The White House Nursing Home

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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

Overall summary

This inspection took place on 23 April 2015 and was unannounced. At our last inspection on 30 April 2013, the service was meeting all the regulations that we inspected.

The White House Nursing Home provides accommodation and nursing care for up to 30 people, including specialist end of life care. At the time of our visit, 29 people were using the service. There was a registered manager in post. 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.

Summary of findings

We found that the provider had appropriate policies and procedures in place to protect people from abuse and harassment. Staff were aware of these. People said they felt safe and would be confident reporting any concerns.

Risks were assessed and managed in ways designed to keep people safe from foreseeable harm whilst protecting their rights and independence. The provider had systems to monitor and learn from accidents and incidents. There were enough staff to keep people safe and respond promptly when they needed help. The provider carried out checks to make sure new staff were suitable for the role.

People's medicines were managed well. Appropriate policies and procedures were in place and staff followed these to ensure they were storing and administering people's medicines safely.

People and their relatives told us staff had the knowledge and skills they needed to provide effective care. Staff received training and support to achieve this. The service worked alongside other professionals to share information about up-to-date research and guidance so staff were equipped to provide care in line with current best practice.

Staff asked for people's consent before carrying out care and provided people with the information they needed to give informed consent. The provider complied with appropriate legislation where people were not able to consent. Where restrictions were placed on people as part of their planned care, the provider followed the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure this was done in such a way as to protect people's rights.

People gave us positive feedback about the quality and variety of food provided. Meals were balanced and nutritious and people were able to choose from a number of options. Where people were at risk of malnutrition, staff monitored this and took appropriate steps to keep people healthy. Staff worked alongside healthcare professionals, people and their relatives to support people's healthcare needs.

People and their relatives consistently fed back that staff were kind, respectful and caring. They said staff went out of their way to make them feel supported. Staff demonstrated empathy with people and took an interest in things that were important to them. Staff supported people to express their views and make decisions about their care. People said they felt listened to and that their opinions were respected. Staff used different methods of communication according to what was appropriate for individual people.

People felt that their privacy, dignity and independence were respected. The service worked alongside relevant organisations and used recognised programmes to ensure they were following best practice in caring for people at the end of their lives.

People had care plans that were responsive to their needs because they were personalised and included people's own views, wishes and aims for the future. People and relatives confirmed that the service continually adapted these with people's input to adjust to their changing needs.

There was a wide range of group and individual activities designed to meet the needs and tastes of everyone who used the service. The service supported people in such a way as to protect them from the risk of social isolation, including people who stayed in their bedrooms. The service had strong links with community groups, including religious groups, and volunteers who also visited the home regularly. People and their relatives felt that their cultural and religious needs were met.

The service responded promptly and appropriately to concerns and complaints, involving people in discussions about how they should resolve any concerns people had. People and their relatives were satisfied with how the service responded to their concerns.

The service had a person-centred, open and inclusive culture in which people felt confident approaching staff and managers with their feedback and staff were continually encouraged to question and reflect on their practice. People and their relatives commented on the homely and friendly atmosphere within the service.

The provider involved people and those who were important to them in developing the service. They did this by collecting feedback and holding meetings where people could suggest changes they would like to be made.

Relatives felt that the service had a culture of continuous improvement. The provider carried out regular audits of

Summary of findings

the quality of the service and responded promptly to any shortfalls that were identified. They sought advice from experts in assessing the quality of the service and used their feedback to drive improvement.

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?

Good

The service was safe. Staff followed the service's policies and procedures in to prevent and report abuse and discrimination.

Risks were managed appropriately both for individuals and at service level. The provider had systems to monitor accidents and incidents and learn from these. Medicines were managed in ways designed to keep people safe.

There were enough suitable staff deployed to keep people safe and respond promptly to their needs.

Is the service effective?

Good

The service was effective. Staff were equipped with the knowledge and skills they needed to provide effective care, through training, support and information sharing.

Staff sought people's consent before providing care. The provider followed relevant guidance and legislation where people did not have the capacity to consent.

The service supported people's nutrition, hydration and healthcare needs by providing a variety of balanced meal choices, monitoring people's intake if they were at risk of malnutrition and involving appropriate healthcare professionals with whom they regularly discussed good practice.

Is the service caring?

Good

The service was caring. Staff consistently demonstrated warmth, respect and empathy in their interactions with people and their relatives. People had positive relationships with staff, who took time to get to know them and the things that were important to them.

People were involved in decisions about their care. Staff used a variety of communication methods to ensure people understood the information they needed to express their views and make choices.

The service supported people's privacy, dignity and independence. Staff allowed people to take the lead in their own care and decide what assistance they needed with each task.

Is the service responsive?

Good

The service was responsive. People had personalised care plans that were regularly reviewed with their input and included people's views about what was important to them.

There was a variety of individual and group activities and clubs inside and outside the home to keep people stimulated and protect them from social isolation.

The provider responded promptly and appropriately to concerns and complaints. They sought people's opinions about how to resolve these and used them as a learning tool.

Is the service well-led?

Good

The service was well-led. There was an open and inclusive culture and people were cared for within a homely atmosphere. Managers were approachable. People, staff and relatives felt that management was open and transparent.

Summary of findings

People and their relatives were involved in developing the service. Their feedback was continually sought and used to drive improvement. The provider encouraged staff to reflect on their practice and learn together as a team.

The provider had robust systems for assessing, monitoring and improving the quality of the service. This included consulting outside professionals for their opinions on aspects of the service they were knowledgeable about.

The White House Nursing 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 inspection took place on 23 April 2015 and was unannounced. It was carried out by one inspector.

Before the inspection, we reviewed the information we held about the service. This included previous inspection reports, notifications of events that the provider is required to inform us about and a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

At the inspection, we spoke with three people who used the service and nine relatives of people who used the service. We also spoke with the registered manager, two representatives of the provider organisation, a visiting healthcare professional, two volunteers and five members of staff. We observed staff carrying out care and support and we looked at four people's care plans, two staff files and other records relevant to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt the service protected them from abuse and harassment. One person said, "I feel safe, very safe. They are doing a good job." Another said, "I feel more than safe enough but if I was worried, I would go to the manager." Staff demonstrated when we spoke with them that they had a thorough knowledge of how to recognise and report potential or actual abuse.

The service had a good safety track record. Before the inspection, we had received no recent reports of any concerns from commissioning authorities, other professionals or representatives of people who used the service. The service had lower than expected rates of allegations of abuse and serious injuries when compared with similar services.

Relatives told us they were pleased with how the service managed people's individual risks. One relative told us how staff used special equipment and regular repositioning to protect their family member from the risk of developing pressure sores and told us they were kept informed of any changes in risk management plans. We saw examples of people's risk assessments. These included personalised risk management plans so staff had access to the information they needed to keep people safe, including people's own views. People had monthly assessments of risk areas such as the risk of developing pressure sores, malnutrition and the risk of falling. Where actions were identified from these, they were incorporated into care plans. For example, if people needed staff to support them with moving from place to place, care plans set out what equipment staff should use, how they should use it and what action they should take to mitigate any risks associated with these tasks. If people required regular checks during the night to ensure they were safe, staff recorded these to show that they had done them according to the care plan.

We saw examples of how risk management plans were designed to keep people safe but also maximise their freedom as much as possible. For example, where people needed to use mobility equipment such as walking frames, risk management plans were based on staff enabling people to use the equipment independently where possible. Records showed that accidents and incidents were recorded, responded to and monitored appropriately, including actions taken to reduce the likelihood of the incident occurring again in future.

There were appropriate arrangements in place to protect people in the event of a fire. We saw evacuation equipment for people who were not able to use stairs. People and their relatives knew what they should do if there was a fire and one relative told us they had been involved in drills and training at the home with the fire brigade. They told us, "They take fire safety very seriously." We saw that each care plan contained a personalised emergency evacuation plan (PEEP) to inform staff of what support each person would require from staff in an emergency situation.

The home was clean and well-maintained and bathrooms were large and uncluttered to allow staff to use moving and handling equipment safely. The provider ensured that equipment including fire safety equipment, call bells and lifting and mobility equipment were regularly checked and serviced by the manufacturers. The provider carried out regular safety checks and audits to ensure staff were following the correct procedures to keep people safe.

People felt there were enough staff to care for them safely. The registered manager told us that if they were short of staff or people's needs increased, they were able to use local agencies to supply extra staff. They told us they were able to request the same staff from the agencies to ensure continuity and so that people were cared for by staff who were familiar with them. Relatives confirmed that they had seen more staff working on shift when more people were using the service and rotas showed that current staffing levels were consistently met. We observed that where people called staff for assistance, they did not wait longer than two minutes before receiving the help they requested. One person told us, "If I need it, I just have to ask if someone can [support me with personal care] and they do straight away. It's very good."

We saw evidence that the provider carried out relevant checks on new staff to reduce the risk of people being cared for by unsuitable staff. These included references, criminal record checks and proof of qualifications.

People told us they were happy with how their medicines were administered and given to them. One person said, "Staff always give me my medicines. They keep me in the picture as to what's happening [with any changes in

Good

Is the service safe?

medicines].” A relative told us their family member had a history of refusing to take medicines but staff were good at coping with this situation. They told us, “They explain what the medicine is for and come back later, and then [my relative] will take it.”

Care plans contained detailed information about the medicines people were taking and what they were prescribed for, including any special instructions for administration. This information corresponded with people’s medicines administration charts (MARs). We looked at a sample of MARS and found medicines were appropriately recorded with no gaps in the records. Nursing staff were familiar with policies and procedures about the safe handling and administration of medicines and we saw that medicines were stored appropriately, within their use-by dates and accurate stock records were maintained. This helped to ensure people received their medicines safely and in line with appropriate guidance.

Good

Is the service effective?

Our findings

Relatives told us staff were knowledgeable about people and how to meet their specific needs, such as those around particular medical diagnoses. One relative told us their family member's health had been deteriorating due to a medical condition but they were "always reassured that [staff] are able to cope with the deterioration and continue with her care." Another relative said staff had received specific training around their family member's health condition so they knew what support the person was likely to need and how to tell if they required medical intervention.

Staff received an induction programme when they started work, supervised by the clinical lead. This helped to ensure that they were sufficiently skilled and knowledgeable before they started working with people. Staff we spoke with were able to tell us about the training they received about how to meet people's needs and provide high quality care, such as how they would prevent, recognise and deal with the development of pressure sores. Staff had annual appraisals to assess their performance and any training and development needs they had.

We saw evidence that staff attended monthly meetings to discuss best practice in end of life care. This included discussing each person and how well care plans were meeting their needs and preferences along with how well staff were adhering to best practice guidance for that person. One member of staff told us that because they worked part time, the registered manager always updated them about anything the team had discussed in their absence. Staff told us they had regular one-to-one supervision with their line managers, which they found useful. They said this gave them the opportunity to discuss their strengths and needs in terms of practice and professional development. Managers and staff agreed targets for staff to work towards and discussed these at each session to help them monitor and maintain good practice and continuous improvement. Healthcare professionals working alongside the home told us the provider regularly sought their views about best practice and ensured staff followed appropriate guidance.

We observed that staff sought people's consent before carrying out care tasks. We saw a member of staff knocking on a person's bedroom door, waiting for the person's consent to open the door and explaining to the person why they had come to their room and what they proposed to do. They waited for the person to agree before entering their room and continuing with the task.

Where people did not have the capacity to consent to decisions about their care, the provider followed appropriate guidance. Records showed that in such cases, the provider carried out assessments of mental capacity to demonstrate that people were not able to make decisions for themselves and involved other relevant people to come to a decision about what was in the person's best interests. Where people did have capacity, they had signed to indicate that they consented to the proposed care plan being carried out. Staff were aware of when it was appropriate to report the need for mental capacity assessments, because each person's care plan contained guidelines about their mental capacity and when it was appropriate to do a capacity assessment for that person.

The provider followed the requirements of the Deprivation of Liberty Safeguards (DoLS), which are designed to ensure that where a person is deprived of their liberty as part of their planned care, this is done only when necessary and in such a way as to protect their rights. DoLS applications had been made to the relevant authority when required and these had been approved. Staff were knowledgeable about when DoLS applied and when they should report to their manager about potential DoLS issues.

People said the food provided at the home was "excellent." Relatives told us there was a good variety and the food always looked appetising. Two relatives said their family members had put on weight since living at the home, where weight loss had previously been a concern. Records confirmed that this was the case for one other person who had previously been identified as being at risk of malnutrition. We saw evidence that if people were assessed as being at risk of malnutrition or weight loss, staff monitored their dietary intake to make sure they had enough food to meet their needs. Staff told us this was done based on people's weight and other factors determining what a healthy food intake would be for them. Relatives confirmed that any specific needs around eating, such as soft or pureed diets and support with eating, were met. These were specified in care plans alongside guidance from dietitians so staff had the information they needed.

People and their relatives said they were happy with the meal choices offered. We saw a menu board in a

Good

Is the service effective?

communal area with choices displayed for the day's meals. There was a four-week menu plan with a variety of balanced meals so people could choose their meals in advance. If meals contained ingredients people were allergic to, this was marked on the menu plan so people knew which dishes they should avoid. Relatives told us staff took time to get to know people's likes and dislikes around food so they could support them to make choices if they were not able to do so without help. We observed staff offering people a choice of main dishes at lunchtime, along with further choices of side dishes including fresh salads. The food was appetising in appearance and smell and people appeared to enjoy it. People were able to choose whether to eat with others or at more secluded tables, which helped to ensure that mealtimes were a comfortable and positive experience for people.

People received the support they needed to remain adequately hydrated. We observed staff regularly offering people drinks throughout the day and with meals. People had access to facilities to make their own drinks and fresh fruit was available from bowls in communal areas throughout the day.

People had access to the healthcare support they needed. One relative told us, "They are looking after [my relative's] health well. There were a lot of issues before moving here, but they have taken care of everything." Relatives told us staff communicated well with them so they knew when healthcare appointments were.

A visiting healthcare professional told us staff were good at following their recommendations. We saw that recommendations and guidance from healthcare professionals were incorporated in people's care plans to facilitate this. Healthcare appointments were recorded in people's files, including decisions made by healthcare professionals that affected people's care plans.

Good

Is the service caring?

Our findings

People and their relatives commented on the friendly and caring attitude of staff and a visiting professional said staff were very caring and respectful of people. Relatives told us the staff respected and valued everyone equally whether they were colleagues, people using the service or people's relatives. One person said, "It's friendly here. The staff are very nice." Relatives told us, "We are treated as part of a family" and, "The staff are excellent. They are very caring and go out of their way for people," including domestic staff. One relative told us their family member stayed in their bedroom and did not talk much but all staff, including domestic staff, stopped to talk to them when passing. They said, "Nine out of 10 don't get a response but they still make the effort to talk to [my relative]."

We observed staff interacting with people in ways that showed they knew one another well. For example, we saw a member of staff approaching a person and discreetly asking if they were in pain because they looked uncomfortable. The person said they were and the member of staff sympathised and offered the person a painkiller that was prescribed for them to have as and when required. We observed another member of staff giving a person encouragement by telling them their mobility was improving. Care plans contained information about people's life history, previous jobs and the things that were important to them to help staff get to know them and develop positive relationships.

We saw staff joining in with group activities and giving people encouragement to get the most out of them, demonstrating that they took time to develop positive relationships with people. Throughout our inspection we saw staff chatting and laughing with people who used the service and people appeared to enjoy the interactions. One relative told us, "Staff take pleasure in making people happy." Volunteers told us they enjoyed working at the home because "everybody is so friendly and we all get to know the residents so well." One volunteer told us they gave their time to the home as thanks for the "wonderful care" their relative received there.

People told us they were enabled to make decisions about their care. One person said, "They always ask how I want things done." Relatives told us staff listened to people and respected their opinions. People were involved in reviews of their care plans so that they had the opportunity to be involved in making decisions about their care. One relative told us, "We had a review and [my relative] said she didn't need to go home because she has everything she needs here." We saw that care plans contained information about people's expectations, hopes and concerns around their care and these were taken into account in the care plans.

There was information in care plans about the diverse communication methods people used and how staff should communicate with people in a way they understood. This included, where people had factors that affected their cognition, information about how to support them to make decisions about their care. For example, one person's care plan set out how staff could tell if the person understood what they were saying and instructed them to revisit the person later if necessary to support them to understand the information they needed to make decisions for themselves. We observed a member of staff showing one person pictures to help them understand the information they wanted to communicate.

People told us staff respected their privacy and that they were always able to choose whether they wanted to have their own private space or join others in communal areas. They told us staff were always careful to shut doors and close blinds when they were supporting people with personal care. Care plans contained information about how each person would like staff to support them with personal care to preserve their privacy and dignity. This included people's preference about whether they liked to be supported by male or female staff.

The service promoted people's independence in various ways. For example, communal lounges contained kitchenettes so people and their visitors were able to make their own hot and cold drinks. We observed a member of staff noticing one person was having trouble cutting their food and asking them if they would like support and if so, how much support they needed. The member of staff allowed the person to make their own choices and direct them in terms of how they wished to be cared for. We noticed that the member of staff addressed the person in a friendly and respectful tone and both they and the person were smiling throughout the interaction. Care plans also contained information about each person's level of independence for various tasks and how staff should support them to maintain this.

The service is accredited to the Gold Standards Framework, an evidence based training and support system for services

Good

Is the service caring?

providing care to people at the end of their lives. This helped staff to ensure that the care they provided at the end of people's lives was based on best practice. Staff told us they had become more confident in supporting people and their families in a caring, compassionate way that preserved their dignity and comfort. A relative of a person who had died at the home said, "I felt well supported, absolutely. They never leave anyone alone at the end of their lives. They are always there for people." Another relative told us that staff always ensured their relative was comfortable as they approached the end of their life and that they had been visited by a member of staff from the Princess Alice Hospice that morning to ensure they were comfortable and not in pain. They told us the service worked well with the hospice. Staff told us how they assessed pain for people who were not able to communicate verbally by using evidence-based assessment tools.

We saw that people had end of life care plans that were developed with them and their relatives. These were so staff knew what was important to people and their families at this time, such as whether they wished to remain at the home, any religious or cultural needs, preferences for funeral arrangements and anything else that was important to them. One member of staff gave the example of a person who wanted a particular piece of music played as they died, which staff did for them. The service worked with people's GPs to review their care plans weekly and address their changing needs as they approached the end of their lives.

Good

Is the service responsive?

Our findings

People received care that was responsive to their individual needs. Care plans and risk assessments were carried out with people's individual input and there was information explaining why each aspect of the care to be provided was important to the person. These were regularly reviewed with people and, where appropriate, their relatives to ensure they were up to date with people's changing needs, views and preferences. One relative said staff had gradually changed the way they supported the person with manual handling as their needs changed over time. Another relative told us, "They deal with everyone as individuals. They know [my relative] and adjust all the time to her needs."

People told us they were able to choose how to spend their time. People and their relatives told us about a wide variety of activities to suit different needs and tastes such as baking, various arts and crafts, gardening, exercise, games and visiting entertainers. One person said, "There is enough to keep me occupied. I seldom want to go out, but the trips are very interesting when I do." There was a full-time activities manager and two volunteers were leading organised activities in the home during our visit. The activities manager told us this meant they had more time to engage in one-to-one activities with people who required extra support and those who stayed in their bedrooms. We later saw them engaging in a number recognition exercise with one person, which another member of staff explained was designed to help the person recover skills they had lost after a stroke. We saw a monthly report the activities manager produced to monitor which activities were most popular and what each person enjoyed. These were used to update care plans. DVDs, music and books were available for people to make their own entertainment if they preferred.

Several relatives told us their family members had become more active and sociable since living at the home and had been able to try new things as well as continuing with what they previously enjoyed doing. One said the service was proactive in finding appropriate activities to keep people stimulated according to their individual needs. Another gave examples of these, such as staff playing their relative's favourite music for them as they were no longer able to communicate verbally. They said, "A lot of thought goes into it."

People and their relatives felt that their cultural and religious needs were met. One relative told us staff had supported their family member to dress in clothes and jewellery from their culture for a family event they attended. The activities manager told us how they responded to people's cultural needs in terms of offering appropriate activities for occasions such as Chinese New Year, Hindu festivals and St Patrick's Day. This also helped provide structure throughout the year for people who were disorientated in time. On the day of our visit, the home was decorated for St George's Day with flags and flower arrangements that people using the service had created. We heard people talking to staff about the memories these items evoked for them. The home was also decorated with people's own artwork and 'nostalgia' items such as 1950s advertisements. Staff told us religious leaders visited the home and held special services for occasions such as Remembrance Day.

People told us they were supported to take part in social life in the local community. Relatives gave examples of activities the home enabled their family members to do, such as trips to garden centres, local attractions and theatres. This helped to ensure that people were protected from social isolation and promoted their quality of life. The service maintained a variety of links with the local community, such as other local care homes they sometimes did joint activities with, local places of worship and Scout and Guide groups.

Staff also took steps to protect people who preferred or needed to stay in their bedrooms from social isolation. A relative told us that when their family member was no longer able to leave their room, staff made sure that their bed was positioned so they could see who was passing in the corridor as they liked the door to remain open. We observed staff asking one person if they wished to take part in a group activity even though they did not normally take part. There were also clubs within the home for people with similar interests such as sewing. This promoted people's social wellbeing and helped them maintain skills they had learned throughout their lives.

People and their relatives told us staff responded to any concerns they raised. They said they would feel confident raising concerns and complaints with the registered manager and had no reason to fear they would be discriminated against for doing this. One relative said, "They always listen. They are very good. Any niggles are

Good

Is the service responsive?

dealt with straight away." Another told us, "They are very responsive to feedback" and a third said, "Once you say something, it's always addressed. I never have any problem speaking to them." Staff told us they always reported any concerns people had to the registered manager, who then discussed with people how they wanted their concerns addressed and whether they had any suggestions to make things better.

The complaints policy was displayed where people and visitors could see it in the home. We looked at the provider's complaints records and saw they had carried out an audit to identify any trends in complaints or concerns that had been raised. Records showed that action was taken promptly in response to complaints and this was fed back to people and, where appropriate, their families to check that they were satisfied with the response.

Good

Is the service well-led?

Our findings

People and their relatives felt the service had an inclusive culture. They told us, "They always keep us updated if there are any changes." All of the relatives we spoke with commented on the "homely atmosphere" of the service and told us the staff, including the registered manager and senior staff, were open and approachable. Staff told us managers were very supportive and they felt able to discuss with them anything they wanted to. We observed that staff were smiling and speaking in friendly tones and there was a pleasant smell of baking in the home. One relative told us they had seen a lot of nursing homes but as soon as they entered this home they "immediately knew I wanted [my relative] here."

Relatives commented on the home's culture of equality between staff and people who used the service. One relative said, "Staff always get involved with things that are important to residents. They do things together, above and beyond what other homes do." The service had a clear vision and values that staff consistently told us about, such as providing person-centred care that enabled people to enjoy life as much as possible whilst meeting their care needs. People, relatives and staff all felt that the culture was open, transparent, mutually supportive and "like a family." Staff told us they maintained a good relationship with families after their relatives died.

Relatives told us they felt included and involved in the running of the service. They knew when the next residents' and relatives' meeting was and told us these gave them the opportunity to discuss how they would like things done at the home. They told us the management were very good at keeping in touch with them and that they received regular newsletters to keep them up to date with events at the home. Minutes from residents' meetings showed that people had the opportunity to discuss the quality of food, personal care, activities and other areas that were important to them. A relative told us that their family member had difficulty retaining information but staff made sure they felt involved by repeating things as many times as the person needed them to. The relative felt this enabled the person to be "involved in things" as they had the information they needed to make suggestions and comments.

The provider carried out surveys to gather people's feedback about the service. They did this through an independent company to help reduce bias. We looked at the results of a survey carried out in 2014 and saw that people consistently fed back that each aspect of the survey was good or excellent.

Relatives told us the service was well run and leadership was always visible. Two relatives commented on the low staff turnover and the continuity of leadership, which had enabled them and their relatives to build positive relationships with staff and management. Staff told us the manager knew all of the people who used the service well. The service had a hierarchy of management with clear responsibilities and lines of accountability. Staff we spoke with knew who was responsible for each aspect of the care they provided, for example who the clinical lead was.

Relatives said the service had a strong culture of continuous improvement and that the provider was always striving to provide a better service for people who used it. One relative said, "Things are always being improved and updated. It's constant." Three others told us they would recommend the home to others. Staff felt that the quality of care provided at the home was good and also said it was always improving. They told us they received constructive feedback from their line managers to help them provide better care.

We saw evidence that the provider used the Gold Standards Framework to support them in providing high-quality care to people at the end of their lives. They did this by reflecting as a team on what had gone well and not so well for each person and how to improve people's experience in future, working with GPs and other professionals to get advice on good practice and collecting feedback from people's relatives about how well supported they felt at the end of their relative's life and how well the person's end of life care plan had supported their wishes. The feedback we saw was positive. The provider also shared information with GPs on a monthly basis so they were aware of any relevant changes in their patients' health or life expectancy.

We also saw evidence that line managers discussed good practice with staff in one-to-one supervision. They did this by choosing a topic to discuss each time, such as the Mental Capacity Act (2005). This helped the provider to gauge staff knowledge, share information on good practice with staff and monitor how well they were following

Good

Is the service well-led?

guidance. Managers also used supervision to monitor the culture of the service by giving staff the opportunity to discuss their working relationships with colleagues and people using the service.

The provider carried out a variety of checks and audits to make sure people received high quality care. These included visits from external professionals, such as a pharmacist's inspection in December 2014. This had identified some minor areas for improvement, which the provider had completed by the time of our visit. This showed that the provider responded promptly to feedback and used it to continually improve the service. The provider carried out internal inspections and the results of these were discussed at staff meetings to enable a culture of reflective practice and continuous improvement.

We saw evidence that the provider had also carried out audits including policies and procedures, moving and handling practices, care plans, call bells, accidents and incidents, staff knowledge and fire safety within the last two months. The clinical lead also audited care by carrying out structured observations of staff providing care to people. If they identified any issues, they discussed them with both the member of staff and the person they were providing care to. This helped to ensure that people's own views were used to monitor and improve the quality of the service.

We saw that any actions that were identified from audits were completed promptly, as were those identified at staff meetings. We saw evidence that the provider discussed accidents and incidents with staff and used this as a learning tool to improve the quality of the service and address any safety concerns.