups of people.

There were sufficient staff to ensure that people were safe and cared for. People, relatives and staff told us there was sufficient staff on duty to meet people's needs and that when they required assistance staff responded in a timely manner and our observations confirmed this. One relative told us, "Honestly I only have to call or my relative calls and they are there to help". When talking about the consistency of staff, one person told us, "Always the same regular carers, and no agencies". When asked if there were enough staff and if they met their needs, one person told us, "Superbly. The Manager doesn't know how lucky she is. Dependable, friendly staff". Observations showed staff spending time interacting with people as well as supporting them with their basic care needs.

Staff had a good understanding of safeguarding adults and could identify different types of abuse and knew what to do if they witnessed any incidents. One member of staff told us, "I'd go to the manager, social services or CQC". There were whistleblowing and safeguarding adults at risk policies and procedures. These were accessible to staff and they were aware of how to raise concerns regarding people's safety and well-being. A whistleblowing policy provides staff with guidance as to how to report issues of concern that are occurring within their workplace.

Risk assessments for the environment, as well as people's healthcare needs were in place and regularly reviewed. Each person's care plan had a number of generic risk assessments, such as for mobility and accidental scalding. Some people had additional risk assessments which were specific to their needs, such as potential risks arising from certain lifestyle choices. The risk assessments identified the hazards, the risks these posed and the measures taken to reduce the risk to the person. Observations showed people were encouraged and enabled to take appropriate risks, for example, people who had a history of falls, were seen walking independently around the home using their mobility aids.

Observations confirmed that staff took appropriate action when dealing with emergencies. One person experienced a fall, staff immediately went to the person's assistance and ensured that they were okay, after completing the relevant checks to ensure the person's safety they assisted the person to sit in a chair. Staff took time to reassure the person to ensure that they were okay. Accidents and incidents had been recorded and monitored to identify patterns and trends. Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular checks to ensure fire safety had been undertaken and people had personal emergency evacuation plans which informed staff of how to support

people to evacuate the building in the event of a fire.

People were assisted to take their medicines by trained staff. Observations showed staff gaining people's consent and supporting them in their preferred way. For example, some people preferred to have their medicines placed in their hands, whilst other people liked to have theirs put in their mouth on a spoon. People who were experiencing pain were offered pain relief and confirmed that they had access to appropriate medicines if they were unwell. Each person had a medicine administration record (MAR) which contained information on their medicines. Records had been completed correctly and confirmed that medicines were administered appropriately and on time. Medicines were stored correctly and there were safe systems in place for receiving and disposing of medicines. People told us that they were happy with the support received. One person told us, "I have my pills at 11 o'clock because I don't want them earlier". A comment within a recent resident's survey stated, 'The girls look after my tablets'.

Good

Is the service effective?

Our findings

People were cared for by staff with the relevant skills and experience to meet their needs. People and relatives' told us that they felt staff were competent, well trained and efficient. When asked about the experience and competence of staff, one relative told us, "Oh yeah, they do all sorts of things, they all know what they are doing."

A majority of staff had worked at the home for many years. When asked about their experience of the home, one relative told us that they had chosen the home due to the lack of staff turnover and the assurance of a consistent staff team. New staff were supported to learn about the provider's policies and procedures as well as people's needs. In addition to this staff were able to shadow existing staff to enable them to become familiar with the home and people's needs as well as to have an awareness of the expectations of their role. The induction of staff was dependent on staff's experience within the sector. One new member of staff told us "I've been working in care for over 30 years but I still shadowed other staff for a few days to get to know people's needs". The registered manager was aware of the introduction of the Care Certificate and explained that new staff, without the relevant experience, would be working towards this. The Care Certificate is a set of standards that social care and health workers can work in accordance with. It is the new minimum standards that can be covered as part of the induction training of new care workers.

Most staff held diplomas in health and social care and had access to training which the registered manager considered essential. Additional training, that was specific to the needs of people, such as diabetes, dementia and stoma care were provided to staff to enable them to have a better understanding and effectively meet people's needs. There were links with external organisations to provide additional learning and development for staff, such as the local authority and the dementia in-reach team. The dementia in-reach team provides advice, training and information for care homes that provide care to people living with dementia. Staff told us that learning and development was also included within their regular supervision meetings. Records showed that staff had been supported to discuss and complete safeguarding workbooks, as part of their supervision to ensure that their knowledge was up to date and current. When asked about the training and development opportunities available to staff, one member of staff told us, "They're brilliant, we do training several times per year. I requested medication training last year and I was put on that and now I can do the medicines for people". People were cared for by staff that had access to appropriate support and guidance within their roles. Regular supervision meetings took place to enable staff to discuss people's needs. These meetings also provided an opportunity for staff to identify any learning and development needs. Staff told us that they found supervisions helpful and supportive.

People's communication needs were assessed and met. Observations of staff's interactions with people showed them adapting their communication style to meet people's needs. For example, ensuring that they stood in a position where people could easily see them as well as speaking with an appropriate volume for people who had impaired hearing. People had access to relevant healthcare professionals to maintain or improve their communication, such as opticians and audiologists. Effective communication also continued amongst the staff team. Regular handover and team meetings as well as written communication books ensured that staff were provided with up to date information to enable them to carry out their roles and

keep up to date with people's changing needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the registered manager was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. There were no DoLS authorisations, however, the registered manager was in the process of making DoLS applications for some people.

People's health needs were assessed and met. People received support from healthcare professionals' when required, these included GPs', district nurses' and consultants'. Staff knew people well and were able to recognise any changes in people's needs. One member of staff told us, "When you have worked here so long you know when people are different and can recognise that". People told us that staff ensured that they had access to medicines or healthcare professionals' when they were not well.

People had a positive dining experience. Most people chose to eat their meals in the main dining area, whilst others preferred to eat their meals in their rooms and this was respected by staff. The provider did not have a menu that people could look at, instead staff informed people of the meal of the day and alternatives were prepared for people if they disliked the main meal. When people were asked if they had enough choice with regard to food they told us they were happy with the quality, quantity and choice of food available. One person told us, "The cook goes out of her way to accommodate me". Another person told us, "I certainly do like the food here. Sometimes the portions are a bit large, but I love it". A third person told us, "Yes, nicely cooked, it is hot and you get variety". A comment within a recent resident's survey stated 'I used to be a cook and the food here is excellent'. There was a pleasant environment for people to have their meals, tables were laid with tablecloths and vases of flowers. People were able to sit with their friends and we observed people enjoying conversations with one another as well as with staff, who took time to sit with people to promote a sociable atmosphere.

Good

Is the service caring?

Our findings

People were cared for by staff that showed kindness and who were caring and compassionate. Friendly, warm and positive relationships had developed between people and staff. People and relatives' told us that they thought staff were kind and caring. A recent resident's survey contained comments such as, 'Lovely girls who look after me' and 'You won't find a better bunch'.

The provider had a set of values, with regard to what they considered was important for people to experience. These stated, 'We believe that the care of our residents' takes precedence over all other things'. This was evidently embedded in practice. People were cared for by a majority of staff who had worked at the home for a number of years and who knew their needs well. It was apparent that positive relationships had been developed. People told us that staff were liked and that they were happy living at the home. One person told us, "The carers are great company and respect me greatly. They care for me with a combination of kindness and humour". One relative told us that their loved one often told them "I am so lucky to be here".

People enjoyed interacting with one another and it was apparent that caring relationships had been developed between people as well as with staff. People were encouraged to maintain relationships with one another as well as with their family and friends. Observations showed people engaging in conversations with one another throughout the day and taking time to care for one another when needed. A relative told us, "Everyone knows each other, they're friends". People told us that they were able to have visitors' to the home and that they were welcomed and our observations confirmed this.

People's differences were respected and staff adapted their approach to meet people's needs and preferences. People were able to maintain their identity, they wore clothes of their choice and their rooms were decorated as they wished, with personal belongings and items that were important to them. When asked how staff respected their diversity, one person told us "They're so friendly and supportive, I am more than happy". Diversity was respected with regard to people's religion and care plan records showed that people were able to maintain their religion if they wanted to. There were regular religious services that people could attend if they wished.

People were involved in day-to-day decisions that affected their lives. Records showed that people and their relatives' had been asked their preferences and wishes when they first moved into the home and that care plans had been reviewed in response to people's feedback or changes in their needs. People and relatives' confirmed that they felt involved in the delivery of care to people and could approach staff if they had any questions or queries relating to it. A relative told us, "I've not had a formal care plan review but I'm here so often we just talk about any changes, I'm more than happy". The registered manager had taken the decision not to have regular residents' meetings as they explained that these had not worked for the less social and vocal people as they found it difficult to make their needs known via a meeting. They explained that instead people were asked their feelings and needs on a daily basis to ensure they were happy with the care being delivered and our observations confirmed this. One member of staff further confirmed this, when asked about the involvement of people, they told us, "Every single thing that goes on the managers' always speak

to the residents' all the time".

Staff explained their actions before offering care and support and people felt that staff treated them with respect. Results of a recent resident's survey contained comments such as, 'I'd like you to know I'm very happy here', 'It's a lovely place' and 'I'm happy, what more could you want'. The registered manager had recognised that people might need additional support to be involved in their care, they had involved people's relatives' and power of attorneys' when appropriate and explained that if people required the assistance of an advocate then this would be arranged. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

Within the set of values provided by the provider, it stated, 'We believe that the dignity and value of every resident must be recognised and respected at all times'. It was apparent that this was something that staff promoted and maintained. People's privacy was respected and maintained. Information held about people was kept confidential, records were stored in locked cupboards and offices. People confirmed that they felt that staff respected their privacy and dignity. A comment within a recent resident's survey stated, 'Staff treat me very well'. When asked if staff respected their privacy, one person told us, "Yes they do. The nurses always get me back to the bedroom to look at my legs". Observations showed staff knocking on people's doors before entering, to maintain people's privacy and dignity.

People were encouraged to be independent. Observations showed people independently walking around the home and choosing how they spent their time. People told us that staff were there if they needed assistance but that they were encouraged and able to continue to do things for themselves and records and observations confirmed this. One person told us, "I do what I want, but they do look after you. It is first class for me." A comment within a recent resident's survey stated, 'I like to look after myself but if I wanted help I know I can get it'.

Good

Is the service responsive?

Our findings

People were central to the care provided. People and relatives' told us that they were fully involved in decisions that affected people's care. A relative told us, "Yes they always update me on my relative's condition and activities".

People's social, physical, emotional, and health needs were met. People's needs had been assessed when they first moved into the home and care plans had been devised, these were person-centred, comprehensive and clearly documented the person's preferences, needs and abilities. Person-centred means putting the person at the centre of the planning for their lives. Regular reviews took place to ensure that the care plans were still meeting people's needs. These reviews took into consideration changes in people's needs and care was adapted accordingly.

Care plans contained information about people's interests and life history and provided staff with an insight into people's lives before they moved into the home. Staff told us that this was helpful and provided them with useful information that helped them to care for people in a way that was specific to them. However, explained that after working at the home for so long they knew people so well they didn't need to look at the care plans for this type of information. People were happy with their rooms and told us that they were able to furnish them according to their tastes and our observations confirmed that they were furnished according to their preferences and individuality and they were able to display their own ornaments and photographs. People were supported to make choices in their everyday life. Observations showed staff respecting people's wishes in regards to what time they wanted to get up, what clothes they wanted to wear, what activities they wanted to do, what they had to eat and drink and what they needed support with.

Observations showed people being asked if they'd like to take part in activities such as sing-a-longs and gentle exercises. People clearly enjoyed this and there was lots of singing, laughter and enjoyment. The activities provision mainly consisted of regular external entertainers throughout the week, who had been visiting the home for many years and who clearly knew people well. People told us that they enjoyed this and this was further confirmed within comments contained within a recent resident's survey, which stated, 'I like the singing and the sing-a-longs' and 'The singer and quizzes are good'. Observations showed people choosing how to spend their time throughout the rest of the day, which consisted of watching television, reading and enjoying conversations with each other. Staff were mindful of people who chose not to go to the communal lounge or who preferred to send their time alone and ensured that they were not isolated in their rooms. People were informed about the activities available and encouraged to participate, however people's right to choose how they spent their time was respected.

There was a complaints policy in place, complaints that had been received had been dealt with appropriately and in accordance with the provider's policy. People and relatives' were encouraged to provide feedback on a daily basis as well as through the provision of annual surveys. People and relatives' told us that they didn't feel the need to complain but would be happy to discuss anything with the registered manager. One person told us, "Really no complaints at all. Much better than living on your own. If I want anything I tell the manager and she gets it sorted".

Requires Improvement

Is the service well-led?

Our findings

At the previous inspection in November 2014, there were concerns regarding the daily recording of people's needs, the completion of notifications to CQC about certain events that had occurred within the home and the quality assurance processes. At this inspection we could see that improvements had been made with regard to the daily recording of people's needs. However, there were continued concerns with regard to the quality assurance systems and the completion of notifications to CQC.

Part of a registered manager's responsibilities under their registration with the Care Quality Commission is to have regard, read and consider guidance that is provided in relation to the regulated activities that they provide, as it will assist them to understand what they need to do to meet the regulations. One of these regulations relates to the registered manager's responsibility to notify us of certain events or information. At the previous inspection it was recognised that the registered manager had failed to notify CQC of two incidents that had occurred. When this had been raised with the registered manager they explained that they were unaware of the need to inform us of these types of incidents and this was recognised as an area of practice in need of improvement. At this inspection it was apparent the registered manager had followed correct practice by notifying us of some events that had occurred, however had not notified us of a safeguarding investigation conducted by the local authority. Registered managers' are required to inform CQC of these incidents to enable us to have oversight to help ensure that appropriate actions are being taken and to ensure people's safety. When this was raised with the registered manager they explained that they were unaware that this needed to be raised with the CQC as it had already been discussed with the local authority.

The continued failure to understand the need to notify CQC of certain events and incidents that occurred within the home was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

There were some good systems in place to ensure that the home was able to operate effectively and to ensure that the practices of staff were meeting people's needs. There were quality assurance processes such as surveys that were sent to gain feedback as well as regular audits conducted, which included health and safety and infection control, which provided the registered manager with an oversight and awareness of the home to ensure that people were receiving the quality of service they had a right to expect. It had been identified within the previous inspection that there was a lack of audits for people's care plans and for the accidents and incidents that had occurred. At this inspection we were able to see that the registered manager had implemented an audit to enable them to monitor the accidents and incidents that had occurred within the home. However, this did not always include all of the accidents that had occurred within the home and therefore did not enable the registered manager to have oversight of them in their entirety to enable them to identify patterns or trends in the accidents that had occurred.

An audit on the care plans had not been implemented. Regular reviews of the care plans took place, however the reviews had sometimes not recognised the good practice that had taken place. For example, care records for one person showed that the registered manager had arranged for the person to have a

memory assessment, this had taken place and the person had received a diagnosis of dementia. The review had not recognised that a formal diagnosis had been made and therefore there was a risk that staff were not provided with the most up-to-date information, in an easily accessible format. A care plan audit could potentially have recognised this.

The auditing of care plans and accidents and incidents, to enable the registered manager to have sufficient oversight and ensure that the systems in place were effective, were areas of practice in need of improvement.

People, relatives' and staff were complimentary about the leadership and management of the home. They told us that the management team were knowledgeable, supportive, approachable and friendly. One member of staff told us, "The running of the home is good, they do support me". Another member of staff told us, "They're brilliant, I couldn't ask for better management than them".

The home was the only home owned by the provider and was a family run home. The management team consisted of the provider, who was also the registered manager and a deputy manager. The provider's aims and objectives of the home stated, 'Our aim is to provide a care environment which is clean, comfortable and nicely furnished, with the result being happy and well cared for residents'. It was apparent that this was implemented and embedded in the culture and practice of staff. When asked what the home did best, one member of staff told us, "It is a homely home". Another member of staff told us, "It is family orientated, it's like a big family". A relative told us, "You walk in here and it feels friendly and warm". In relation to the home being a 'care' home, the relative told us, "It does what it says on the tin".

People told us that they felt happy, content and at home and that the management of the home was good. Comments included, "It is a little gem. I am the luckiest person in the world to be brought here. 5 Star it is here" and "The whole home is wonderful, in a wonderful area. I can always go out with someone from the home helping me. You couldn't wish for anything more. I think all you need is being kept safe and cared for, which I am". There was a friendly, warm, affectionate and homely atmosphere. Observations showed people were at ease, happy and comfortable.

There were links with external organisations to ensure that the staff were providing the most effective and appropriate care for people and that staff were able to learn from other sources of expertise. These included links with the local authority and the dementia in-reach team. The manager attended regular meetings with other registered managers' within the area to share best practice and also worked closely with external health care professionals' such as the GP and district nurses' to ensure that people's needs were met and that the staff team were following best practice guidance.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents Regulation 18(2) (e) of the Care Quality Commission (Registration) Regulations 2009. Notification of other incidents. The registered person had not notified the commission of an allegation of abuse in relation to a service user.