Haven Care Homes

Grafton Lodge

Inspection report

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ME
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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

Overall summary

The inspection was carried out on the 8 and 10 December 2015 and was unannounced. The home provided accommodation for up to 20 older people who require nursing or personal care.

The accommodation provided was available over two floors with bedrooms downstairs and upstairs. A small passenger lift and stair lifts were available for access between floors. The provider had recently carried out quite extensive building works and an extension. There had previously been some shared rooms and the provider recognised that people making applications to the home no longer tended to want to share. This had therefore been rectified with the work that had been carried out.There were two lounges, one a quieter lounge that led onto the patio area. The garden and patio area were well maintained providing a safe and accessible area to use in good weather.

At the time of our inspection a registered manager was not employed at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered

Summary of findings

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 and deputy manager had applied to register with CQC and their applications were in progress.

People and their relatives were very complimentary about the service provided at the home. They said they felt safe, happy and listened to. They enjoyed the food and felt their needs were taken care of very well by a caring and professional staff team.

Person centred care plans were in place detailing the individual support and care that people needed. People and their family members had been involved in developing the care plans from the assessment stage through to the regular reviewing of their care requirements.

People were kept safe by robust risk assessments ensuring that risks were managed without compromising the goal of maintaining people's independence. The provider and the staff team were aware of their responsibilities in ensuring that vulnerable adults were kept safe from abuse. The staff were trained and knowledgeable about safeguarding adults procedures. The provider and deputy manager had a sound knowledge of their responsibilities in ensuring the staff were kept up to date with any changes.

The provider ensured safe recruitment practices were followed to ensure any staff that were appointed were suitable to work with vulnerable people. All relevant training was provided for the staff team with regular refreshers to ensure their skills and knowledge were up to date.There were enough staff to ensure that people's support requirements were well met. This was evident by our own observations as well as feedback from people, their relatives and others. The staff team had the time to sit and chat with people as well as engage in activities. This was encouraged by the provider who ensured there were enough staff to enable the important contact of conversation as well as providing care and support.

The home had a friendly and relaxed atmosphere where the staff and the people living there had lots of conversations and lots of laughter. There was also a caring approach where staff took their time with people, allowing them the time to maintain their dignity and independence as far as possible. This enabled the staff to get to know the people living in the home very well and therefore be able to care for them with an individual approach that supported the wellbeing of people.

There was a range of both group and individual activities and staff encouraged and supported people to take part.

People's medicines were managed safely by a deputy manager and staff team who were trained and competent. All medicines recording and storage was well ordered, providing safe and effective practice.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. Restrictions imposed on people were only considered after their ability to make individual decisions had been assessed as required under the Mental Capacity Act (2005) Code of Practice. The registered manager understood when an application should be made. Decisions people made about their care or medical treatment were dealt with lawfully and fully recorded.

We found a home that was well run and the management team were well known and approachable. The people living at the home and the staff team felt valued and respected.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe

Good

Management and staff had a good understanding of how to keep people safe and their responsibilities to report any concerns.

Risks were assessed and managed well, both environmental risks as well as individual risks without compromising dignity and independence.

There were enough staff available to ensure everyone received the support they required.

Medicines were well managed by competent management and staff.

The provider ensured the premises were well maintained and regular servicing of equipment was carried out

Is the service effective?
The service was effective

Good

Staff were well trained and processes were in place to ensure their training needs were kept up to date. Appraisals had taken place with supervision for staff planned.

Management and staff understood the mental capacity act 2005 and could tell us their responsibilities within this to the people they cared for.

People were very happy with the food and availability of snacks. Nutrition assessments were also carried out and reviewed on a monthly basis.

The provider had carried out extensive building works to respond to people's changing wishes and needs.

Is the service caring?
The service was caring

Good

People and their relatives thought the staff were caring in their approach

The home had a relaxed and happy atmosphere where chatting amongst staff and people living in the home was encouraged by the provider. This supported people's wellbeing.

People were supported to maintain their dignity and independence by being given the time to do as much as possible themselves.

People were listened to and their decisions and views were considered important.

Is the service responsive?
The service was responsive.

Good

Pre admission assessments led to person centred care planning and regular reviews of peoples care needs.

Summary of findings

There were a range of group and individual activities available for people to choose from, led by the care team who knew people well.

There was a complaints procedure available for people to access in a prominent position in the hallway, although no written complaints had been made.

Is the service well-led?

Good

The service was well led

There was an open culture where the staff felt able to raise concerns.

The provider was available in the home most days and was fully involved in the running of the home.

The provider gained regular feedback from people, their relatives and healthcare professionals about the service provided.

There was a robust auditing process in place to ensure the quality and safety of the service.

Grafton Lodge

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 8 and 10 of December 2015 and was unannounced. The inspection team was made up of two inspectors and one 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.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. We also looked at previous inspection reports and notifications about important events that had taken place at the service. A notification is information about important events which the home is required to send us by law.

We spoke with six people who live at the home and three relatives to gain their views and their experience of the service provided. We also spoke to two care staff and the registered manager. We asked three health and social care professionals and a pharmacist who have regular contact with the home for their views of the service. We spent time observing the care provided and the interaction between staff and people.

We looked at two peoples care files and four staff records as well as staff training records, the staff rota and team meetings. We spent time looking at records, policies and procedures, complaints and incident and accident recording systems and medicine administration records.

A previous inspection took place on 11 July 2013 the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Good

Is the service safe?

Our findings

People told us they felt safe at the home. One person said, "I feel safe, I don't feel I can be any safer". Another said, "Staff make sure you get into bed alright, they look after you well". We were also told, "I feel very safe, there is always someone on call if you need help" and, "Staff try as hard as they can to help me" as well as, "I worry if I can't walk straight but staff help me".

Relatives felt their loved ones were living in a safe environment. One relative said, "The care is excellent, I can't fault it and it is safe". Others told us, "The home is clean, it is lovely and also well maintained".

We saw staff who were very aware of maintaining people's independence in a safe way. No one was rushed, people were reassured that they could take as long as necessary to make sure they got to where they were going safely.

People were kept safe by staff who had a good understanding of safeguarding procedures and what constitutes abuse. There was an up to date safeguarding procedure in place that set out the steps staff should take if abuse was suspected. Staff had received safeguarding training and could describe to us the various types of abuse. They also knew what to do if they suspected abuse and who to report it to. There was a whistleblowing policy in place and contact details for organisations such as the local authority and CQC were clearly displayed for staff. The staff knew what whistleblowing was and how to report concerns they may have about the service.

People had individual risk assessments to ensure measures were in place to control identified risks without having an impact on people's independence. For example the home had recently had substantial building works carried out to provide an extension to the home. Risk assessments were in place for individuals to make sure they were kept safe when moving around the building. At the same time ensuring people were not prevented from accessing the areas they needed. Staff confirmed they understood how risk assessments worked and why they were essential for people's safety. They told us the managers carried out risk assessments but staff were also involved. They would highlight when a risk assessment needed to be reviewed, for example when a person's needs changed.

A number of environmental risk assessments were carried out and reviewed regularly to keep people, staff and visitors safe when accessing the home. A detailed fire risk assessment was in place which included floor plans and where detectors and extinguishers were sited. Staff knew what to do in the event of a fire and could describe very well the procedure for evacuation. They had been trained in the use of equipment to support evacuation, for example an evacuation chair to help people get down the stairs.

The home had a business continuity plan in place detailing what to do in the event of a major emergency affecting the home. This meant that staff were prepared should such an event occur, for example how to contact the right people and where to evacuate people to. The premises were well maintained by the owner of the home. All necessary servicing of equipment was carried out on a regular basis including six monthly servicing of the small lift. Records were well kept, ensuring the safety of the equipment and premises.

An accident and incident procedure was in place which included the circumstances when a notification must be sent to CQC. Audits were carried out on any accidents or incidents that had occurred, with a focus on picking up themes. For example it had been identified during one audit that two people had more than one fall. Action was taken to ensure a falls risk assessment was put in place for each person and their care plans were updated to reflect this.

There were sufficient staff on duty to ensure people received the care and support they had been assessed as requiring. The manager told us that the home never used agency staff. Absences were covered by staff doing extra shifts or the manager and deputy manager stepping in to carry out care tasks. Staff told us, "Nine times out of ten staff will cover absences, if not managers always do it" and, "The managers are good, they will always stay on shift". Consistency of care and ensuring people knew who was supporting them was the priority for the management team.

Staff told us they had enough staff to meet the needs of people. They also knew the managers were recruiting more staff before they would accept more people into the home following the extension works.

The home employed two cooks who between them worked seven days a week. The staff could therefore concentrate on providing care to people. The home also employed a cleaner and had plans to employ another cleaner as the

Good

Is the service safe?

building had now expanded. A social care professional told us, "I have noticed that there are always a number staff on duty when I've been at the home, and they are always happy to take time with me during the reviews".

A tool to assess and calculate dependency levels of people was in place. This was used at assessment stage to ensure the home would have the staff required to meet the person's care needs.

Staff had been through a robust interview and selection process. The registered manager followed their policy which addressed all of the things they needed to consider when recruiting a new employee. The home had a stable staff group with many of the staff having been with the home for a number of years. We saw that any gaps in employment were explored by the provider at interview and recorded on the interview notes. If they were offered a position then the necessary proof of identity, written references, and confirmation of previous training and qualifications were requested. All new staff had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with vulnerable people. People were protected from the risk of receiving care from unsuitable staff.

People knew why they took their medicines. One person said, "I take medication for arthritis of the spine. If I am in pain the staff give me tablets". Another told us, "I have medication for asthma".

Medicines were kept safe and secure at all times. They were disposed of in a timely and safe manner. Temperatures of the small medicines room and the medicines fridge were checked twice daily to ensure they remained within the correct range. The room was well organised and tidy so that the staff could access the medicines and records easily.

People were protected from the risks associated with the management of medicines. People were given their medicines by trained staff who ensured they were administered on time and as prescribed. The deputy manager assessed the care workers competence to administer medicines following their training.

We observed an effective system for the storage and monthly ordering to ensure that prescribed medicines would be available for people. A number of checks were conducted by the deputy manager and the manager. This ensured medicine was ordered and no excess stock was kept by the home. The deputy manager conducted a monthly audit of the medicine used and medication administration records. We spoke to the local pharmacy used by the home to supply their prescribed medications after our inspection. They told us, "The managers are really good, efficient and are always on top of the medication. They seek advice from us for things such as side effects of medication". We reviewed eight people's medicines administration records. They had been completed accurately with no gaps or omissions. This indicated they had an effective governance system in place to ensure medicines were managed and handled safely.

Good

Is the service effective?

Our findings

People told us the food was very good and they always had plenty of food and drinks.

One person said, “The food is excellent, I really enjoy it”. Another told us, “The food is very nice. I get enough and can have more if I want it” and, “I get help with eating”.

Other comments included, “I get enough to drink and I ask for drinks if I am thirsty” and, “The staff are always bringing in tea”.

People’s relatives were also happy to tell us about the quality of the food, “She likes the food, lovely meals and always water on the table”. Another relative said, “Now she is eating properly, before she was not eating”.

There was ample training available for staff which was set out in a training schedule. The schedule showed where the provider had identified mandatory training for staff and how often they needed to complete this. Eleven topics were identified and the schedule showed how often each one was required. For example fire training was required on induction and then updated each year. Manual handling was to be updated every three years. Training sessions were booked each month so the staff were able to access a session quite easily. Most of the training was computer based; however, each session involved completing a workbook to be able to assess staff learning.

A health care professional told us, “The management also release staff to take advantage of the palliative training provided by our service and they always attend all of the sessions”.

The manager took seriously the responsibility of ensuring the care people received at the end of their life is the best it can be. They ensured the team were well trained in up to date best practice.

Annual appraisals were in place which identified future training development needs for staff. All staff recently recruited had training already completed in their previous role so the provider was able to check their previous experience and see if they were suitable for the role they were applying for. Some staff were completing the new care certificate modules to ensure they were up to date with current practice and enable them to work towards a nationally recognised qualification. There was no formal supervision process in place. The provider told us this had lapsed recently due to them being involved more in the home and care of people. However, the administrator was in the process of setting dates for all the staff to enable them to recommence regular supervision.

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 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. Care plans for people who lacked capacity showed that decisions had been made in their best interests. The manager understood when an application should be made and how to submit them. Care plan records demonstrated DoLS applications had been made to the local authority supervisory body in line with agreed processes. This ensured that people were not unlawfully restricted.

Staff confirmed they always gave choice to people. One staff member told us “For example there is a big range of choices for breakfast, people can have whatever they want basically, so they are supported to make a decision each day. We never presume that because people have the same things most days that they won’t change their mind one day. It is automatic to us to always give choices”.

One person newly admitted to the home had brought in the armchair they had been sleeping in at home for the last twenty years. The staff team respect this decision while also trying to encourage them to use a bed for short periods. We saw another person who liked to get up late morning, sometimes coming downstairs for a late breakfast and other times in time for lunch. Staff would check they were alright but leave them to choose when they got up. People were able to make their own decisions about things that were important to them and these were respected and supported by the staff.

Good

Is the service effective?

People's nutrition and hydration was carefully assessed and monitored to maintain safe health.

Nutrition risk assessments were carried out and available in the individual care plan files. These were completed monthly with a scoring mechanism so changes were easily flagged up and acted upon. People's weights were also recorded monthly. Food intake and fluid input were recorded daily with detailed comments by staff. For example if the person was able to feed themselves or if they had needed some help and how much they had eaten.

Snacks were available throughout the day. People could ask for food and drink whenever they wanted but staff took a range of snacks around regularly to offer to people. We observed the lunch time service. The dining room had been made homely and welcoming for people with staff helping them choose where to sit. This encouraged people to eat in comfort.

Staff responded well to people's health needs and people accessed a range of health care services to ensure the most appropriate care was available. People told us, "If I need a GP the staff will always get me one". Relatives confirmed this by telling us, "I mentioned yesterday about a doctor and the doctor is in today" as well as, "They phone me with any problem but always get a doctor in first". Another comment by a relative was, "They are definitely meeting her health needs. They saw her struggling to breathe and got the doctor in and she had a chest infection".

People had health care plans identifying the support they needed from the staff and the intervention required by health and social care professionals. For example in one person's care plan file where the staff noticed they had lost some weight. They took the person to the GP. No health issues were found but the GP chatted to the person about eating and drinking a bit more. This was recorded in the care file and the staff continued to monitor the person's weight. The home had been quick to respond to a potential health issue by supporting the person to seek appropriate advice.

Another person at the home had recently become sight impaired. The manager arranged specialist training for the staff team. Other health support was arranged to ensure appropriate care was given. Essential items such as a radio and talking watch were also acquired to add to the support and wellbeing of the person. Staff at a local health centre said, "The communication levels with us and Grafton Lodge are excellent. All staff at Grafton listen to the patients and to our clinicians".

The owners were in the process of adapting and extending the building to provide more suitable facilities for the benefit of people. More bedrooms had been added to create only single rooms with more privacy. Some shared rooms had previously been used and this would not now be the case unless people chose to share. Some people currently living at the home had chosen to continue to share a room which was respected by the management team. People were given a choice as to how they wished to live in the home.

Good

Is the service caring?

Our findings

People told us the staff were kind and caring. People said, "This is the best place on earth, lovely people and lovely food" and, "You mention something you like and then another staff member will say, oh you prefer this or that don't you."

Relatives thought the staff were caring. One said, "I am well pleased with it here. I visited a couple of other places, this place has warmth and a lovely atmosphere". Another told us, "Here has a family feeling, friendly, we could not ask for better".

A family member said that staff, "Speak to people in a warm and friendly way and have a laugh and a joke". While another commented, "She always looks immaculate".

Relatives were happy to tell us, "Staff are lovely, very caring and they communicate well" as well as, "Staff are so kind and so affectionate, that is why she is so happy".

Staff had created a positive and welcoming atmosphere. We observed them getting on well with people throughout the day. They were chatting with people, providing physical closeness, singing, clapping to music and having fun. Staff were pleasant and upbeat in their approach, engaging positively with people while at the same time responding to needs and completing tasks.

There were many conversations and discussions, with a constant flow throughout the day giving the impression of an easy going and relaxed environment.

Residents meetings were held regularly and relatives were invited too. People were encouraged to raise things that were important to them such as menu choices and activities.

People were listened to and their views on how they would like things done and when were acted on by staff. There were many conversations where people asked for things they needed or wanted and they didn't have to wait for a response. We were told, "I can ask for things and then change my mind if I want to".

Staff responded quickly to requests for support. We heard one person saying to a member of staff who was passing that they would like to go to the toilet. The member of staff responded immediately saying, "Yes of course, let's go now". The two had a pleasant and ordinary conversation all the way to the toilet.

On speaking to staff we found them to have a good approach and respectful attitude which was encouraged by the manager. For example, "It's a small home so we get the chance to sit and chat to people, we also do the same with relatives so we get to know people really well". We saw many examples of staff sitting down chatting to people and asking them about themselves. Staff told us, "We are not made to feel as though we shouldn't, we are encouraged to".

People were supported to attend to their religious and cultural needs by being supported to go to their preferred place of prayer. A religious leader would be asked to visit if people wanted this and were not able to get out. We were told by the staff that they checked people's cultural needs, for example if people had certain foods they did not eat. One relative told us that their mother went to church on a Sunday and had her lunch out through the support of a local friend and supported by the home.

There were examples around the home of the thought given to provide a home that was homely and easy to get around. Some people had brought their own bed and bedding as this was important to them. There were photographs of the actual toilet on toilet doors for easy identification so people living with dementia could find their way round easily. Light switches were painted a bright blue so they could be seen and identified by people. One of the bathrooms had objects to give it the feel of a 'spa' room. For example candles that were run by batteries rather than real flame were placed around the room to give people a good and relaxing experience in the bath.

Staff described what they did when people were ill and needed to remain in bed. They ensured they were not isolated by regularly sitting with the person for a while, having a chat and attending to any of their needs.

Staff were very aware of maintaining people's privacy and dignity. We were given examples by staff of when people may get upset when they were in the lounge and staff explained how they would take people somewhere more private so they could listen to them and give them reassurance. We were told that this did happen at times as people miss their family and the close contact with loved

Good

Is the service caring?

ones. One person living at the home told us, “Staff always knock on the door and call out my name, they never march in, they always ask first. They always explain what they are doing and ask me first”. People were respected and had their privacy maintained by a staff team who knew how important this was.

People were supported to maintain important relationships. Family and friends were able to visit at any reasonable time throughout the day and evening. Many relatives called in for a visit while we were inspecting.

People talked of family visiting regularly and one person said, “I can maintain links with my family, my daughter and grandson”. Relatives confirmed this by telling us, “There is no problem visiting, the home encourage family to visit” as well as, “There are no problems around visiting, it’s a lovely place, friendly and welcoming”.

A staff member said, “Some people go out with their families“ Staff at local health centre said, “All the staff are caring and kind in their approach to our patient's needs”.

Staff were aware of confidentiality and why it was important to safeguard people’s personal information. All private and confidential information was locked away appropriately. Maintaining and having respect for people’s privacy and dignity was understood to be a responsibility held by the home.

Good

Is the service responsive?

Our findings

The staff carried out detailed pre admission assessments to confirm they could meet people's care needs. Further assessments were carried out on admission to determine the person's individual plan of care and support. People were fully involved in the process wherever possible and signed the care plans as having agreed the content. Relatives also confirmed that they were involved in the assessment process, care planning and decision making where necessary.

The emphasis of care planning was to maintain people's independence. We saw examples of this working during our inspection. People were encouraged to walk from one part of the home to another no matter how long it took and how much support was needed. The care plans were person centred, focussing on the individual and had the headings 'things I am able to do' 'things I would like help with' and 'how I would like this done'. Many areas were detailed within these headings, such as communication, sleeping, mobilising, food and eating and drinks and drinking. Care plans were reviewed regularly and whenever a person's needs changed. Individual risks had been identified and assessments were in place to manage these without compromising people's choice and independence.

People's health was protected by staff who checked to see if their needs had changed. A health and social care professional said, "I always have a senior member of the home who assists me with my visits and they have a thorough knowledge of that person and their changing needs". Staff monitored and re-assessed important areas on a monthly basis. For example, people's skin integrity and the risk of developing pressure areas were checked as were risks to falling. A scoring mechanism was used so it was easy to identify and respond to a person's changing needs.

People were encouraged to join in group activities or do individual things if they chose to. An activities planner was in place detailing group activities planned for each day across the week. Lists of one to one activities on a daily basis and offered to people individually were available. Staff would use these to discuss with people and encourage them to make choices. For example naming games, board games, bingo, playing cards, puzzles and singing and dancing.

The care staff carried out activities and they confirmed they really enjoyed doing this and had the time to as the staffing figures took this into account. We saw many activities being enjoyed throughout the two days we were inspecting. For instance, one member of staff was holding a general knowledge quiz and people were fully engaged answering the questions and chatting and conferring with each other.

A group of children from a local school arrived to sing carols on the day of our inspection, arranged by the home staff. Everyone had a lovely time listening but also chatting to the children and handing out treats as a thank you. Staff also told us, "Managers do take a few people out at a time to the garden centre or a beer garden". This helped people maintain their mental and physical wellbeing and reduced isolation.

There was a complaints procedure in place that clearly stated how people could make a complaint and who to go to if they did not feel their complaint had been dealt with satisfactorily. This was available on the shelf in the hallway with forms to complete if required. There had been no written complaints since the last inspection. One person told us, "Staff keep me comfortable. I have no complaints; I have never had any complaints". Another person said, "If I had a complaint I would find out who to speak to and speak to them". Relatives also confirmed they would know what to do if they had a complaint. One family member told us, "If I was worried about anything I would talk to the manager or one of the carers, they are all very approachable. There are always staff around". Another said, "I have no complaints, I know it is early days but anything I have mentioned has been looked into nigh on immediately". The management team and staff maintained good relationships with people and their relatives. They were present and available and able to respond if issues were raised with them. People and their relatives were complimentary about the management and the staff team when we spoke to them.

Staff described what they would do if someone made a complaint about the home to them. They also confirmed what they would do if they couldn't deal with it straight away themselves and would always keep the manager informed.

Good

Is the service responsive?

Feedback was sought from people during their care plan review. We saw some comments from people, which included that people liked the home, enjoyed the food and company and how hard it would be to find another care home as good.

Good

Is the service well-led?

Our findings

Relatives were happy with the home. One relative said, "The home is well run. You only have to ask and they will get someone to speak with you". Another family member said, "I have been in every day and there is always someone of authority here".

Another comment from a relative was, "Communication is good, there are always staff around".

We were also told by two different relatives "I would definitely recommend here to someone else" and "I have recommended it quite a lot".

Staff at a local health centre told us, "We have no concerns about the excellent service offered to all our patients at Grafton Lodge" as well as, "Yes the service is very well led".

The providers, who were a partnership, owned the home and had run it since 1996. They were both fully committed to making sure people experienced good care. For example, they were both well known to people and staff and were present in the home most days. There was also a deputy manager in place who had worked at the home for many years. One of the provider's and the deputy had made an application to the Commission to be the registered manager. They planned to share the role and responsibilities that this entailed. The provider had decided this would help to maintain a stable management team but also ensure there would always be a registered manager available if either one was absent or on holiday. This hands on approach meant that quality issues could be dealt with promptly and effectively.

The providers and staff delivered to their statement of purpose and mission which stated:

'When people have worked hard all their life, have looked after others and have been independent, we think they deserve extra cherishing. They need a home where individuality is emphasised, with staff that have time to give attention to the small detail and where their choices and beliefs are respected'. We observed this being practised throughout our inspection visit and by the positive comments made by people and their relatives.

The staff told us that the managers were very approachable. If they had any concerns or problems, either personal or work related they felt very comfortable in going to either the manager or deputy manager. Staff said, "I don't have any problems going to speak to the managers about anything" and, "We get notes saying 'thank you girls, well done', that's really nice they're really good like that". We were told that information was discussed at handover but that the staff and managers were constantly keeping each other informed throughout the shift. "Communication is good, we all get on well together. Everyone gets on with everybody". Staff confirmed that they always knew what was going on in the home and were kept up to date with information or changes to peoples care needs

Managers made themselves available so that people, relatives and staff could speak to them. Staff confirmed this to us and said they had no doubts that if they raised a concern it would be acted on immediately. A member of staff told us, "If a whistleblowing concern was raised the managers would definitely deal with it". Another staff member said "they never doubt us".

The provider and deputy manager welcomed suggestions for improvement from staff. We were told by staff, "The managers always say, you work with the people, if you have suggestions please tell us". Regular staff meetings were held where the opportunity was taken to discuss various important topics as well as everyday issues affecting the home and the staff team. A meeting was due to be held the day after our inspection; we looked at the minutes of the last meeting held on 8 July 2015. Discussions included the mental capacity act and deprivation of liberty safeguards. This improved staff awareness and kept their knowledge up to date. People and their relatives were asked their views about the quality of the home by questionnaire. One comment from a visitor on a questionnaire said, 'A quiet lounge area would be good for when we visit'. The home had recently had an extension built and were awaiting the building inspector for final sign off of the works. As a result of this, there was now another lounge available for people to visit with family if they wished away from the main lounge. Other suggestions had been taken on board by the management team demonstrating they acknowledged people's views and tried to accommodate them where possible.

The records of handover meetings between staff from one shift to the next were detailed and well thought through. Guidance and advice was available for staff to follow in most circumstances while on shift. An example would be of sudden death of a person living at the home, who to contact and what to do. This ensured the consistency and

Good

Is the service well-led?

confidence of the staff team in dealing with incidents. Each member of staffs responsibilities on shift were also clearly identified on the handover records, so all staff had detailed guidance as to their duties for the day.

The administrator, who had only been in post since October 2015, had identified a number of audits that needed to be conducted throughout the year. These were set out each month for the provider. We found that the audits were being completed as the programme stated. For example the provider audited four care files each month and recorded the outcome. The actions were followed up by the provider to ensure the necessary changes had been made.

The provider had also set up a questionnaire for people who viewed the home to establish their views of their experience and what they thought. This was done for each viewing even if the person or their relatives did not then come to stay at the home. The responses were positive on four of the forms we viewed. “Really nice home” “Mum would love it here” “Awaiting a room when the extension is finished”. The quality questionnaires for Feb 2015 also raised positive comments especially on privacy and dignity, independence, choice and rights.

Quality questionnaires were completed by healthcare professionals in Feb 2015. Thirteen were sent out with eleven returned. All positive comments from people. The provider collated all the results from all the questionnaires returned which resulted in a score overall. Any negative comments were actioned by the provider. For example one comment was returned from one person living in the home. They commented on the way the menus were planned and the temperature of these meals. This was then discussed more at a ‘residents’ meeting and addressed by the provider. Suggestions were made about some different choices on the menu for dinner. Residents meetings were held regularly and families and friends were also invited to attend.