Care Quality Commission

Country Care Home Limited

Hill House Residential Home

Inspection report

Hill House
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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

Hill House Residential Home provides accommodation and personal care for up to 19 older people. At the time of our inspection there were 15 people living in the home.

We inspected Hill House Residential Home on 28 and 29 October 2015, this inspection was unannounced. During our last inspection on 5 September 2013, we found the provider satisfied the legal requirements in the areas that we looked at.

There was a registered manager in post when we inspected 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 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 manager was accessible and approachable. Staff, people who used the service and relatives felt able to speak with the manager and provided feedback on the service.

Summary of findings

People were not informed by staff when the menu choice for the day was changed. When people received their lunch time meal it was placed in front of them unannounced and they were unable to have control over the portion size. One person who had been identified as having difficulties around swallowing and at risk of choking was left for large amounts of time unsupervised during the meal. The manager told us this would be addressed and there should always be a member of staff present in the dining room during meals.

The service had a strong commitment to supporting people and their relatives at the end of their life . The management team were determined that people should remain in the home being cared for by the staff they knew unless the home could not provide the level of care someone might need at end of life. Documentation that we looked at did not show that people's end of life wishes were being reviewed, this meant that whilst good practice around end of life care was happening the records did not support this.

People told us they felt safe living at Hill House and they were well cared for. The provider had systems in place to manage risk and protect people from abuse. Staff had a good understanding of safeguarding and whistle-blowing procedures. They also knew how to report concerns and had confidence in the manager that these would be fully investigated to ensure people were protected. All of the staff we spoke with were knowledgeable about the requirements of the Mental Capacity Act 2005.

Safe recruitment procedures were followed and there was a comprehensive twelve week induction programme in place. Staff told us their induction prepared them well for their role and they were able to shadow experienced team members and get to know the people they would support.

People and relatives were very complimentary about the caring nature of staff. Staff were knowledgeable about people's needs and people's privacy and dignity was always respected. Staff explained the importance of supporting people to make choices about their daily lives. People told us they were involved in decisions about their care and systems were in place to monitor and review people's changing needs.

There were clear policies and procedures for the safe handling and administration of medicines. People were supported to access healthcare services to maintain and support good health. Where people were at risk, the home worked alongside the community health professionals and put measures in place to support people.

The manager had effective quality and monitoring systems in place. This included a daily report from staff on events during a 24 hour period. The home actively encouraged feedback from people using the service, their relatives and staff. Feedback forms were available in the home and the staff had an expressions tree board to make comments on.

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

This service was safe.

The provider had systems in place to manage risks and safeguarding matters and this ensured people's safety. People and their relatives told us this was a very good service and a safe place to live.

People were protected by safe recruitment practices in place.

People's medicines were managed safely.

Is the service effective?

Requires improvement

This service was not always effective.

People's wishes were not always documented effectively or support given in line with the care plan guidance.

People's choices around meal times were at times compromised.

Staff were knowledgeable about the needs of the people they were supporting.

There were arrangements in place to ensure staff received regular supervision and appraisals.

Is the service caring?

Good

The service was caring.

People were involved in making decisions about the support they received.

People and family members we spoke with gave us very positive feedback about their care workers and told us they were caring.

People said they were treated with dignity and respect. Staff told us how they aimed to provide care in a respectful way whilst promoting people's independence.

Is the service responsive?

Good

The service was responsive to people's needs.

People's needs were assessed before they moved in to ensure that the service could provide the care they needed.

The service listened to people's views and responded to their feedback.

People were supported to take part in activities and to maintain relationships with their friends and families.

People were confident that any complaints they made would receive an appropriate response.

Summary of findings

Is the service well-led?

Good

The service was well led.

The registered manager provided good leadership and encouraged people, their relatives and staff to contribute to the development of the service.

Records relating to people's care and to the safety of the premises were accurate, up to date and stored appropriately.

There registered manager had implemented systems of quality checking that ensured standards in key areas of the service were monitored.

Hill House Residential 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.

The inspection took place on the 28 and 29 October 2015 and was unannounced. The inspection team consisted of one inspector and an Expert-by-Experience. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service. This service was last inspected on 5 September 2013 and had no concerns.

We reviewed the provider information return (PIR) prior to this inspection. 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.

Before the inspection we checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with nine people living at the home and seven relatives/visitors, six staff members, two visiting health professionals, the registered manager and the operations manager.

We reviewed records related to people's care and other records related to the management of the home. These included the care records for four people, medicine administration records (MAR), five staff files, feedback forms and a selection of the services other records relating to the management of the home.

We observed care and support in the communal lounge, library and dining area during the day and spoke with people in their rooms. We spent time observing the lunchtime experience people had and observed the administering of medicines.

Good

Is the service safe?

Our findings

During our inspection we saw that the cleaning trolley was frequently left unattended in the corridor. Most of the people living in the home had capacity to understand the purpose of the trolley and its contents but it contained cleaning products unattended that posed a potential risk. We discussed this with the registered manager who informed us that staff should all be aware of locking the trolley away when not in use, and would ensure that this was raised with staff and that they understood their responsibility in doing this.

We observed that the hallways, bedrooms, and communal areas were very clean. People told us that their rooms were cleaned and serviced regularly. One person said "I have a very clean and tidy room". Another person commented "they clean it every day, I've no complaints". A visiting health professional told us "it always smells clean when we come in". Hand gel dispensers were readily available in the front entrance with a notice asking visitors to 'please wash their hands before and after visiting people'. Staff told us they never run out of domestic cleaning equipment and we observed that the cleaning trolley was differentiated and colour coded cloths, mops and buckets were used to ensure that the possibility of cross-infection between high risk toilet areas and low risk room areas was reduced.

People told us they felt safe living at Hill House because staff knew them and knew how to care for them in a safe way. One person told us "You couldn't wish for anything better, it is safe, people are careful and I have no grumbles". Another person said "No question this is a secure and safe home, no one can enter the building because there is a security lock on the front door". The relatives we spoke with felt their family member was safe at the service, comments included "I know that when I leave, my relative will be safe and well looked after, I had previous experience of the home and that's why they are here", "Very safe place because of good care, my relative needs to be monitored carefully to ensure they are kept safe, they are very good at that".

The registered manager had taken steps to protect people from the risk of abuse. There was a safeguarding policy in place, and staff were aware of how to protect people and the action to take if they suspected abuse. Staff told us "we safeguard everyone, safeguarding is making sure there is no abuse or neglect and that people get the right treatment". One visitor said "Since I have been visiting, I have never seen anything that would give me cause for concern".

Staff had up to date information to meet people's needs and to reduce risks. Potential risks to people, in their everyday lives, had been identified, such as risks relating to personal care, mobility, their health and the management of behaviour where people may harm themselves or others. Each risk had been assessed in relation to the impact that it had on each person. A policy on residents rights to take risks, stated 'risk taking can make a positive contribution to the residents quality of life, wellbeing, independence and autonomy'. Risk assessments were reviewed regularly by the manager to ensure safety measures put in place were not restricting their quality of life.

We observed the guidance around risks that was available for staff to follow about the action they needed to take to protect people from harm. For example, one person who was at risk of falls during the night had been provided with bed rails, and extra nightly checks to the standard hourly ones were being completed for this person. Another person who was on oxygen had a breathing care plan in place and information detailing the appropriate storage, use and cleaning of the equipment. A further leaflet about what staff should do if the person became breathless was in the care plan. Oxygen signs were clearly displayed on the person's door, and in staff areas alerting them.

The premises were kept safe for people because the home, the fittings and equipment were regularly checked and serviced. These records were comprehensive, appropriately completed and updated, and included internal and external environmental checks. Staff told us if they noticed any concerns around the home they would log it in the maintenance book. The maintenance log was being signed each time to say a job had been completed.

People had a personal emergency evacuation plans in place (PEEP). A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of a fire. People's safety in the event of an emergency had been carefully considered and recorded. For example we saw recorded that one person 'walks very slowly with a frame and would need to be transferred to a wheelchair'. Another person's PEEP stated they 'walk

Good

Is the service safe?

independently but would need guidance in an emergency'. This was been regularly reviewed and updated as necessary. There were fire notices on the back of each person's bedroom door, which gave instructions on what to do in an emergency and where to go. Fire alarms and fire extinguishers were clearly labelled and within their service date and around the home the locations postcode was displayed so people had it to hand if dialling for help in an emergency.

A contingency plan was in place for adverse weather conditions such as floods or snow or major staff sickness. This gave information on how to alert people, where to go, and ensuring people had their basic needs supported. A decision log accompanied this to record all actions taken in such an event for monitoring and improvement purposes if needed.

Before people came into the home, the registered manager completed an assessment to ensure they could provide staffing that was sufficient to meet people's needs. People's levels of dependency were reviewed regularly, and this information was used to calculate how many staff were needed on a shift at any given time. Staff told us they sometimes felt under pressure if an event out of the ordinary occurred such as a person falling but generally they felt happy with the levels of staff. Comments included "we work as a team, if someone goes off sick we just all help each other", "the staff team is very nice, if there's a problem it gets sorted". People living in the home told us "I don't usually have to wait for help", "Staff are always around if I need anything" and "If I ring then someone comes in a reasonable time". The registered manager told us they try to look at skill matching within their staff team to ensure staff work efficiently together and meet the needs of people they care for. We observed that people in their rooms had their call bells placed within easy reach, and during the day call bells were answered quickly. Staff told us if a call bell goes when both carers are in with one person, that person is made safe first, and one carer waits with that person, but does not continue giving care until the other staff member returns.

Recruitment practices were safe and checks were being carried out to make sure that staff were suitable to work with people who needed care and support. These checks included obtaining suitable references, running identity checks and completing a Disclosure and Baring Service (DBS) background check, and checking employment histories. The registered manager interviewed prospective staff and kept a record of how the person performed at the interview. The probation period to monitor staff in their new role had been increased by the registered manager from three months to six months to allow them longer to assess the new staff member.

Medicines were managed safely. All medicines were stored securely and appropriate arrangements were in place for ordering, recording, administering and disposing of prescribed medicines. Medicine that had been administered was clearly recorded on a medication administration record (MAR). Each MAR had a photo of the person so they could be clearly identified as the right person for whom the medicines were prescribed. Accompanying this was guidance on how the person liked to take their medicine. For example for one person it stated "I take my medication with a carer passing me my tablets into my hand for me to place into my mouth". Clear guidance was in place for people who took medicines prescribed 'as and when required' (PRN). There was a written criteria for each person within the medicine files, who needed 'when required' medicines. This gave people assurance that their medicine would be given when it was needed. Medicines audits were carried out monthly by the deputy manager who was also responsible for ordering people's medicines.

During our inspection we observed the lunchtime medicine round. We saw that the staff followed safe practice. This included wearing a red tabard that informed people they were conducting a medicine round and taking medicine to each person one at a time. The staff member sat with that person whilst they took their medicine and explained what they were doing and did not rush them. They offered water to that individual and would then return to sign the medicine record (MAR) before moving onto the next person. Staff had received suitable training in order to administer medicines and completed an observational assessment before administering any medicines on their own. Staff told us that where a medicine error had occurred in the past, a meeting with the manager would immediately take place. This was documented, and the staff member would be given a medication workbook to complete and have to take a test at the end. They would also receive supervision during administering medicines until they were deemed competent.

Requires improvement

Is the service effective?

Our findings

We observed that the lunch menu was displayed in the home for the week. On the day of our inspection it was recorded that the lunch would be roast lamb, roast or creamed potatoes, cauliflower, broccoli cabbage, and lemon meringue pie. When the lunch was served to people it was not this meal, and people told us it was cottage pie instead. The food was served on a trolley already plated up and put in front of people but they were not told of the menu change or any information when the meal was placed in front of them. We asked staff why the meal had changed and they informed us it was because of a problem with suppliers. We asked if people had been told of this change during the morning but they had not been. We spoke with the registered manager who was unaware of this change or of the recent problems with the supplier. The registered manager told us they have had a few concerns with the kitchen staff and because of this have been having weekly meetings to ensure everything is running smoothly. They are going to address this in the next meeting.

People told us the food portions were rather large and one person was concerned about leaving any food if they could not manage it all. We spoke with the registered manager about the food coming out pre plated and people not having the opportunity to decide on the day the portion amount they wished. The manager said the home did previously serve it up in front of people, and they could look at returning to this method if it would work better for people.

One person was sat in the hallway to eat their lunch. We asked staff and the registered manager about this and they told us the person had increased anxiety issues around eating with other people and this was their preferred choice of place to have their meal. We looked in the person's care plan but it was not documented about this person's choice to do this. We spoke with the registered manager about documenting this person's wishes in their care plan to evidence it is the person's choice and not something decided by staff. The registered manager agreed this needed to be addressed.

The dining room was inviting for lunch with nicely laid tables, choices of drinks and decorated with fresh flowers. The television was switched off and background noise was minimal providing people with the opportunity to socially interact. People told us they enjoyed the home cooked food and staff always ensured they had enough to eat and drink. Comments included "the food is good, couldn't really complain", "I am quite happy with the food here", "The food couldn't be better. I like plain food and that's what I like about it, not too fancy" and "Good home cooking, very tasty and always more than enough". Relatives also told us they had an open invitation to join their family for meals if they wished.

The cook was aware of people with special dietary requirements. These included people with type 2 diabetes, and a person who required a soft diet. Details were displayed in the kitchen along with peoples' likes and dislikes. Staff told us communication between them and the chef was good and information about the dietary needs of new people were passed on as soon as the person came into the home. The chef would chat with people personally to ascertain their preferences and thoughts on the food and people told us they had a good relationship with the chef and they saw them daily.

We read in the care plan of one person that they were at risk of choking and had some swallowing difficulties. It stated staff must be aware of the different textures of food that might present an issue and to assist in ensuring the person's food was served in manageable sized bites. During lunch we observed this person was seated in the dining room with other people using the service but no members of staff were permanently in this room. A member of staff popped their head around the door twice to ensure people had enough to drink but did not stay. This meant the guidance in the care plan highlighting a potential risk to this person during mealtimes was not being supervised appropriately by staff. We discussed this with the registered manager who informed us that a member of staff should have been in the dining room throughout the meal and they would address why this had not happened with staff on this occasion.

People had good access to health care professionals and the home worked closely with the district nurses and local GP's. People's care plans showed evidence of regular consultations with health care professionals where needed, such as doctors and specialists. Concerns about people's health had been followed up and staff were aware of their responsibilities in reporting concerns and monitoring people's health. For example one staff member had recorded that they had noticed a scab from a previous pressure sore on a person and had notified the manager

Is the service effective?

and taken pictures. It was documented that the wound was to be monitored and the registered manager would notify the district nurse if necessary. Another person had experienced a recent fall and a bruising and wound chart had been put in place, the care plan had been updated to reflect this and a falls risk assessment was in place for the person.

Relatives and people using the service felt confident their health needs were being met. One relative told us "my relative has only been here a short time and they are still getting to know their specialist needs. Since they have been here they have been assessed and medical and physio support is being put in place". One person said "They will phone for a doctor if I'm not feeling too good. I see a podiatrist regularly and an optician for a check-up". Staff were knowledgeable at managing people's needs in line with their preferences. For example one person was on a nutrition care plan due to the fact they had been losing weight for a while. The person had been prescribed supplements to their diet but was not very keen on the taste. A staff member told us "the nutritional shake can be given with milk or water, and this person prefers it with water, you have to know how to approach them and how to word it so they take it". We saw that the person's weight was being monitored and guidance was in place detailing how to fortify the person's foods. A food and fluid monitoring chart was being filled correctly and regularly for the person.

There was a strong induction process in place for new employees. This consisted of a twelve week programme involving learning around personal development, communicating effectively, equality and inclusion, principles of safeguarding and person centred support. New starters had a period of shadowing experienced staff, reading care plans, learning about the people they would support, completing induction booklets and essential training around core subjects of health and safety, first aid and moving and handling. Regular progression interviews took place with the manager and staff spoke highly of the induction they had received. One staff member told us "my induction was very good, went through all paperwork, shadowed people, and we have to work a nightshift even if we are going to be a day worker so we experience the routine".

Staff we spoke to were happy with the training provided and felt it enabled them to perform their role effectively. Staff told us they were being supported by the home to achieve higher qualifications such as their NVQ level 3 in health and social care. One staff member told us "it's good for training, we cover lots". We looked at the training plan the manager had in place and saw it focused on a different topic a month. The training covered subjects such as caring for people with dementia, challenging behaviour, equality and diversity and inclusion and the Mental Capacity Act 2005.

Staff said they received good support and had regular supervisions. Within these supervisions they were able to discuss the people they support, their individual performance, safeguarding and specific role related training. Staff spoke positively of the team meetings held by managers and said they were a good learning experience. Staff told us these happen regularly and are framed around a different theme each time. The last staff meeting looked at promoting positive feelings, and staff completed an exercise writing positive things about their team members. We saw some of these comments up on the staff notice board during our visit. We looked at the minutes of previous staff meetings which showed managers took the opportunity to feedback to staff about developments happening in the service.

Staff we spoke with demonstrated a good awareness of supporting people around the principles of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The Deprivation of Liberty Safeguards (DoLS) are part of the Act. The DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict or deprive them of their freedom.

We saw in people's care plans that capacity assessments were in place and where needed standard authorisations for DoLS had been applied for following the correct procedures. Best interest meetings had taken place with the person and their family and decisions were documented. There was information about MCA and DoLS displayed on the noticeboard and easy read documents available for people to view in more detail. Staff told us

Requires improvement

Is the service effective?

they put the necessary steps in place to help manage people's behaviour. Comments from staff included "if we as carers think someone is challenging, we log it, monitor it and report it" and "if someone has challenging behaviour we don't push the situation, we just go back in a little while and see if their mood changes". During our visit we observed one person with an acquired brain injury who had difficulty speaking. Staff took their time to listen and find out what they needed. This person centred approach pre-empted any possible frustration the person felt. We saw behaviour charts in place for two people which detailed any challenging behaviour events, what the possible trigger may have been and how it was managed. This meant people's behaviour could be monitored and preventative measures put in place to reduce the risk of re-occurrence.

At the time of our visit a programme of refurbishment and redecoration was underway to the building. This had been notified ahead of schedule to CQC and people and staff in the service had been forewarned through meetings, memos and notices of progression around the home. People were happy with the improvements taking place and staff put measures in place to minimise the disruption during this time. One person told us "it is encouraging to think that work is being done on the home, it's a good sign of the times if money is being spent on it".

Good

Is the service caring?

Our findings

People's choices around end of life were not always being ascertained in enough detail. A brief reference to end of life wishes were recorded in the initial assessment but people's preferences on how they might prefer to be supported at this time were not evident. We spoke with the management team about when is the right time to have these difficult conversations with people and ensure they are involved in this aspect of their care. The documentation recorded was not reflective of the care and knowledge that staff were providing for people at this stage of their life. Staff told us the service implemented the necessary measures to continue caring for people in the home and would work with external health professionals to meet people's needs. Staff were proud to discuss the support they offered relatives and had received palliative care training. One staff member told us the registered manager would bring an extra team member in to sit with someone during this time if the person and family wanted that.

People and their relatives were very satisfied with the care provided in the home. One person told us "excellent care, no worries at all that I am being cared for well". Other comments from people included "I am very happy here because the care is so good", "it's brilliant here, I've got everything here I need, couldn't be better or nicer almost the perfect place, everything safe" and "caring and loving people, I am well cared for by wonderful people". We observed good interactions between people and staff which contributed to the positive atmosphere around the home. The atmosphere was peaceful and calm and people were not rushed in their care. One person commented on this to us saying "it's a nice safe, relaxed atmosphere, lovely place, and lovely people".

Staff took pride in helping people maintain their personal appearance, people were smartly dressed, clean shaven and their hair and nails received regular attention. One relative told us "They are on top of so many things here in terms of care". Another person living in the home said "it's very good thoughtful care here". One person loved to spend their time outside but had severe asthma and staff were mindful to ensure this person still managed to enjoy doing what they loved but took steps to protect them. Their relative praised staff for this saying "there is very good safe care here, the staff spend time encouraging my relative to put a jumper on even though they don't like one. In a previous home they became quite ill because nobody bothered to ensure they were dressed appropriately when going out".

Relatives said they had confidence in the staff and that their relatives were well cared for and well supported. Relatives were happy and chose to visit the home and spend time there frequently. One relative said "my relative is a whole different person since they have been here; this is so different from the previous home. They are much happier and confident and I feel that their care needs are being planned to be met, this is superb".

During our inspection we observed staff speaking to each other about people in respectful ways. They used the person's full name, and were mindful not to hold any personal conversations in earshot of other people. When staff passed anyone in the hallway they would always acknowledge the person and check they were alright. One staff member told us "I love working here, it's really good". There was a lot of light hearted banter between people and the staff. Conversations were not centred on tasks to complete but genuine interest was shown for people. Staff were familiar with people's life history and we heard staff bringing this into conversations with the people they supported.

People were supported to be involved in decisions about their care. People told us they were able to make choices and they felt listened too and consulted in the delivery of their care. Comments from people included "People talk to me about my care and I am very happy with it" and "Staff talk to me about my care and ask me if I am happy with things". A staff photo board was displayed in the front entrance showing which members of staff were working and available that day so people were kept informed.

Staff took the appropriate action to protect people's privacy and dignity when offering personal care and were able to give examples of this. Responses from staff included "we make sure people feel comfortable, we ask first, and always ensure door is shut", "we knock on peoples doors, always ask people first". People told us their permission was always asked before staff gave them support saying, "They always ask me if I need any help, they are very good at taking my wishes in to consideration", "I can get up and go to bed when I like, people take note of what I want". We

Good

Is the service caring?

saw that respect was given to people's choices throughout the home. An example of this was a notice displayed on one person's door which informed staff not to disturb them until 9.30am unless they rang their call bell.

The home encouraged people to use advocates if they wished. At the time of our inspection no one was currently using an advocate service but people were aware of the opportunity should they choose too. There was a clear policy in place which directed staff to suggest advocacy services if people's care records indicated that this would be a beneficial course of action. An advocacy leaflet was also displayed on the hall noticeboard for people to have the information available to browse.

During our inspection we saw people being encouraged and supported to be as independent as possible. For example one person was in the process of operating the lift. The staff member stood back to give the person time, only intervening when they asked for help. Afterwards the staff member told us "If I jump in too quickly they can get annoyed and tell me they are not incapable. So I always wait before helping". On another occasion we observed a staff member say to someone "would you like to try and walk or would you like to use your wheelchair". Staff commented to us "some people know their own mind and tell you" and "with one person it is dependent on their day, sometimes they need assistance but we check every day". People's care plans contained manual handling assessments which determined the level of ability an individual had around mobilising, and the subsequent point of assistance needed. Staff told us they always preferred to ask if a person would like to be assisted to the toilet rather than fetching the commode to maintain their dignity and independence.

Good

Is the service responsive?

Our findings

Care plans contained detailed information and clear guidance about meeting all aspects of a person's health, social, emotional and personal care needs. An 'all about me' section contained information on people's previous job, how they liked to spend their time, their fondest memory, and any life changing experiences. This enabled staff to build up a picture of the person they supported and tailor their care accordingly. Staff demonstrated a good understanding of how people wanted to be cared for in terms of their likes and dislikes. One staff member told us "we get to know people's preferences from what they tell us, their family input, and the initial assessment". Staff were good at identifying the different ways in which they could communicate with people. Staff told us they communicate with one person through writing on paper. Another person had Velcro on their wardrobe door, and staff would display the days of the week on the board.

People and their relatives told us the staff responded very well to their needs. Relatives told us they had been involved in the planning of their family member's care and support. We saw in people's care plans it asked in the initial assessment if their family were aware of the persons condition and if the person themselves were aware of their own health conditions. This enabled the home to establish what information the person wanted to share with their family if any at all. People were consulted and kept fully informed about their care and any developments to the planning and delivery of their care. Family communication was documented fully by the staff and relatives told us they were always informed about events that involved their loved ones. One relative said "If my relative needs the doctor they always let me know".

Assessments were in place ensuring people's needs were being regularly reviewed and care plans updated accordingly. Staff told us if a person's needs changed a risk assessment was put in place, the person was assessed, their room and environment was assessed, and a meeting arranged with their family. Staff were kept up to date about people's needs through handovers at the start of every shift, being given the time to read people's care plans and through memos that would go out notifying staff of the change and update. This meant people were receiving care that reflected their current level of need and staff were well informed to be able to provide the appropriate support.

Relatives told us that they had attended formal assessment reviews. One relative said "the manager is very good at letting me know if anything happens or if my relatives care needs change". When health professionals visited people in the home they recorded the visit details in a folder kept in people's bedrooms and a member of staff who knew the person well would be present during the visit so information passed on was understood and shared with the staff supporting that individual. We looked at the daily recordings for people which staff were responsible for maintaining and saw that these were person centred, describing the person's wellbeing and feelings as well as the support given.

People told us they felt the right amount of activities were being offered. Many took enjoyment from the peaceful surroundings and extensive gardens. One person said "I like to spend as much time as possible outside. It is a very beautiful place". Another person commented "after having an active life I am taking it easy now, and this is the place to do it". A visiting health professional told us "the activities we see when we visit are good; people seem to have enough things to do". The home had its own library with games and jigsaws available, and we observed people choosing to spend reflective time in there after lunch. Staff were active in providing people with opportunities suitable to their lifestyle. For example a couple were living in the home and the manager and staff had helped recreate a 'home from home' providing two rooms together, using one as the couple's bedroom and the second as their front room.

A recently appointed activities co-ordinator organised the programme of events available to people. They told us "activities are inclusive and I spend time talking to people to make sure that there are things happening that they want". Activities available included musical bingo, indoor bowling, 1-1 activities, quiz and reminiscence sessions, pampering sessions and trips out. The co-ordinator was keen to increase the involvement of pupils from the local secondary school, and hoped to facilitate the community service aspect of the Duke of Edinburgh award scheme. The co-ordinator also spends time as a member of the care team and has a good knowledge of the residents' interests which benefits the activities side of their role. For example, one person was very keen on horses, particularly show events, so the co-ordinator downloads recordings of these to an I-pad and they enjoy watching them during 1-1activity sessions.

Good

Is the service responsive?

People's concerns and complaints were taken seriously and managed appropriately within the service in a timely manner. People were aware of how to make a complaint and were given copies of the complaints procedure in their handbooks when they joined the service. We observed the complaints log which detailed clearly the nature of the complaint made, statements from relevant individuals, actions taken, the outcomes and lessons learned.

Relatives and residents told us that because of the open culture, created by the staff and registered manager, they would feel confident in raising concerns. Some people said they had raised minor issues and that staff had responded to them positively. Comments from people included "Nothing really to complain about, I talk to the girls if there are any little things and they are sorted" and "to be honest I've never complained because I haven't needed to, staff are always around and deal with things". One relative told us "There is good two way communication here. I can talk to the carers or manager if I am worried, or they will contact me if something happens". Another relative said "Issues are always dealt with. If I send an e-mail to the manager I get an immediate response".

The service responded well to learning from events and putting preventative measures in place. One person had experienced a fall outside in the grounds and rather than discourage the person from this activity, a staff member made a blue bag which hangs by back door and a call bell is put in it. This meant people were still able to access the outside independently but if they needed assistance could alert staff immediately.

People's feedback was sought about every aspect of the service and their suggestions were welcome. In the front entrance suggestion slips and relative's questionnaires were available for people to provide feedback at any time they wished. Regular residents and relatives meetings took place, and coffee mornings were held for family and friends to visit and chat. People told us that they had attended these meetings and felt that they were listed to, and that their comments were valued.

During our inspection we viewed some of the compliment cards that relatives and people had sent praising the care given. Comments written included "wonderful staff", "thank you for your kind attention and loving help you gave" and "staff should be complimented on their level of care".

Good

Is the service well-led?

Our findings

The service had a registered manager in place who was supported by a deputy manager and an operations manager. People were able to approach the registered manager when they needed to because the registered manager operated an open door policy to their office. Observations with people and staff showed that there was a positive and open culture between people, staff and management. Staff told us "the manager is approachable, and listens when you say things" and "managers are a visible presence, the deputy works on the floor with us, doing some office based hours and some on the floor".

People who use the service and their relatives told us tat they had confidence in the registered manager. One relative said "we have a very good relationship with the manager". Other relatives commented "the manager is always around and about, I can talk to them and know that they listen" and "you get a warm welcome here and people have time for you".

The management emphasised a team approach ethos in the home. They told us they had previously appointed senior members of staff to be responsible during a shift but found it did not work for the home. The manager said "we introduce a team, all staff are equal, we have a great team, we are passionate about the service, and it is person centred". This demonstrated the manager was open to seeking ways to enhance the service for people living there and the staff.

The registered manager had a good support network in place. The operations manager spent time during the working week based at the home and was available for support and advice. The current focus was on integrating the management teams from the service's two homes, so the managers could share experiences and provide each other with support.

The registered manager actively encouraged staff to communicate ideas on developing the service and to provide feedback. An expressions board had been put up for staff to write daily comments on, and have the opportunity to praise and thank members of their team. Staff told us they felt included in the progression and vision managers had for the home saying, "they let us know about things and keep us up to date" and "we get asked for feedback, and are given it back". We observed notices around the home informing people of the extensive building and renovating work that was taking place. The registered manager told us "we share visions with the staff through meetings, we talk about the good and the bad, everyone has their opinion, and we problem solve as a group".

There was a robust system of quality governance to monitor and improve the quality of the service. The registered manager and the deputy manager carried out monthly audits that included infection control, accidents and incidents, medicines, and environmental audits. When shortfalls were identified these were addressed and action taken to manage risks. The registered manager had a system in place to monitor the daily events of the service. A report of the day's events was filled out by each shift and put onto the manager's desk each morning. This meant the registered manager could address these events and keep a record of what was happening. The registered manager told us it served as a good diary update if they were away from the service for any period of time.

There were a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard. Staff knew where to access the information they needed. All records were easily accessible, reviewed regularly, updated appropriately and fit for purpose. We observed specific guidance available relating to dementia and Parkinson's enabling staff to read around the condition and support people more effectively.

The registered manager had an understanding of their role and responsibility to provide quality care and support to people. They understood that they were required to submit information to the Care Quality Commission (CQC) when reportable incidents had occurred. For example, if a person had died or had had an accident. All notifiable incidents had been reported correctly.

Staff we spoke with were aware of their responsibilities in whistleblowing. Whistleblowing is a term used when staff alert the service, or outside agencies when they are concerned about other staff's care practice. Staff told us they were confident that any concerns they raised would be taken seriously and fully investigated by the registered manager to ensure people were protected. Comments included "I am aware of whistleblowing, and what it means and the procedure to take", "if I was concerned I would go to the manager, and I have confidence the manager would deal with it" and "I would be happy to escalate concerns

Good

Is the service well-led?

and if my manager couldn't deal with it I would take it higher". The service had a whistleblowing policy in place and we viewed that staff issues previously raised had been appropriately managed, recorded and investigated.