The Mortimer Society

Frindsbury House

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We inspected this home on 15 December 2015. This was an unannounced inspection.

Frindsbury House provides care and support for up to 23 people with a range of physical disabilities including Huntington's disease and also caters for people with learning disabilities. Frindsbury House is a large home with ample communal space, extensive gardens and purpose built activity and craft rooms for use by the people who use the service. There is disabled access including a wheelchair accessible lift to the first floor. At the time of our inspection, 21 people lived in the home.

There was a registered manager at the home. 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.

People were protected against the risk of abuse. People told us they felt safe. Staff recognised the signs of abuse or neglect and what to look out for. Both the registered manager and staff understood their role and responsibilities to report any concerns and were confident in doing so.

The home had risk assessments in place to identify and reduce risks that may be involved when meeting people's needs such as physical disabilities, behaviour that challenges and details of how the risks could be reduced. This enabled the staff to take immediate action to minimise or prevent harm to people.

There were sufficient numbers of staff to meet people's needs. Staff had the knowledge and skills to meet people's needs, and attended regular training courses. Staff were supported by their manager and felt able to raise any concerns they had or suggestions to improve the service to people.

Staff were recruited using procedures designed to protect people from unsuitable staff. Staff were trained to meet people's needs and they discussed their performance during one to one meetings and annual appraisal so they were supported to carry out their roles.

Safe medicines management processes were in place and people received their medicines as prescribed.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards and the home complied with these requirements.

Staff encouraged people to undertake activities and supported them to become more independent. Staff spent time engaging people in conversations, and spoke to them politely and respectfully.

People's care plans contained information about their personal preferences and focussed on individual

needs. People and those closest to them were involved in regular reviews to ensure the support provided continued to meet their needs.

Staff were aware of signs and symptoms that a person's mental health may be deteriorating and how this impacted on the risks associated with the person's behaviour. People were supported as appropriate to maintain their physical and mental health.

Staff meetings took place on a regular basis. Minutes were taken and any actions required were recorded and acted on. People's feedback was sought and used to improve the care. People knew how to make a complaint and complaints were managed in accordance with the provider's complaints policy.

The registered manager and provider regularly assessed and monitored the quality of care to ensure standards were met and maintained. The registered manager understood the requirements of their registration with the Commission.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

The provider had taken necessary steps to protect people from abuse. Risks to people's safety and welfare were assessed and managed effectively.

The provider operated safe recruitment procedures and there were enough staff to meet people's needs.

People received their medicines as prescribed and regular checks were undertaken to ensure safe medicines administration.

Is the service effective?

Good

The service was effective.

Staff had the knowledge and skills to meet people's needs, and these were updated through attendance at training courses. Staff received supervision from their manager to ensure they had the support to meet people's needs.

Staff understood the requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards, which they put into practice.

People were supported to maintain their health and have their nutritional needs met. People had choices of food at each meal time which met their likes, needs and expectations.

Is the service caring?

Good

The service was caring.

There were caring relationships between people and the staff who provided their care and support.

People's privacy was respected and staff gave people space when they wanted some time on their own.

People were involved in decisions about their care. People

actively made decisions about their care.

Is the service responsive?

Good

The service was responsive.

People were supported in line with their needs. People's needs were assessed and care plans were produced identifying how support needed to be provided.

People were involved in a wide range of everyday activities and led very independent lives.

The provider had a complaints procedure and people told us they felt able to complain if they needed to.

Is the service well-led?

Good

The service was well led.

The home had an open and approachable management team. Staff were supported to work in a transparent and supportive culture.

Staff told us they found their registered manager to be very supportive and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

There were effective systems in place to monitor and improve the quality of the service provided.

Frindsbury House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 December 2015 and was unannounced.

Our inspection team consisted of two inspectors and one expert-by-experience. Our expert by experience had knowledge, and understanding of residential services and of supporting family and friends with their health care.

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 looked at previous inspection reports and notifications about important events that had taken place in the home, which the provider is required to tell us by law. We used all this information to decide which areas to focus on during our inspection.

We spoke with 12 people, two visiting relatives and six relatives on the phone. We also spoke with two staff, two team leaders, assistant cook, a health supervisor, team manager, the registered manager and the provider's head of service who visited during our inspection,

We observed people's care and support in communal areas throughout our visit, to help us to understand the experiences people had. We looked at the provider's records. These included two people's records, care plans, health care, risk assessments and daily care records. We looked at four staff files, a sample of audits, satisfaction surveys, staff rotas, and policies and procedures.

At our last inspection on 04 February 2014, we had no concerns and there were no breaches of regulation.

Good

Is the service safe?

Our findings

People told us they felt safe. Comments included, "I am safe. They (Staff) deal with things well.", "I do feel safe here", "Yes, of course I am safe. They keep my money in the safe for me." and "It is nice to feel safe." She added, "safe and homely." One of the relatives who were visiting on the day stressed, "He is safe and I feel safe here as well." Another relative said, "He feels safe and so do we." They elaborated, "It is such a relief to know he is in capable hands. It has taken an awful lot of worry from me."

Staff told us that they had received safeguarding training at induction and we saw from the training records that all staff had completed safeguarding training within the last two years. The staff we spoke with were aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any suspicions of abuse that may occur. Staff told us the registered manager would respond appropriately to any concerns. Staff knew who to report to outside of the organisation and gave the example of CQC. Staff had access to the providers safeguarding policy as well as the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. The home had up to date safeguarding and whistleblowing policies in place that were reviewed in August 2015. These policies clearly detailed the information and action staff should take, which was in line with expectations. This showed that the provider had systems and processes in place that ensured the protection of people from abuse.

People were protected from avoidable harm. Staff had a good understanding of people's individual behaviour patterns. Records provided staff with detailed information about people's needs. Through talking with staff, we found they knew people well, and could inform us of how to deal with difficult situations such as behaviours that challenges staff regarding service provision to people. As well as having a good understanding of people's difficult behaviours, staff had also identified other risks relating to people's care needs. People were supported in accordance with their risk management plans. Staff demonstrated that they knew the support needs of the people at the home, and we observed support being delivered as planned.

People had individual care plans that contained risk assessments which identified risk to people's health, well-being and safety. Risk assessments were specific to each person. Staff told us they were aware of people's risk assessments and guidelines in place to support people with identified needs that could put them at risk, such as diabetes. Risk assessments were regularly reviewed and updated in line with people's changing circumstances. Guidance was provided to staff on how to manage identified risks. This ensured staff had all the guidance they needed to help people to remain safe.

Staff maintained an up to date record of each person's incidents or referrals, so any trends in health and behaviour could be recognised and addressed. Records of each referral to health professionals were maintained, and used to build up a pattern which allowed for earlier intervention by staff. For example, staff sought advice from occupational therapists about the use of moving and handling equipment to support

people. We spoke with two members of staff who told us that they monitored people and checked their care plans regularly, to ensure that the support provided was relevant to the person's needs. The staff members were able to describe the needs of people at the home in detail, and we found evidence in the people's support plans to confirm this. This meant that people at the home could be confident of receiving care and support from staff who knew their needs.

There were suitable numbers of staff to care for people safely and meet their needs. The registered manager showed us the staff duty rotas and explained how staff were allocated to each shift. The rotas showed there were sufficient staff on shift at all times. We observed that there were sufficient staff on duty to meet people's needs, for example supporting people attending hospital appointments on an individual basis. The registered manager said that if a member of staff telephones in sick, the staff in charge would contact their bank staff team to find cover. This showed that arrangements were in place to ensure enough staff were made available at short notice. The registered manager told us that the roster is based on the needs of people, staffing levels were regularly assessed depending on people's needs and occupancy levels, and adjusted accordingly.

Safe recruitment processes were in place. Appropriate checks were undertaken and enhanced. Disclosure and Barring Service (DBS) checks had been completed. The DBS ensured that people barred from working with certain groups such as vulnerable adults would be identified. A minimum of two references were sought and staff did not start working alone before all relevant checks were undertaken. Staff we spoke with and the staff files we viewed confirmed this. This meant people could be confident that they were cared for by staff who were safe to work with them. The provider had a disciplinary procedure and other policies relating to staff employment.

People were protected from the risks associated with the management of medicines. People were given their medicines in private to ensure confidentiality and appropriate administration. The medicines were given at the appropriate times and people were fully aware of what they were taking as staff explained this to them. We observed two trained staff members administering people's medicines during the home's lunchtime medicine round. The staff member checked each person's medication administration record (MAR) prior to administering their medicines. The MAR is an individual record of which medicines are prescribed for the person, when they must be given, what the dose is, and any special information. People were encouraged to be as independent as possible with their medicines. Medicines were given safely. Staff discreetly observed people taking their medicines to ensure that they had taken them.

Medicines were kept safe and secure at all times. Unwanted medicines were disposed of in a timely and safe manner. A lockable cupboard was used to store medicines that were no longer required. Accurate records were kept of their disposal with a local pharmacist and signatures obtained when they were removed. We saw records of medicines disposed of and this included individual doses wasted, as they were refused by the person they were prescribed for. Fluid thickener, which was used to thicken drinks to help people who have difficulty swallowing, was kept locked away in both the medicine trolley and the cupboard in the medicine room. This demonstrated that the provider ensured medicines were kept safe.

There was a system of regular audit checks of medication administration records and regular checks of stock. The health supervisor and team manager conducted a monthly audit of the medicine used. This indicated that the provider had an effective governance system in place to ensure medicines were managed and handled safely.

Each care plan folder contained an individual Personal Emergency Evacuation Plan (PEEP) reviewed in 2015. The fire safety procedures had been reviewed and the fire log folder showed that the fire risk assessment

was reviewed in August 2015. Fire equipment was checked weekly and emergency lighting monthly. Fire drills took place monthly and those present people staff recorded. Staff had completed a fire competency assessment.

There was a plan staff would use in the event of an emergency. This included an out of hour's policy and arrangements for people which was clearly displayed in care folders. This was for emergencies outside of normal hours, or at weekends or bank holidays. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies. We found that staff had the knowledge and skills to deal with all foreseeable emergencies.

Good

Is the service effective?

Our findings

People told us they had confidence in the staff's abilities to provide good care and believed that the staff had assisted them to make very positive changes to their lives. Comments included, "They are brilliant staff, all good. They (staff) always help us in the bath and that.", "They are excellent at night. I do get the help I need.", "There is all the help I need and I help them out as well.", "I need help to separate my clothes (to do her laundry) and they help me and in the bath as well." And "The staff help me to lose weight, which I like"

Relatives also commented, "We are very pleased to report that when we take our family member out for appointments, such as to the hospital, the dentist and the barber's, a staff always comes with us". "The staff are excellent". "Brilliant" and so well trained".

Staff had received induction training, which provided them with essential information about their duties and job roles. The registered manager told us that any new staff would normally shadow experienced staff, and not work on their own until assessed as competent to do so.

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people with mental illness. Some staff had completed vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. To achieve a vocational qualification, candidates must prove that they have the competence to carry out their job to the required standard. This allowed management to ensure that all staff were working to the expected standards, caring for people effectively, and for staff to understand their roles and deliver care effectively to people at the expected standard. Staff received refresher training in a variety of topics, which included health and safety, fire safety, safeguarding and food hygiene. One member of staff told us that they had attended trainings to help them meet people's needs. These included, death, dying and bereavement, food and nutrition and safeguarding. Staff said, "We had attended MCA/DoLS training and understood the importance of supporting people to make informed decisions".

Staff were being supported through individual one to one supervision meetings and appraisals. This was to provide opportunities for staff to discuss their performance, development and training needs, which the registered manager was monitoring. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We were told that an annual appraisal was carried out with all staff. We saw records to confirm that supervision and annual appraisals had taken place. A member of staff also confirmed training needs were discussed as part of supervision and she could ask for training that would be of benefit to her in her role. They said, "I receive supervision with the manager at least twice a year. I can chat about things whenever I like".

There were procedures in place and guidance was clear in relation to the Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. Guidance was included in the policy about how, when and by whom people's mental capacity should be assessed. Staff had attended Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff evidenced that they had a good understanding of the MCA and DoLS. One staff member explained that every person has

some capacity to make choices. They gave us examples of how they supported people who did not verbally communicate to make choices. Staff were able to describe how capacity was tested and how a person's capacity impacted on decisions. They could all describe how and why capacity was assessed, the statutory principles underpinning the MCA and related this to people that we were subject to DoLS. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Some of the people were currently subject to a DoLS. There were good systems in place to monitor and check the DoLS approvals to ensure that conditions were reviewed and met. The registered manager understood when an application should be made and how to submit one and was aware of a Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

People were supported to have their nutritional needs met. People told us that the food was nutritious and of the required standard for their needs. All who could specify said that there was a choice, and always sufficient food. One person said, "It is brilliant food here, three choices or so, and of course there is enough to eat." Another person said, "The food is lovely. There's a choice as well." and "The food is good and you get a choice. There's plenty to eat and drink." "It is good food, there's a choice of meals and more than enough. What more do you want."

People who required support to eat their meals were discreetly supported by staff in a manner which was respectful and dignified. The care and support during lunchtime was at the eye level of the person staff were supporting. Mealtimes were not hurried which promoted dignity and respect. People were supported to have cold and hot drinks when they wanted them. The kitchen of the home was well stocked and included a variety of fresh fruit and vegetables. Food was prepared in a suitably hygienic environment and we saw that good practice was followed in relation to the safe preparation of food. Food was appropriately stored and staff were aware of good food hygiene practices. People's weights were regularly monitored to identify any weight gain or loss that could have indicated a health concern.

People received medical assistance from health and social care professionals when they needed it. People commented, "There's a doctor within a day, usually", "I go to the lymphedema clinics. It is helping. I have special socks and wraps and the staff helps me with them." "Someone comes with me to see my psychiatrist. They told me I had Prader-Willy as well. It means I am always hungry. They are helping me to lose weight and they weigh me here and at the hospital. I've lost five stone." and "A doctor comes if you need him".

Records confirmed that staff encouraged people to have regular health checks and where appropriate staff accompanied people to appointments. People were regularly seen by their treating team, such as community psychiatric nurses (CPN) and consultants. For example, a CPN visited one of the people in the home during our inspection. They said, "Staff interaction has never been an issue, and they (staff) respond to requests we make quickly." We saw that all health appointments were documented in people's care plans and there was evidence that the home worked closely with health and social care professionals to maintain and improve people's health and well-being.

Staff recognised when people were not acting in their usual manner, which could evidence that they were in pain. Staff spent time with people to identify what the problem was and sought medical advice from the GP when required. People had a health action plan in place. This outlined specific health needs and how they should be managed. Records evidenced that staff had contacted healthcare professionals including, epilepsy nurses, consultants, GPs, community learning disability nurses, mental health services, respiratory nurses, social services, community psychiatric nurse and relatives when necessary. Records also evidenced that people received treatment regularly from the chiropodist, dentist and had regular opticians appointments. People received effective, timely and responsive medical treatment when their health needs

changed.

Good

Is the service caring?

Our findings

One person told us that they felt involved in their care. They said, "They use Skype so that I can speak to my sister who is abroad, which I love".

Relatives commented, "They are so welcoming, in fact more than he is at times", "We are very welcome there. Especially now, that they have that new family room. We can make tea and play cards with her. It is very nice.", "I am most definitely happy with the care. In fact I think we hit the jackpot when we found this Home", "It is absolutely wonderful care here", "I am extremely happy with all the care that she gets there." and "It is a lovely Home and you couldn't get a better one."

Relatives told us that they were able to visit their family members at any reasonable time, they were always made to feel welcome and there was always a nice atmosphere. Relatives described the home as homely.

Some relatives gave us examples of the caring attitude of staff and said, "They all know his name and they come and tell me how he has been." Another said that her loved one was "Always smiling and happy because of the care." A third stressed, "I wouldn't want him anywhere else". She added, "They bring him home for me on a Sunday, then we take him back. It means a lot to him and us".

People told us that staff always respected their privacy and did not disturb them if they did not want to be disturbed. We observed staff treating people with dignity and respect. Staff were attentive, showed compassion and interacted well with people. The environment was well-designed and supported people's privacy and dignity. All bedrooms doors were closed. People were able to personalise their bedrooms. Staff we spoke with during the inspection demonstrated a good understanding of the meaning of dignity and how this encompassed all of the care for a person. We found the staff team was committed to delivering a service that had compassion and respect for people. Staff respected confidentiality. People's information was treated confidentially. People's individual care records were stored securely in lockable filing cabinets in the office, but could be accessed appropriately. We saw evidence that people were asked before information was shared.

Staff knew the people they cared for well. They had good insight into people's interests and preferences and supported them to pursue these. The registered manager and staff that we spoke with showed genuine concern for people's wellbeing. It was evident from discussion that all staff knew people well, including their personal history, preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships. This is a professional relationship between people who used the service and a staff based on ways of engaging with each other, and effect beneficial change in the person.

We found that staff worked in a variety of ways to ensure people received support they needed. Equality and diversity was covered in people's care plans and it details people's preferences and individuality. For example one person likes to be called a certain name at certain times and other times, another name. We observed that staff called them these preferred names. Religious and cultural needs are also taken into consideration and in one person's care plan it said "Likes to attend Sunday or evening service when

possible". This showed that staff supported people based on the person's choice and preference.

We observed staff and people engaged in general conversation and having fun. We noted that staff had time to sit and chat with people at the home. From our discussions with people and observations, we found that there was a very relaxed atmosphere and staff were caring. One member of staff said, "I get to know the people living here well, we spend a lot of time together and it is important that we get along. I know people like to do different things and we also like to share a joke and have fun. It is the place where people live, so I have to be respectful to all."

People were involved in regular reviews of their needs and decisions about their care and support. This was clearly demonstrated within people's care records and support planning documents that were signed by people. Support plans were personalised and showed people's preferences had been taken into account. We reviewed daily records of support which demonstrated that staff provided support as recommended in people's support plans during the day. The registered manager told us that if people's needs required more support during the night, then this was provided as well.

The registered manager told us that advocacy information was available for people and their relatives if they needed to be supported with this type of service. Advocates are people who are independent of the home and who support people to make and communicate their wishes. People told us they were aware of how to access advocacy support. Advocacy information was on the notice board for people in the home.

Good

Is the service responsive?

Our findings

One person said, "I requested to change rooms and had changed rooms to suit me better." Another person said, "They all come quickly when I ring the call bell. If they are very busy it can be minutes, but it can be seconds."

Relatives commented on their experience of staff being responsive. They said, "If we see that he needs changing when we are there, I call someone and two of them always come straight away." Another said, "There always seems to be enough staff" and a third commented "I have never seen a shortage of staff there". All reported that the home was good at keeping in touch and communicating with them.

There was evidence that people's needs were assessed prior to admission and continually throughout their stay at the home. The registered manager undertook thorough assessments of people's needs before accepting them and a structured introduction took place. Each person had an initial referral which included a full case history, as well as a pre-admission assessment. The assessment covered all medical, history, any challenging behaviour, and care needed to manage and safely support the person's needs. The assessment was used to determine whether or not the home could meet the person's needs, and if any specialised tools would be required. For example, if a hoist or moving equipment was required. This meant that people's needs were assessed in detail to ensure their needs could be met at the home.

Each person's detailed assessment, which highlighted their needs could be seen to have led to a range of care plans being developed. We found from our discussions with staff and individuals that the care plans enabled staff to meet their needs. People told us they had been involved in making decisions about their care and support and developing their support plans. People signed consent forms for the provision of support, as well as how the support was to be delivered and recorded, which showed their involvement. For example, people had agreed to the specific detail of their care plan. People's care records were updated to reflect any changes in their needs. For example, in the nutritional care plan it was highlighted in bold that the one person needed 1–1 supervision for mealtimes. It was clear in the care plan that the person could have a normal diet however the food needed to be cut up into manageable pieces. Where specific guidance had been given by the speech and language therapist, it was clearly recorded such as "Avoid dry food, can have biscuits but recommends rich tea. Angled spoon and spouted beaker". It also highlighted that there was a separate menu in place for main meals. This ensured that staff had access to up to date information about people's changing needs.

People had regular one to one sessions with their key worker to discuss their care and how the person feels about the home. A keyworker is someone who co-ordinates all aspects of a person's care at the home. These sessions were documented in the person's support plan and agreed by them. Therefore, people were given appropriate information about their support at the home, and were given an opportunity to discuss and make changes to their support plans.

The provider contacted other services that might be able to support them with meeting people's mental health needs. This included the local authority's community learning disabilities team. Details of Speech

and Language Therapist (SALT) referral and guidance was in place demonstrating the provider promoting people's health and well-being. Information from health and social care professionals about each person was also included in their care plans. There were records of contacts such as phone calls, reviews and planning meetings. The plans were updated and reviewed as required. Contact varied from every few weeks to months. This showed that each person had a professional's input into their care on a regular basis.

The provider used an annual questionnaire to gain feedback on the quality of the service. These were sent to people living in the home, staff, health and social care professionals and relatives. The registered manager told us that completed surveys were evaluated and the results were used to inform improvement plans for the development of the home. Both the head of service and the registered manager told us that they were currently reviewing feedback received.

People told us they were encouraged to pursue their interests and participate in activities that were important to them. One person said, "The staff have supported me developing watercolours. I never started until I became unwell, but have spent time developing and exploring my favourite artists; one of mine is Salvador Dali. We went on a trip to Whitstable...I had been looking for a book on Dali for ages and I managed to find it with the help of staff in shop."

There was a weekly activities timetable displayed in people's care files and people confirmed that activities were promoted regularly based on individual's wishes. There were several communal spaces that could be used, with or without television and space outside as well. One person said, "There is more than enough to do here." Another person said, "I play pool in the pub, I go bowling and shopping." Another person mentioned "Music every Friday" and the newsletter referred to "The Frindsbury Music Group", saying, "Every Friday, there is a music therapist, with participation from almost all of the residents, who sing, play instruments make requests and generally have a lovely time!". Activities were person-centred. People were able to express their wishes and choices though their interests.

There were two activities coordinators employed Monday to Friday to provide activities for people. Activities staff provided a flexible approach to activities to meet people's needs. They recognised that people may not always be well enough to participate in group activity so varied activities daily. Activities staff explained how they provided activities and engagement both in the activities centre (located in the grounds) and in the home. This ensured that people could choose to be in a quieter environment or a noisy environment; this ensured that people's preferences could be met in a person centred manner. The Home clearly placed great emphasis on activities for the people and everyone spoke highly of them. There was a new arts and crafts room, family room, salon and kitchen. These were proudly demonstrated and talked about by staff and residents. One person said, "I do my own washing in here and I love cooking". She offered to do cooking when we visited, and the staff were agreeable. A relative noted, "She loves that art room" and we found the lady in the art room, doing a jigsaw and showing us the felt advent calendar that she had made. Other activities seen on the day included three people doing a music quiz, several watching a Christmas film, a lady making pom-poms, another reading a large book and two residents smoking.

The complaints process was displayed in one of the communal areas so all people were aware of how to complain if they needed to. The information about how to make a complaint had also been given to people when they first started to receive the service and then they discussed this at resident's meetings. The information included contact details for the provider's head office, social services, local government ombudsman and the Care Quality Commission (CQC). Staff told us that they would try to resolve any complaints or comments locally, but were happy to forward any unresolved issues to the registered manager. People told us that they were very comfortable around raising concerns and found the registered manager and staff were always open to suggestions; would actively listen to them and resolved concerns to

their satisfaction.

Good

Is the service well-led?

Our findings

People were complimentary about the home. They told us that both members of staff and management met their needs. Comments included, "It is well run, definitely, with the registered manager there.", "The registered manager is a reasonable manager, overall and a reasonable person."

A relative noted that it was "a well-managed Home" and said of the registered manager, "She is great, fine. She always speaks to us, in fact they all do." Another stressed, "I've met the manager, but not often as I tend to see his key worker. She is very approachable, though. No doubt about that" Others said, "I wouldn't want him anywhere else" and "Compared to other homes, this one is by far the best."

People knew who the registered manager was, they felt confident and comfortable to approach her and we observed people chatting to the registered manager in a relaxed and comfortable manner.

The home had a clear management structure in place led by an effective registered manager who understood the aims of the home. The management team encouraged a culture of openness and transparency as stated in their statement of purpose. The organisations values included 'We recognise that each person is unique and take a pride in our ability to meet specific individual needs. The wellbeing of our residents is paramount and our experienced and dedicated staff team works to ensure that each person in our care feels happy and secure.' Staff demonstrated these values by meeting people's needs based on their assessed needs.

Staff told us that the management team was very approachable. A member of staff said that she enjoyed her role and the registered manager was supportive, she could always ask her for advice. She said "The management team are pretty good. They are approachable. The registered manager helps with direct support sometimes." Staff were confident that any issues they raised would be dealt with promptly. Another member of staff said, "Management is open, fair, not judgmental, good leaders who value people and staff".

We spoke with staff about their roles and responsibilities. They were able to describe these well and were clear about their responsibilities to the people and to the management team. The staffing and management structure ensured that staff knew who they were accountable to.

Staff told us the morale was excellent and that they were kept informed about matters that affected the home. They told us that team meetings took place regularly and that they were encouraged to share their views. They found that suggestions were warmly welcomed and used, to assist them constantly review and improve the home.

We found that the registered manager understood the principles of good quality assurance and used these principles to critically review the home. The registered manager told us they were well supported by the head of service who provided all the resources necessary to ensure the effective operation of the service. The head of service visited the home every month to carry out a monthly audit. We found that the provider had effective systems in place for monitoring the home, which the registered manager fully implemented.

They completed monthly audits of all aspects of the home, such as medicine, care plans, nutrition and learning and development for staff. They used these audits to review the home. Audits routinely identified areas they could be improved upon and the registered manager produced action plans, which clearly detailed what needed to be done and when action had been taken. For example, the latest audit identified that the registered manager should 'chase up all staff to ensure they have read and signed all the care plans'. Records seen stated this had been achieved. This showed that the registered manager acted on the findings which ensured people's needs were met.

There were systems in place to manage and report accidents and incidents. Accident records were kept and audited monthly by the registered manager to look for trends. This enabled the staff to take immediate action to minimise or prevent accidents. These audits were shown to us as part of their quality assurance system. The registered manager said, "We record all incidents and I investigate and also report it to higher management if need be".

Staff had access to a range of policies and procedures to enable them to carry out their roles safely. The policies and procedures had been updated by the management team and cross referenced to new regulations.

The registered manager was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the home. Notifications had been sent in to tell us about incidents that required a notification. We used this information to monitor the service and to check how any events had been handled. This demonstrated the registered manager understood their legal obligations.