Restful Homes (Worcestershire) Ltd.

Austen Court Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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

There was no registered manager in post at the time of our inspection. We met with the home's manager who was in the process of applying to the Care Quality Commission to become registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

Overall, people received their medicines safely and as prescribed. However, the provider needed to ensure safe medicines management and effective record keeping was consistently followed by all staff to mitigate risks to people's safety and welfare.

The provider's quality monitoring systems required strengthening. This was to ensure monitoring systems were reliable in effectively mitigating risks to people from staff not following safe and best practices when managing people's medicines and records.

On the second day of our inspection the manager had taken action to drive through the required improvements to staff practices and to ensure quality monitoring were as strong as they could be.

People were supported to stay as safe as possible by staff who understood what actions to take if they suspected a person was at risk from abuse or harm. The provider had arrangements in place to ensure people's needs were reviewed alongside staffing levels and the deployment of staff.

People benefited from living in a home where there were systems in place to reduce the risk of infections and staff knew what action to take to care for people if they experienced any infections. The home environment was designed to a high standard with people at the heart of all the features which included the furniture and different areas for people to enjoy. Checks on the home environment were undertaken.

Staff considered people's care needs and involved people who knew them well before people came to live at the home, so they could be sure they could meet people's needs. Staff had received the training they required so people would be supported by staff with the skills needed to provide care and support. Further training and accreditation was consistently sought such as, staff aiming to achieve the gold standard framework in end of life care to further enhance their practices in supporting people to live until they die.

People were supported to choose what they wanted to eat and to obtain care from health and social care professionals so they would remain well. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People had developed caring relationships with the staff who provided support and showed us they liked

the staff who cared for them. Staff communicated with people in the ways they preferred and encouraged them to make their own day to day decisions about their care. People received care from staff who acted to promote their dignity and independence.

People's care had been planned by taking their individual wishes, histories and needs into account. People's care plans incorporated advice provided by other health and social care professionals, so they would receive the care they needed in the ways they preferred. A programme of fun and interesting things to do supported people to choose what they wanted to participate in. Systems were in place to respond to any concerns or complaints and to incorporate any learning into care subsequently provided.

The provider and management team checked people received the care they wanted, so they would be assured people enjoyed a good quality of life and risks to their safety were reduced. The views of people, their relatives and staff when developing people's care and the home further.
Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People's medicines were stored safely and available when needed. However, the management of medicine and record keeping was inconsistent.

Staff knew how to recognise signs of potential abuse and how to report any concerns.

Staff had time to meet people's care and support needs.

Is the service effective?

Good

The service was effective.

People received care from staff who had the knowledge and skills required to meet people's individual needs and support their health.

People's abilities to make decisions were assessed when necessary and people were supported to make decisions about their care.

People had food and drink made available to them in sufficient quantity to meet their particular needs and preferences.

People benefitted from living in a home which had been designed to a high standard to meet people needs effectively.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff. Relatives were made to feel welcome and included as an important part of people's lives.

Everyone was positive about the care provided by staff. Staff knew people well and had good relationships with them which people valued.

People were included in their care and had their privacy, dignity and independence respected.

Is the service responsive?

Good

The service was responsive.

Staff knew people well and people were confident staff provided care in their preferred way.

People were happy with the opportunities to take part in things to do for fun and interest.

People had received information on how to make a complaint and were happy to raise concerns which were listened to and improvements made.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The management systems did not always ensure safe and best practice was followed in all areas.

The provider and management team was supportive to staff and had a high profile in the service.

Systems were in place to gather information from people, relatives and staff and this was used to continually strive for excellence.

Austen Court 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 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 was a comprehensive, unannounced inspection took place on 8 and 11 January 2019 and was unannounced. On the first day our team consisted of an inspector, specialist advisor who is a nurse with knowledge and experience of dementia 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 care service. On the second day our inspector returned alone to complete the inspection.

During the planning and conducting of this inspection we took into consideration the information we received from the provider and management team. This included events which we had been notified about, such as any serious injuries to people. We asked various organisations who funded and monitored the care people received, such as the local authority and clinical commissioning group. We also sought information from Healthwatch who are an independent consumer champion, which promotes the views and experiences of people who use health and social care.

In addition the provider had completed a provider information return (PIR). The PIR 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. We used these different sources of information to assist in planning and undertaking this inspection.

We spoke with eight people who lived at the home and three relatives to gain their views about what it was like to live at the home. Following our inspection, a further three relatives shared their written experiences of the care their family members received.

We talked with four care staff, independence and wellbeing activities coordinator, receptionist/administrator, chef and maintenance person about what it was like to work at the home. We spoke with the manager and deputy manager about the management arrangements. In addition, we spoke

with one director, operational director and compliance and quality manager.

During different parts of the day we spent time with people and saw the care they were offered and supported with. We sampled five people's care records to see how their care was planned and provided. We checked people's medicine administration records. In addition, we looked at how the provider and management team monitored the quality of the service to drive through continual improvements. As part of this, we looked at three staff recruitment records, staff meetings, health and safety, and complaints records.

Requires Improvement

Is the service safe?

Our findings

The management and recording of people's medicines on Debourgh required strengthening to make sure staff practices did not compromise people's safety. For example, four people's records did not reflect staff's practices to show people's creams had been applied as per the frequency specified. Another example was for one person who was prescribed an 'as required' medicine there was no protocol in place to support the person in consistently receiving their medicine to meet their needs.

In a further example, staff had not consistently ensured handwritten entries of people's medicines were checked by two staff. In these cases, it is good practice for two staff to sign the handwritten entry to show the medicine dosage and identify the details had been thoroughly checked. In one person's record there was some missing details together with one gap in the administration record. The deputy manager told us this was due to staff forgetting to sign the person's records as opposed to the person needs not being met. It is important staff have and complete reliable information otherwise people were at risk of not receiving their medicines as prescribed.

The provider had safeguards in place to ensure people's medicines continued to remain effective in line with manufacturers recommendations. This included the fridge having a safety mechanism in place to alert staff if the temperature goes outside of what is set. However, staff were not following the provider's medicine policy as another safeguard to ensure fridge temperatures were documented daily on fridge monitoring forms.

There was no evidence people had been harmed by medicine management and recording discrepancies. However, the management team told us immediate action would be taken. On the second day of our inspection procedures had been put in place to strengthen staff practices.

People were positive about how staff provided assistant in taking their medicines. One person said, "They [staff] bring me my medicine. No delays that I've noticed." Another person told us, "I take blood pressure tablets once a day, they [staff] seem on time." During a medicine round, we saw people were provided with time to take their medicines. Where people required different levels of support we saw staff had knowledge about each person's preferences and needs to do this in a safe and effective way. The nurse checked the medicine records for each person before administering people's medicines so risks of people not receiving the right medicines was reduced.

People's own independence in managing their own medicines was promoted by staff's encouragement and supportive practices. A staff member showed us a booklet they had developed which provided a person with information about their medicines which included the side effects. The person was appreciative of this booklet as they found it easy to read and informative.

We found risks to people had been identified and care was planned to reduce the risk of people experiencing harm. For example, people had equipment in place to reduce the risk of falls. We saw on different occasions how through staff actions people were supported to move safely around their home with

some assistance and verbal prompts of reassurance from staff. Staff could tell us about risks to people and how they managed people's care safely. However, we found there was some inconsistencies in care documentation to show staff were safely and effectively meeting people's individual needs. For example, staff had not always documented when they had provided assistance to meet one person's mouth care needs.

People we spoke with provided individual reasons for feeling safe. One person said, "It's very nice here, very safe. All very secure, never lost anything." Relatives were similarly positive about their family members safety. Staff had received training on how to keep people as safe as possible and to ensure people did not experience any form of discrimination. This included learning about the different types of abuse which people could be exposed to and were able to tell us how this may impact on people and how people may react to abuse. This allowed staff to be watchful for any signs which may indicate a person was at risk of being harmed whether emotionally, physically or financially. Staff were aware of how to raise concerns both within their own organisation and with external agencies such as, the local authority.

Staff were recruited safely because the management team checked they were of good character before they started working at the home. References had been obtained from previous employers and checked whether the Disclosure and Barring Service [DBS] had any information about them. The DBS is a national agency that keeps records of criminal convictions.

The provider had systems and procedures in place to ensure the foreseeable risks to people were assessed, managed and kept under review. This included checks on the safety of the premises, specialist care equipment in use and individual plans with details about the assistance people required in the event of a fire.

Staff were aware of the provider's procedures for recording and reporting any accidents or incidents involving people who lived at the service. We saw the management team reviewed these reports to identify trends and took action to prevent things from happening again.

People who lived at the home, their relatives and staff were mostly satisfied the staffing arrangements maintained at the home ensured people's needs could be met safely. One person said, "There seems enough staff to me. Whenever I need them they are there." One relative commented in writing, 'It feels like the alarm bells never ring for they are answered so quickly, regular care is delivered on time and even exceptional requests are always responded to far quicker than I expect.' One staff member said, "We have enough staff to keep people safe and never rush when meeting their needs.

In the Provider Information Request [PIR] it stated, 'Staffing levels are consistently maintained with the appropriate skill mix to ensure our residents remain safe, the staffing levels are reviewed regularly from looking at the dependency of the residents; by observing the delivery of care throughout the day and night….' The manager confirmed this approach supported them to adjust staffing levels when required to meet people's needs such as when people required one to one staff assistance. This was in place for one person during our inspection.

The provider had measures in place so people who lived at the home, staff and visitors were safe from the risk of infections. Housekeeping staff were employed to support the care staff in maintaining standards of hygiene and cleanliness. We found the home environment and care equipment in use to be clean and hygienic. Staff had been provided with, and made use of, appropriate personal protective equipment (disposable aprons and gloves) to reduce the risk of cross infection.

Good

Is the service effective?

Our findings

People's individual needs and choices had been assessed and plans were in place so care could be provided to achieve effective outcomes. For example, one person required support to walk and their care plan described the equipment the person required. The provider had also utilised technologies and design plans so people's needs could be met effectively in a homely environment. This included the audio monitoring systems in people's personal rooms which could be used with people's consent in alerting staff to any issues people may have whilst in their room in particularly during the night. This was one innovation to aid people's sleep so potentially reducing any disturbance to people bit still enabling staff to check on people's wellbeing. One person told us they found this system comforting and helped them to feel safe during the night time hours.

New staff members completed an induction when they first started to work at the home which included the care certificate. The care certificate covers the fundamental standards of care expected of all health and social care staff. Shadowing experienced staff was also part of the induction training along with the completion of the care certificate. Staff told us their induction experiences were positive and helped people who lived at the home to become familiar with them. One staff member said the inductions they received assisted them to learn about their roles and responsibilities.

People were mostly positive about the effectiveness of the care they were provided by staff. One person told us, "They've [staff] been very good to me. No reason to think they are not well skilled." Relatives were also confident staff knew how to provide care and support to meet their family member's needs.

In the PIR the provider and management team details their expectations of staff training which included, 'We provide mandatory and other training to all our staff to ensure that residents, visitors and colleagues remain safe and free harm and discrimination.' Staff we spoke with told us they found their training was effective in helping them to do their job. Staff gave examples of supporting people with their physical needs by using hoists, assisting people with their emotional needs by skilful communication and, ensuring people were supported to maintain a balanced diet.

Staff had regular opportunities both formal and informal to gain support and advice from the management team, nurses and senior staff which assisted them to undertake their roles. Staff told us they had meetings on an individual [supervision] basis to discuss their performance and training requirements. Staff told us they were encouraged to develop their skills by undertaking such as, dementia and champion roles had been developed within the team. These roles included dementia and dignity champions who shared their knowledge to benefit people in receiving effective care.

People were offered a choice of meals which they enjoyed. One person told us, "On the whole the food is very good. Always have a choice." Another person said, "The food is good, I think there's a choice." Relatives also shared positive views about the food with one relative commenting, "[Family member] gets a choice. They [staff] bring a menu the day before. The food always looks nice."

We saw lunchtime and teatime meals whereby staff assisted people in a discreet manner with their meal when this was required to ensure people received sufficient nutrition. People's meal times were relaxed with staff and the management team at different times chatting with people. Tables were nicely laid and people were given choices of drinks. Staff told us if people did not want the offered meals or the meal they had chosen they were able to provide alternatives.

The chef and staff told us they worked as a team to ensure people's dietary needs were supported including acting to change people's food to match their individual needs. The chef was passionate about maintaining a high standard of food for everyone regardless of their health needs. An example of this was the chef knew how to prepare modified diets and present these so they were appetising to look at.

People who lived at the home and their relatives told us staff helped them to access medical advice and treatment if they were unwell. One person said, "[GP] comes regularly, if I was unwell I would tell staff and they would contact the GP." We saw staff and management worked with a range of healthcare professionals to ensure people's health needs were monitored and addressed. People's care records included information about their medical histories and any long-term medical conditions to give staff insight into this aspect of their needs.

The accommodation was designed, decorated and maintained to a high standard. One person told us, "My room is beautiful, you could not wish for a more beautiful home." There were many different areas for people to sit alone, be in a group and or spend private time with their relatives and friends. One relative's comments read, '[Family member] always looked like he was staying in a 5-star hotel, happy and content and most importantly for [family member], in a bed without bars. [Family member] told me how he enjoyed being able to host his guests in the café/bar, even having "date night" takeaways downstairs with my mother'. There were specific areas of the home environment where attention to detail met the needs and expectations of people. This included having specific areas to support people in retaining their independence such as, the small kitchens situated in in communal lounge areas with equipment whereby people had the opportunity of making their own meals and or drinks as they chose.

Additionally, the provider had carefully thought about the decoration of the home environment when meeting the needs of people with dementia. For example, the wallpaper had been designed so the colour contrast between the walls and floors would be at the best level to support people in moving around their home environment as independently as possible.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. Staff told us they had received MCA and DoLS training and understood people's preferred communication styles and how information should be presented to assist people in having maximum control in their lives and were able to give their consent. People told us staff sought their consent before providing care and we saw this happened during our inspection.

Where people could make decisions for themselves their choices were respected. People's abilities to make choices had been recorded in their care plans. Where people may not have been able to make decisions for themselves assessments had been completed on their ability to make individual decisions. If they were unable to make a decision one was made in their best interest taking the views of family, staff and healthcare professionals into account.

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. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The management team had processes in place to ensure DoLS applications were submitted where required, were reviewed and if any conditions were made these were complied with.

Good

Is the service caring?

Our findings

People who lived at the home and their relatives were positive about the care they received. One person told us, "Quite caring, they are very kind." Another person said, "They [staff] are so thoughtful." One relative wrote, I am often walking to and from his room and the public spaces un-announced, every time I encounter a resident they are being lovingly cared for, and being respectfully spoken to with what I can only describe as true compassion." Another relative's comments read, 'The staff are always very welcoming and friendly, and have the welfare of my father in mind at all times.' During our inspection, we saw a number of caring communications between staff and people they supported. Staff showed concern for people's comfort and wellbeing, and people were clearly at ease in their presence.

Staff spoke warmly about people and knew people's individual ways, preferences and needs. Staff told us they got to know people by chatting to them and their relatives, so they could find out what was important to them. One staff member told us how important it was to get to know people who lived at the home, and talked about their role as a keyworker for a person. The staff member said they tried hard to get to know people, such as what they enjoyed doing and what made them happy. Another staff member told us about how information about people's life histories were developed with people who lived at the home and relatives which provided talking points with people.

People told us how staff gave them as much choice and control over their lives. One person told us, "They always give me choices in everything they help me with." Another person said, "They have got to know my likes and dislikes but they still ask me. It's in case I have changed my mind, what more could I ask for." One relative's comments read, 'I am struck by how they are all at home, how they are supported in living their lives the way they want to. It is so refreshing to not find the residents just herded between their own room and a room with a mish-mash of high back chairs arranged around the edge.'

We saw various methods were used to support people's involvement in their care. For example, people were encouraged to make wishes about different aspects of their life at the home such as a trip to the theatre and a person wanting to see reindeers which was granted during Christmas time. In addition, memory boxes were placed outside people's rooms and with people's consent there were items which were personal to people's lives. One staff member told us how the memory boxes had lights which at night shined softly so they did not disturb people's sleep but if people got up from bed they had additional light in the corridor areas.

Staff assumed people had the ability to make their own decisions about their daily lives and gave people choices in a way they could understand. They also gave people the time to express their wishes and respected the decisions they made. Some people lived with dementia, had reduced comprehension skills and needed some support to communicate their feelings. For example, we noted how staff had learnt to understand what could make a person feel anxious and were able to use techniques to communicate as a way of reassuring people, such as using doll therapy to provide comfort.

Staff had access to local advocacy services and would use this to support people if they required

independent assistance to express their wishes. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

We found people were supported to maintain relationships which were important to them. Throughout our inspection visits staff provided a warm welcome to people's visitors. One person's relative said, 'I'm very happy with the care and staff are so friendly, always greet me with a smile." Another relative appreciated the caring nature of the provider in carrying a sofa into a person's room so whilst their relative spent time with them they were also able to rest. In addition, a person was supported to contact with their relative through video link. We saw how this enhanced the person's wellbeing which was shown through conversation and laughter.

People's privacy, dignity and independence were respected and promoted. One person told us staff were usually respectful when assisting with their personal care and they had never felt undignified or embarrassed. One relative said, "They always knock [family member's door] and ask permission first." Staff told us about and recognised the importance of not intruding into people's private space and maintaining their privacy. For example, staff asked people discreetly if they required any assistance with their care needs.

The provider had also thought about how they could assist people in maintaining their dignity and independence in the design of the furniture. For example, beds had been made wider and were closer to the floor to support people's physical needs and promote their independence whilst reducing risks. Staff told us about and recognised the importance of not intruding into people's private space and maintaining their privacy. For example, staff asked people discreetly if they required any assistance with their care needs.

We found arrangements were maintained to make sure private information was kept confidential. We saw staff followed these arrangements when using their hand-held devices and looking at care records on the computer.

Good

Is the service responsive?

Our findings

People told us they received the care they needed in the way they wanted. One person told us staff supported them with their personal care which they appreciated. Another person said, "They [staff] are very good at remembering what I like for example, tea with sugar."

Relatives told us about how their family members had their individual needs assessed prior to coming to live at the home. Relatives commented on how the assessment included their family member's history and we consistently heard how this process had been helpful in staff getting to know people. One relative commented, "Staff do know [family members] likes and dislikes and treat them really well."

We saw electronic care plans had been developed to provide information about people's individual needs and how staff should respond to these. Staff we spoke with told us the care plans were informative and showed how people had been involved in their care. In addition, staff were positive about their hand-held devices which enabled them to access up to date information about people's care needs. One staff member described how they could update people's records as and when needed which ensured the information about people's care needs was accurate at different times of the day.

Staff we spoke with had a good understanding of people's preferences, routines and care needs. Staff could describe how they supported people and knew changes in behaviours which may indicate something was wrong. We saw examples of how through staff's communication with people enhanced their wellbeing. For example, one person was seen to enjoy banter with staff and they told us, "It's so good we can all have a laugh and a good old natter. They [staff] know me so well." Another example was how one person's physical needs were given some careful consideration and specific equipment was provided so they were able to have a bath which they particularly enjoyed.

Additionally, advice had been obtained from healthcare professionals. For example, the provider had retained the services of a psychiatrist to support staff with advice and training as another method of assisting staff to effectively respond to and meet people's mental health needs. The psychiatrist would also meet with people who lived at the home and their relatives to provide support and learning about dementia.

Staff handover meetings between shifts were undertaken daily and the information about people's needs and the changes in these were shared. The management team had also introduced daily meetings with the head of each department. At these meetings information was shared as another way to improve communication to support people in having their needs met in a consistent manner. In addition, a system known as 'resident of the day' had been introduced to further assist in checking whether people were receiving care in the way they needed and wanted.

People were supported to follow their own interests. One person told us, "I like the exercises classes twice a week. They email the activities to my daughter. I've been out to lunch, the theatre, ceramic workshop. The activities girl arranges them." Another person said, "I like to watch TV and read my paper every day. I'm

doing communion in a minute. There is a regular programme of activities, I get a sheet telling me what's happening." The management and staff team had made sure people had continued their links with the community when following their interests. For example, a person was enabled to continue with their bridge club with members coming into the home. The chef told us they made cheese boards and wine was on offer for the bridge club members.

The provider employed an independence and wellbeing activities coordinator who took the lead in organising fun and interesting things for people to do. The independence and wellbeing activities coordinator spoke with enthusiasm and commitment about their role. They provided people who lived at the home with a weekly activities timetable which was displayed. Although we noticed the timetables displayed were not for the present week but the one after. We spoke with the manager about how this could be confusing for people and would take action to check the correct week was displayed. The activities coordinator and staff team supported people to follow their own interests. In doing so an emphasis was also placed on people's past working lives. For example, one person had been a master baker so a cookery class was introduced.

As detailed in the PIR there are different areas within the home environment for people to entertain their guests, such as an open bar area, private dining facility and a cinema room. The open bar space and cinema room were used during our inspection visits. One person told us, "I like watching films on the big screen more than on TV so for me it is ideal to have a room like this." People also had opportunities to experience sensory stimulation. This included a sensory room where people could spend time and relax.

The registered manager was aware of the national Accessible Information Standard (AIS) which provides best practice guidance in communicating with people in ways to meet their individual needs and preferences. Staff had received training in communication skills and told us how they reflected this in the way they conversed with people who lived at the home. Throughout our inspection utilising different methods of communicating people, such as kneeling beside people to talk to them, making it easier for people to establish eye contact.

People told us they felt comfortable raising concerns if they were unhappy about any aspect of their care. One person told us, "No concerns at all. I would raise them if necessary." One relative explained how they had raised an issue and this was resolved straight away. There was a complaints procedure available to people who lived at the home and their relatives. The complaints procedures could be made available in different formats to suit people's individual needs, such as using larger fonts to make it easier for people to read.

People told us the provider and manager were regularly visible within the home supporting staff and encouraged people to talk to them directly about any worries or problems. This was important as some people would need support to raise complaints due to their mental health needs. This was recognised by the manager and staff who shared an awareness of how changes in people could be a sign of them being unhappy about an aspect of their care. We saw the provider and manager used different methods of gaining people's feedback as an opportunity to learn and make improvements.

There was a strong commitment from the provider, management and staff team to provide responsive and supportive care to people and their families before, during end of life care and death. Commenting on the provider's approach to end of life care, one staff member told us, "We help residents to feel comfortable and be pain free. [If they haven't got family] staff sit with them and keep them company." One relative wrote about their experiences, '[Family member] is currently receiving exceptional palliative care. I honestly could not wish for a more loving and caring place for him to end his days.

Requires Improvement

Is the service well-led?

Our findings

This inspection was the provider's first one since they registered Austen Court with the Care Quality Commission. A registered manager was not in post at the time of our inspection but the provider had recruited to the post of manager. The manager supported our inspection and had made an application to be registered with the CQC which was being progressed. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had management systems which included monitoring the quality of the service provided. This included a rolling programme of quality checks on key aspects of the care and support people received such as the management of people's medicines, people's care documentation and infection prevention and control practices.

The provider's quality monitoring checks had proved to be successful apart from on Debourgh where the management of people's medicines and records required improving. Staff responsible for administering and recording medicines received regular assessments to ensure their competency was up to date. However, staff were not always safely managing people's medicines and records in line with best practice and the provider's own medicine policies. The discrepancies we found in staff medicine practices had not impacted upon people's welfare although without reliable methods in place to quality check medicine management people's safety could be placed at risk. In addition, maintaining records to show people had received their medicines and care was important in ensuring people's safety was not compromised.

The manager was supported by the provider and their senior management team. The manager showed an approachable and responsive management style. They were quick to acknowledge the improvements required to medicines management and records by taking immediate action so people continued to remain safe. These actions included conveying to staff the aspects of their responsibilities which needed to be improved upon. In addition, the manager had undertaken an audit of people's medicines and shared this with us on the second day of our inspection and had plans in place to ensure the daily monitoring of people's medicines was consistently effective. This included the manager checking people's medicines on a daily basis alongside the management team's quality monitoring procedures. However, these practices now needed to be sustained and we have taken these factors into consideration when rating this key question of 'safe.'

People who lived at the home and their relatives told us that they considered the service to be well run. One person told us, "This home is better than the others, because it's freedom to do what I want to do, plenty of space and staff." Relatives of one person who lived at the home were impressed by the management and staff and this was also echoed in the compliments made. One relative wrote, 'As a carer it's hard to leave a loved one in respite, but knowing he was happy and well looked after is reassuring.'

Staff spoke about their work with clear enthusiasm, and felt well-supported by the provider and

management team. One staff member told us, "I love my job. We all work together as a team and our aim is to help people to fulfil their lives." Another staff member said, "I enjoy it here, it is a wonderful place." Staff were clear what was expected of them at work, felt their contribution was valued and could approach the provider and management team at any time for guidance and advice. Another staff member said, "[Management] there when you need them and are very supportive." A further staff member described how they felt valued and supported as the provider and manager were always happy to be contacted for advice. For example, the staff member told us they had contacted the manager very late one night for advice.

The provider, management and staff team worked in partnership with other agencies. There were a number of examples to confirm the manager recognised the importance of ensuring people received 'joined-up' care. One of these involved making links with the community such as, the stroke club using the facilities at the home. Furthermore, the management and staff team were continually developing their knowledge in end of life care and their goal was to achieve the Gold Standard Framework in end of life care.

The manager had a vision and described this as, "I want the home to become the centre of excellence for the local area." The provider and manager told us they were continually striving for a person led environment and supporting people to live their lives as they chose. This ethos was shared by the provider, management and staff team. During our inspection one of the directors showed they knew each person who lived at the home and spent time chatting with people. We heard friendly banter and laughter as people showed they valued the provider's close contact with them. One person told us, "He always seems to be here. He is a really good to us all and always takes time to have a chat." We also spoke with the director who was clear on their vision for the service which included not growing too large as an organisation. The director valued a caring approach to meeting people's needs whilst living in a homely environment where standards were high. In the PIR this was also confirmed, 'As we are still a relatively new service we plan to build upon the good foundations we have put into place and ensure that good practice is firmly embedded in the culture of the service.'

The provider took steps to involve people, their relatives and staff in the service. They achieved this by, amongst other things organising regular staff meetings, resident committee and meetings, and distributing questionnaires to invite feedback on the service. People's relatives felt satisfied with the level of their involvement in their family members care.