Mr & Mrs S Hayes

Longworth House

Inspection report

Longworth House
Higher Ramsgreave
Blackburn
Lancashire
BB1 9DJ

Tel: 01254812283

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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 carried out an inspection of Longworth House on 14 and 18 January 2016. The first day was unannounced.

Longworth House is registered to provide personal care for up to 28 older people. The home is situated in a rural location in Higher Ramsgreave, Blackburn. There are three lounge areas and a passenger lift to the upper floor. All rooms have an emergency call system. At the time of inspection there were 25 people accommodated in the home.

We last inspected the home on 29 and 30 July 2014 and found the service was not meeting one of the regulations that was applicable at that time in relation to records. We carried out a follow up visit on the 24 September and found improvements had been made. During this inspection we found the service was meeting the current regulations.

The service was managed by a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People living in the home told us they felt safe and well cared for. They considered there was enough staff to support them when they needed any help. The registered manager followed a robust recruitment procedure to ensure new staff were suitable to work with vulnerable people. We found there were enough staff deployed to support people effectively.

The staff we spoke with were knowledgeable about the individual needs of the people and knew how to recognise signs of abuse. Arrangements were in place to make sure staff were trained and supervised at all times.

Medicines were managed safely and people had their medicines when they needed them. Staff administering medicines had been trained to do this safely.

Risks to people's health and safety had been identified, assessed and managed safely.

We found the premises to be clean and hygienic and appropriately maintained. Regular health and safety checks were carried out and equipment used was appropriately maintained. The service held a maximum five star rating award for food hygiene from Environmental Health.

Staff followed the principles of the Mental Capacity Act 2005 to ensure that people's rights were protected where they were unable to make decisions for themselves. Staff understood the importance of gaining consent from people and the principles of best interest decisions. Routine choices such as preferred daily

routines and level of support from staff for personal care was acknowledged and respected.

People told us they had their privacy respected by all staff. Each person had an individual care plan that was sufficiently detailed to ensure people were at the centre of their care. Care files contained a profile of people's needs that set out what was important to each person, for example how they were dressed, personal care and how they could best be supported.

People's care and support was kept under review, and people were given additional support when they required this. Referrals had been made to the relevant health and social care professionals for advice and support when people's needs had changed. This meant people received prompt, co-ordinated and effective care.

We found staff were respectful to people, attentive to their needs and treated people with kindness and respect in their day to day care. Staff had been trained in End of Life care. This meant staff could approach people's end of life care with confidence and ensure their dignity, comfort and respect was considered.

Activities were varied and visiting arrangements were good.

People were provided with a nutritionally balanced diet. All of the people we spoke with said that the food served in the home was very good.

People told us they were confident to raise any issue of concern with the provider and staff and that it would be taken seriously. They were regularly encouraged to express their views and opinions and also had opportunities to give feedback about the service, the staff and their environment in quality assurance surveys.

All people, their relatives and staff spoken with said the management of the service was very good and they had confidence in the registered manager. There were systems in place to monitor the quality of the service and evidence to show improvements were made as a result of this.

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.

People told us they felt safe. They were cared for by staff who had been carefully recruited and were found to be of good character. There were sufficient numbers of staff to meet the needs of people living in the home.

People's medicines were managed in accordance with safe procedures. Staff who administered medicines had received appropriate training

Staff were aware of their duty and responsibility to protect people from abuse and were aware of the procedure to follow if they suspected any abusive or neglectful practice.

Risks to the health, safety and wellbeing of people who used the service were assessed and planned for with guidance in place for staff in how to support people in a safe manner.

Is the service effective?

Good

The service was effective.

People were supported by staff who were well trained and supervised in their work. Staff and management had an understanding of best interest decisions and the MCA 2005 legislation.

People's health and wellbeing was consistently monitored and they were supported to access healthcare services when necessary.

People were supported to have sufficient to eat and drink and maintain a balanced diet. People told us they enjoyed their meals

Is the service caring?

Good

The service was caring.

Staff were respectful to people, attentive to their needs and

treated people with kindness in their day to day care. People told us staff were very kind and caring.

People were able to make choices and were involved in decisions about their care. People's views and values were central in how their care was provided.

People were involved in making decisions about how the service was run.

People could be confident their end of life wishes would be respected by staff that had been trained to ensure they were given dignity, comfort and respect.

Is the service responsive?

Good

The service was responsive.

People's care plans were centred on their wishes and needs and kept under review. Staff were knowledgeable about people's needs and preferences and supported people to remain as independent as possible.

People were supported to keep in contact with relatives and friends and visiting arrangements were good.

People felt able to raise concerns and had confidence in the registered manager to address their concerns appropriately.

Is the service well-led?

Good

The service was well led.

The quality of the service was effectively monitored to ensure improvements were on-going through informal and formal systems and methods.

There were effective systems in place to seek people's views and opinions about the running of the home.

The management team took a pro-active approach to ensure people received a quality service from a team of staff that were valued.

Longworth 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 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 the 14 and 18 January 2016 and the first day was unannounced.

Before the inspection, we contacted the local authority contracting unit for feedback and checked the information we held about the service and the provider. This included 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 the inspection we spoke with ten people who used the service, the registered manager, the cook, six care staff, two relatives, and a visiting friend. We also spoke with two healthcare professionals.

We looked at the care records of three people who used the service and other associated documents, including policies and procedures, safety and quality audits, quality assurance surveys, five staff recruitment records, induction and supervision records, minutes from meetings, complaints and compliments records, medication records and risk assessments.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe and staff were caring and kind to them. One person said, "I do feel perfectly safe here. I don't think anyone would be unkind to me. The staff are very good and helpful. We can have a laugh and a joke." Another person said "I like the staff. They look after me very well." And another person told us "I am treated very nicely. The staff are lovely. I feel safe living here. I have thought about having a key to my bedroom door to keep people out. There was a person who went in without being asked but they have gone now. I haven't made my mind up yet."

During the inspection we made observations when staff were supporting people, in particular when they were supporting people living with dementia. We observed people were comfortable around staff and people living with dementia seemed happy when staff approached them. In all areas of the home we observed staff interaction with people was kind and patient.

We asked people using the service of their opinion regarding staffing levels. One person told us "There is enough staff to help us. Obviously they can't be in two places at once, but they come when needed." Another person said, "I do have to use my bell at night as I often need help. They usually come straight away if they're not too busy, but if they're busy they will come and let me know how long they'll be. I'm never ignored."

We looked at the staff rota for the week. This showed staff were deployed to cover times throughout the day and night when people needed the most support. The registered manager told us most staff were long serving and were therefore familiar with people's needs. This also meant people were able to build up trusting relationships with people they cared for.

We looked at records of five staff employed at the service to check safe recruitment procedures had been followed. We found checks had been completed before staff began working for the service. These included the receipt of a full employment history, an identification check, written references from previous employers, and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. All but one staff had signed a physical and mental health declaration. The registered manager dealt with this straight away and told us this had been an oversight.

We discussed safeguarding procedures with staff. They were clear about what to do if they had any concerns and indicated they would have no hesitation in reporting any concerns they may have. There were policies and procedures in place for staff reference including whistle blowing. Whistleblowing is when a worker reports suspected wrongdoing at work. Officially this is called 'making a disclosure in the public interest'. However we noted the latest safeguarding procedures were not updated to show current local authority guidance. Staff told us they had training in safeguarding vulnerable adults some time ago, this was in 2013. The provider showed us confirmation of safeguard training that had been booked for all staff in February 2016 and produced the most recent guidance on the second day of the visit.

We looked at how medicines were managed and found appropriate arrangements were in place in relation to the safe storage, receipt, administration and disposal of medicines. Arrangements were in place for confirming people's current medicines on admission to the home. Medication was delivered pre packed with corresponding Medication Administration Records (MAR) charts. We looked at all the MAR's and found them to be complete and up to date. Where new medicines were prescribed, these were promptly started and arrangements were made with the supplying pharmacist to ensure that sufficient stocks were maintained to allow continuity of treatment. People requiring urgent medication such as antibiotics received them promptly and courses of antibiotics were seen as completed.

People had been assessed to determine their wishes and capacity to manage their own medicines. Care records showed people had consented to their medicines being managed by the service. People we spoke with told us they received their prescribed medicines on time. People's medicines had been dispensed into a monitored dosage system by the pharmacist and then checked into the home by staff on duty. Medicines were stored securely which helped to minimise the risk of mishandling and misuse. Training records showed staff responsible for medicines had been trained and a regular audit of medicine management was being carried out.
Where medicines were prescribed 'when required' or medicines with a 'variable' dose, these medicines were offered consistently by staff as good practice. Policies and procedures for medicine management were being updated during our visit and the provider gave an assurance all staff would sign when these had been read and understood.

We looked at how the service managed risk. Environmental risk assessments and health and safety checks were completed and kept under review. These included for example, Legionella testing, water temperature monitoring, and fire equipment and fire alarm testing. Emergency evacuation plans were in place including a personal emergency evacuation plan (PEEPS) for each person living in the home. Heating, lighting and equipment had been serviced and certified as safe..

Risk assessments were in place in relation to pressure ulcers, behaviours, nutrition, falls and moving and handling. We saw instances of good practice where falls had been audited and root cause analyses completed showing action taken to minimise the risk resulting in improvements. However we saw one instance where better risk monitoring was needed around nutrition we discussed this with the registered manager and was told there was on-going consultation with the family, GP and dietician due to the person's health around nutrition. We were shown this information recorded in the persons' care records. Arrangements were put in place immediately to ensure this was documented under risk management. This should support staff have a better overview of managing this risk and ensure important information was not overlooked. Where people had behaviours that challenged others, this was identified and plans were in place to deal with this.

We found the premises to be clean and hygienic in all areas we looked at. We observed staff wore protective clothing such as gloves and aprons when carrying out their duties. Hand cleansing gel was available for use in toilets, bathrooms and visitors to the home were requested to use this on entering and leaving the premises. Infection control information was displayed and there was infection control policies and procedures in place for staff reference. There were arrangements in place for the safe removal of clinical and sanitary waste. Staff training records showed infection control training was provided and further training had been planned for. The environmental health officer had given the service a maximum five star rating for food safety and hygiene.

Good

Is the service effective?

Our findings

People we spoke with said that they felt the staff were competent and knew what they're doing. One person told us "They (staff) know what I want. They help me with personal care like having a bath. They are very good at getting my GP if I feel unwell." Another person told us, "The staff here are very good. They work really hard. I have everything I need."

Relatives and a friend visiting told us they were satisfied with their family members and friends care. One relative said "I feel very confident that Dad is well looked after. I visit regularly and I can't fault them at all. The staff are very good and understanding and keep me well informed on how he is." A friend visiting told us, "They are good with her. I have no reason to question the level of care she gets."

We looked at how the service trained and supported their staff. From our discussions with staff and from looking at records, we found staff had the opportunity to attend training. We saw evidence in staff files that new staff had undertaken induction training before they were allowed to work unsupervised with people using the service. The registered provider told us in addition to this, further training was being provided in all key areas such as moving and handling, first aid, infection control, health and safety, fire safety and food hygiene. Other training provided included malnutrition, pressure ulcer prevention, and dementia care. All staff employed had completed a nationally recognised qualification in care at level 2 and above.

Staff received regular supervision, both formal and informal, which included observations of their practice. They told us that they had the support of the registered manager and could discuss anything that concerned them, even if they did not have a supervision session scheduled.

Staff we spoke with had a good understanding of their role and of standards expected from the registered manager. They said they had handover meetings at the beginning and end of their shift and were kept up to date about people's changing needs and the support they needed. One staff member told us "There is a handover every morning and evening and staff tell you of any changes that have been made if you have been on leave."

The registered manager told us four people had 'Do Not Attempt Resuscitation' (DNAR) consent forms in place. We looked at one that had recently been reviewed. There was evidence discussion had taken place with relatives, the person the DNAR related to, and the persons GP.

We looked at pre admission assessments for three people. We found information recorded supported a judgement as to whether the service could effectively meet people's needs. There was evidence to show that when people's needs had changed during their stay, these had been managed well. Furthermore people had a contract outlining the terms and conditions of residence that protected their legal rights.

Care records showed people's capacity to make decisions for themselves had been assessed on admission and useful information about their preferences and choices was recorded. We also saw evidence in care records people's capacity to make decisions was being continually assessed. Where people had difficulty

expressing their wishes they were supported by family members. Consent regarding sharing of relevant information, medication support and personal care support was routinely requested. Staff understood the importance of gaining consent from people and the principles of best interest decisions. Routine choices such as preferred daily routines and level of support from staff for personal care was acknowledged and respected.

The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provide a legal framework to protect people who need to be deprived of their liberty in their own best interests. The registered manager expressed a good understanding of the processes relating to MCA and DoLS. Staff however, were not fully conversant with DoLS. They told us this had been covered briefly in a safeguard training session. They had an understanding of the principles of these safeguards and gave examples when decisions were made in people's best interest. They told us no restraints were used routinely such as bed rails. The registered manager told us training was being organised to complement the overview of DoLS staff had when they had done their safeguard training.

We noted people had a care planning agreement and consent for care around medication administration, photographs and viewing their records. We found recorded evidence people had their care and support discussed with them. We noted procedures to get valid consent within the service were followed in practice and we saw that people who lacked capacity had their interests further protected by a named person, for example a family member. To further support people with making their wishes known, a 'This is Me' care plan was used. This is a tool used for people living with dementia to complete, that lets health and social care professionals know about their needs, interests, preferences, likes and dislikes.

People's health care needs had been assessed and people received additional support when needed. We looked at records of healthcare support. We found staff at the service had good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care.

We looked at how people were supported to maintain good health. People were registered with a GP and people's healthcare needs were considered within the care planning process. We noted assessments had been completed on physical and mental health. This helped staff to understand people's limitations such as mobility and to recognise any signs of deteriorating health. People's healthcare needs were kept under review and routine health screening arranged. Records had been made of healthcare visits, including GPs, the mental health team, the chiropodist and the district nursing team. People using the service and a visiting relative considered health care were managed well. One person said, "They are very good at looking after us if we are not well. If I want to see my GP they will arrange this. I'm in good health generally."

We spoke with a visiting district nurse who told us the service provided at the home was very good. They said, "They are very efficient at contacting us for advice. I visit 2 or 3 times a week. They know all the residents and are very involved in their welfare. They are very friendly and have everything ready for my visits. They are very effective and follow instructions and will contact us if they notice any changes." A visiting GP told us, "There is good continuity of care here. A very, very good service because the staff know everybody. I never have any problems when I visit and they follow my instructions and advice. I have no concerns here."

People were supported to have sufficient amounts to eat and drink and to maintain a balanced diet. People told us they generally enjoyed the food and were given a choice of meal at tea time. One person told us, "The food is very nice and we always have plenty of choice. Sometimes I don't like what's on the menu and they will get me something else, it's not an issue." Another person said, "I'm very satisfied with the food. We

get more than enough. We get plenty to drink. I like a good cup of tea. I only have to ask and they will make me one." We saw that people were regularly asked for their views on the food provided and menus was a regular feature on the 'resident meeting' agenda. Menus were changed in response to people's preferences. We noted there was information in the kitchen about which people required a special diet. Weekly menus were planned and rotated every four weeks.

We observed the arrangements over lunchtime. The dining tables were nicely set. We noted people could choose where they liked to eat. Meals served looked well-presented and portions served were generous. People could have as much as they wanted and were regularly asked if they wanted any more. People requiring support to eat their food were given this in a dignified way. During lunchtime staff were kind and attentive and the atmosphere was relaxed and unhurried. A visitor told us it was not unusual for them to be offered refreshments and have a meal with their friend.

People's weight and nutritional intake was monitored in line with their assessed level of risk and referrals had been made to the GP and dietician as needed. We noted risk assessments had been carried out to assess and identify people at risk of malnutrition and dehydration. We observed staff offering people drinks throughout the day and food and fluid intake charts were being completed as routine. We noted the registered manager instructed staff to be more vigilant in their recording for monitoring food and fluid intake. This meant people at risk could be monitored better.

The home provided a pleasant and homely environment for people. People had arranged their rooms as they wished.

Good

Is the service caring?

Our findings

People we spoke with told us the staff were very caring. Comments included, "They do their best to help us and they are all very friendly." "We can have a bit of fun with the staff, they have time for us." "They listen to what you have to say. I do feel cared for." People we spoke with also considered staff helped them maintain their dignity and were respectful to them.

A visitor told us "They (staff) are really nice. I did worry about her. She has deteriorated in her health but they look after her well. She is always clean and tidy when I visit." A relative told us, "I think they do a good job. They understand what he wants and I'm always pleased to see him dressed well. He has always liked to look smart. The staff are very pleasant and I can ask them anything. I'm always made to feel I am welcome when I visit." A visiting GP told us, "People matter here. It's very much a care orientated home. Staff are kind, gentle and respectful."

We observed how people were treated with dignity and respect. During our visit staff responded to people in a kind and patient manner and communicated very well with them. They were respectful in their manner and calls for assistance were responded to promptly. Staff we spoke with had a good understanding of people's personal values and needs. They knew what was important to people and what they should be mindful of when providing their care and support. For example care plans included a detailed overview of people's needs that emphasised their individuality such as 'likes to dress smart' and 'likes wearing watch, makeup and jewellery'. There was also an emphasis on what people could do for themselves and what they wanted to do, enabling staff to support people to maintain their independence as much as possible.

There were policies and procedures available for staff about caring for people in a dignified way and information on advocacy services. This service could be used when people wanted support and advice from someone other than staff, friends or family members. Staff had training that focused on values such as people's right to privacy, dignity, independence, choice and rights.

There was a keyworker system in place which meant particular members of staff were linked to people and they took responsibility to oversee their care and support. Staff we spoke with had a very good knowledge of people's needs, likes and dislikes. One staff member said, "I really enjoy my job. If they are smiling, they are happy and that makes me happy. It's an interesting and rewarding job at this home because people are looked after very well. People matter here and we try to show people this every day."

Communication was seen to be very good. Staff told us they were kept up to date about people's changing needs and the support they needed on a daily basis. Daily records completed by staff were written with sensitivity and respect. All staff had been instructed on confidentiality of information and they were bound by contractual arrangements to respect this. This meant people using the service could be confident their personal matters were kept confidential.

People were encouraged to express their views during daily conversations, residents and relatives' meetings and satisfaction surveys. The residents' meetings helped keep people informed of proposed events and

gave people the opportunity to be consulted and make shared decisions. We looked at the last meeting people had. Topics discussed included having raised toilets and more footstools, changes in the menu, more socials with staff and a request to get the shop up and running. These were being addressed individually, some were actioned and others reviewed such as the shop. This showed the service listened to people and that people's opinions were considered important and were used to develop the service.

Staff had received end of life training. We viewed one end of life care plan in place. This plan involved relatives and other professionals and reflected the person's wishes. This meant staff could approach this person's end of life care and ensure their dignity, their comfort and treat them with respect according to their wishes at the end of their life. We saw acknowledgements from relatives in regard to the excellent care and compassion shown to their family member and also to them during this difficult time.

Good

Is the service responsive?

Our findings

People we spoke with were complementary to the staff regarding their willingness to help them when needed help. One person told us, "I just press my bell and they come. I don't ring very often; it's usually at night time. I'm frightened of falling." Another person told us. "They (the staff) are always about if you need anything. They work hard and never complain." People also told us they determined their own day and did what they wanted. There were no rigid routines they were expected to follow. One person told us, "I like to get up early. I've always been like that. Some of these here don't get up till late."

We looked at the way the service assessed and planned for people's needs, choices and abilities. Most people had lived at the home for a number of years. We looked at three people's assessment, care and support plans. These were thorough and focused on people's individual circumstances and their immediate and longer-term needs. The information in the assessments was wide ranging and covered interests and activities, family contact, identification and management of risks, personal needs such as faith or cultural preferences, physical and mental health needs, communication and social needs. Care records clearly detailed people's routines, likes and preferences and provided good evidence to show people were at the centre of their care. The care plans in use were easy to follow.

We found evidence in care records that people had been involved in setting up their care and support plan. When people arrived at the home a care plan based on their pre admission assessment was in place. This covered their settling in period and the plan was adjusted as people's needs become clearer. Care plans were comprehensive and were supplemented by 'This is Me' information. This gave details of what was important in people's lives and how this can be achieved with staff support. All files contained a profile of their needs and details about people's life history. The profile set out what was important to each person for example how they were dressed, personal care and how they could best be supported.

The care plans had been updated on a monthly basis and in line with any changing needs. One relative we spoke with said, "They are really good at spotting changes to dad's health and needs. They always make sure his care and support is modified to help him. They ask him would he like to rest in the afternoon because he is getting more tired and I know they have had the GP to review his health. They couldn't do any more than they already do. They are very good and keep me updated all the time even though I often visit and see for myself how he is." Health professionals visiting told us staff were very good at spotting changes in people and will contact them for advice.

People were able to keep in contact with families and friends. Visiting arrangements were flexible. Visitors we spoke with told us they were able to visit their relatives and friend at any time and were made to feel welcome. People's friends and family had been invited to join in with some activities. People told us they were generally satisfied with the type and frequency of activities provided in the home. One person told us, "I like playing dominoes. We've been out a few times. I really enjoyed that. The weather isn't fit to put a dog out at the moment. We had snow over the weekend." Another person told us, "I like to do my own thing. If I want to join in anything I can. I like my own space." Information about daily activities was displayed on notice board. We noticed a student on placement from college socialising with people and joining in board

games. Activities arranged in the home included arts and crafts, movement to music, singalong, quizzes and table top games. Trips out were a feature in the summer months to places of local interest. The registered manager told us activities for groups and individuals were being developed as it was recognised this was a personal need for everyone.

We looked at how the service managed complaints. People told us they would feel confident talking to a member of staff or the registered manager if they had a concern or wished to raise a complaint. One person told us, "I definitely want to be in control of my life. If I had any concern they would know about it. I haven't any concerns and never have had. The staff and manager are good listeners and very helpful." Relatives we spoke with were complementary about the service and told us they would raise any concern with a member of staff or the registered manager if needed and were confident this would be taken seriously. Staff confirmed they knew what action to take should someone in their care or a relative approach them with a complaint.

The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales. We noted there was a complaints procedure displayed in the home and information about the procedure in the service user guide.

There had not been any complaints at the service within the last 12 months. The registered manager explained they dealt with 'minor issues' when they occurred which meant concerns were less likely to occur. Residents and relatives meetings were held and people were encouraged to raise issues then. We noted for example people had raised an issue during their meeting about laundry and this was dealt with immediately. People who used the service and their relatives had further opportunity to discuss any issue of concern during day to day discussions with staff, during care reviews and also as part of regular quality monitoring surveys carried out. Information from the recent satisfaction survey indicated people knew who to complain to if they were unhappy about any aspect of their care.

Good

Is the service well-led?

Our findings

We asked people who lived in the home if they were asked about their experience of receiving care and support and their living conditions. For example we asked people if the registered manager talked to them routinely and spent time with them. One person said, "Absolutely, he is always around and will see how I am. I know if I had any problem I could tell him." A visiting health professional told us, "The management of the service is very good. The provider is very much on the ball with everything and they make good use of health resources. It's a family orientated service where everyone matters and this is shown in the standard of care people receive." Another health professional told us, "It is a well organised service."

The registered manager was qualified, competent and experienced to manage the service effectively. He had been registered with the commission since September 2011. We saw the registered manager had an 'open door' policy that supported on-going communication, discussion and openness. People, relatives and staff regularly entered the office for a chat throughout our visit. The registered manager was supported in his role by senior staff. We noted additional hours had been allocated to a senior staff delegated to make sure people's care plans were up to date.

A wide range of policies and procedures were in place at the service, which provided staff with clear information about current legislation and good practice guidelines. We were not able to determine that they were regularly reviewed and updated to ensure they reflected any necessary changes. The registered manager told us he was currently working on these. We were given assurance these would be reviewed as priority. We found some policy updates had been completed, such as medication, safeguarding and staff supervision.

The provider used a range of systems to monitor the effectiveness and quality of the service provided to people. This included feedback from people and their relatives in quality assurance questionnaires. Staff were regularly supervised by management, and people using the service and their relatives were also asked for their opinion of the staff who supported and cared for them. This enabled the service to monitor people's satisfaction and the results from the recent survey were very positive.

Management and staff meetings were held at regular intervals. We noted good practice issues were raised, for example who took responsibility to complete daily records for people, location of files for health professionals, laundry issues, and work allocation. We could see action had been taken to address issues raised. Staff we spoke with felt they could have an open discussion and give their opinions during their meeting.

Staff we spoke with had a good understanding of the expectations of the registered manager and had clear defined roles and responsibilities to people using the service, themselves and the provider. Staff had been given a code of conduct and practice they were expected to follow. This helped to ensure the staff team were aware of how they should carry out their roles and what was expected of them. Staff told us they received regular feedback on their work performance through the supervision and appraisal systems and enjoyed working for the service. They had been provided with job descriptions, staff handbook, employment

policies and procedures and contracts of employment which outlined their roles, responsibilities and duty of care.

There were systems in place to regularly assess and monitor the quality of the service. However these were not easy to follow for auditing purposes. For example falls were recorded and action was taken, but the details remained in people's care notes making it difficult to establish any pattern such as time and staff on duty. We discussed this with the registered manager who told us they monitored key areas of care delivery such as medication, health and safety, staff training records, care plans, the environment and catering requirements. We were given some good examples of how monitoring falls and nutrition on an individual basis resulted in action taken to reduce the risk. The registered manager told us they were appointing staff to take a lead role in all areas of quality monitoring such as infection control, health and safety, safeguarding, falls and nutrition. This would help to make sure there was constant oversight of the service.

Other audits included regular daily, weekly, monthly and annual checks for health and safety matters such as cleanliness, fire fighting and detection equipment and water temperature monitoring. There was also a continuous programme of staff training and medicines audits which helped determine where the service could improve and develop.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding and deprivation of liberty teams. Our records showed that the registered manager had appropriately submitted notifications to CQC about incidents that affected people who used services.

The registered provider had achieved the Investors In People award. This is an external accreditation scheme that focuses on the provider's commitment to good business and excellence in people management.