

I K Macintosh

Eaves Hall Rest Home

Inspection report

Eaves Hall Rest Home
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Burnley
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Date of inspection visit:
27 July 2016
01 August 2016

Date of publication:
23 August 2016

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

This inspection took place on the 27 July and 1 August 2016 and the first day was unannounced.

Eaves Hall Care Home is registered to provide personal care and accommodation for 15 people. The home is a large Victorian style property set in its own grounds in a rural area near to the town of Burnley. Accommodation is provided in 9 single and 2 shared rooms. There are two lounge/dining rooms, adapted bathing facilities, and a stair lift. There is a large well maintained garden area to the rear of the property and parking facilities to the front.

The registration requirements for the provider stated the home should have a registered manager in place. There was a registered manager in post on the day of our inspection. 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.

At the last inspection on 15 April 2014 we found the service was meeting the regulations which were applicable at the time. During this inspection we found the service was meeting the current regulations.

At the time of the inspection there were 11 people living at the home

People using the service told us they felt safe and well cared for. They expressed a high level of satisfaction with the service provided and of the staff that supported them. They considered there were enough staff to support them when they needed any help.

The registered manager followed a robust recruitment procedure to ensure all new staff were suitable to work with vulnerable people.

The staff we spoke with knew how to recognise signs of abuse and were clear about their duty of care to report any concern they may have. They had been trained in safeguarding people and had policies and procedures regarding this for reference.

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 completed on the environment and on equipment used within the service. Fire safety was managed well and people had a personal evacuation plan staff were familiar with.

Staff felt confident in their roles because they were well trained and very well supported by the registered manager. All carers had a Level 2 or above NVQ (National Vocational Qualification) in care. People using the service had confidence in the skill and knowledge of staff who cared for them. Staff were highly motivated and expressed their commitment to provide a high quality of care.

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 home provided a well maintained very pleasant and homely environment for people who had created their own "home from home" with their personal possessions they had brought with them. People told us they were very satisfied with the accommodation and facilities provided.

People were provided with a nutritionally balanced diet that provided them with sufficient food and drink that catered for their dietary needs. Fresh produce was used and meals were homemade. People told us they enjoyed their meals.

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 changed.

People using the service 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.

We found staff were respectful to people, attentive to their needs and treated people with kindness and respect in their day to day care. Care plans were written with sensitivity to reflect and to ensure basic rights such as dignity, privacy, choice, and rights were considered at all times.

Activities were varied and appropriate to individual needs and people were supported to live full and active lives as possible. .

People using the service and visitors told us they were confident to raise any issue of concern with the registered manager and that it would be taken seriously and the right action taken.

People using the service, relatives, health care professionals and staff considered the management of the service was very good and they had confidence in the registered manager. Results of quality monitoring surveys completed showed a very high satisfaction with the service, the facilities, the staff and registered manager.

There were systems in place to monitor the quality of the service to ensure people received a good service that supported their health, welfare and well-being. We found regular quality audits and checks were completed to ensure any improvements needed within the service were recognised and the right action to take was planned for.

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 that had been carefully recruited and were found to be of good character.

People's medicines were managed in accordance with safe procedures and 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 that were trained and supervised in their work. Staff and management had an understanding of best interest decisions in line with the principles of 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 very respectful to people, attentive to their needs and treated them with kindness in their day to day care.

People were able to make choices and were involved in decisions about their care.

Staff had a good understanding of people's personal values and needs and placed people at the heart of the service they provided..

Is the service responsive?

Good ●

The service was responsive.

Staff were very knowledgeable about people's needs and preferences and supported people to live their life to the full. People's care plans were centred on their wishes and needs and kept under review.

People were very well supported to keep in contact with relatives and friends and activities provided were varied and meaningful.

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.

People using the service, relatives and staff made positive comments about the management and leadership arrangements at the service.

Systems were in place to assess and monitor the quality of the service and to seek people's views and opinions about the running of the home.

Staff had access to a range of policies and procedures, job descriptions, staff handbook and contracts of employment to support them with their work and to help them understand their roles and responsibilities.

Eaves Hall Rest 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 27 July and 1 August 2016 and the first day was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection, we considered the information which had been shared with us by the local authority and other people, and looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We looked at a review of the service published on the service website.

During the inspection we spoke with the registered manager, four care staff, a cook, a domestic staff, three relatives, a visiting health care professional and seven people living in the home.

We looked at three people's care files, and other people's randomly selected care records, three staff record files, the staff training records, the staff rota, medicine records, meeting minutes, complaints book, a selection of the policies and procedures and quality assurance records. and so on.

Is the service safe?

Our findings

People spoken with told us they felt safe and secure in the home. One person said, "I feel safe here because there is always someone around to help. The staff are very nice and we are looked after very well." Another person said, "When I lived in my own home I didn't feel safe. I had fallen a couple of times and I worried a lot. I have peace of mind here and I feel better in myself. Staff are lovely people. I have no complaints."

We spoke with relatives and a health care professional visiting and asked them for their opinion on the quality of care people received and if they had any concerns. One relative told us they were very pleased with the level of care their relative was given. They said, "The staff are very, very good as is the quality all round. They know her and she trusts them. I have absolutely no concerns with anything here. I visit regularly and [relative] would tell me if anything was amiss. It's a good home with exceptional staff." Another relative told us, "I have no concerns with the standards here." A health care professional we spoke with told us, "I visit regularly and in my opinion I can say without a doubt this is a very good home when it comes to standards of care. The staff are very good, work hard and always have time for the residents."

We asked people using the service of their opinion regarding staffing levels. Their comments included, "The staff are always around. I get all the help I need. We are never rushed and we have time to go at our own pace." And, "There is always staff about. I get the help I need and when I need it. It would be rare to have to wait for help." Relatives and a health care professional also told us there was always staff around to help people.

During the inspection we found there were sufficient staff on duty. Staff we spoke with told us they did not feel rushed when carrying out their daily duties. They told us they had time to spend with people. One staff member said, "It can get busy, but we never feel we have to rush people. Everything gets done. It's a team effort. [Registered manager] will help us. That's the good thing, if one of us are tied up with something everyone rallies around." Two visitors told us they visited frequently during the week and at different times. They said there was always staff around attending to people's needs.

We looked at staff rotas. These were completed in advance to maintain consistent staffing arrangements. Staff absence was covered by existing staff. The registered manager told us there was a core group of staff who were long serving and were therefore familiar with people's needs and had built up good relationships with people they cared for. The registered manager told us cover for sickness or annual leave was managed well.

We looked at records of three 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, a physical and mental health declaration 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.

The provider had taken suitable steps to ensure staff knew how to keep people safe and protect them from abuse. There were policies and procedures in place for staff reference relating to safeguarding people including whistle blowing. Whistleblowing is when a worker reports suspected wrongdoing at work. Officially this is called 'making a disclosure in the public interest'. Staff we spoke with knew they had a responsibility to report poor practice and were aware of who to contact if they had concerns about the management or operation of the service.

We also found the staff understood their role in safeguarding people from harm. They were clear about what to do if they had any concerns and indicated they would have no hesitation in reporting their concerns to registered manager and the local authority. Staff told us they had completed safeguarding training. We saw evidence in training files that staff had also received training on how to keep people safe which included moving and handling, fire safety, and basic life support.

We looked at how medicines were managed within the service and found appropriate arrangements were in place in relation to the safe storage, receipt, administration and disposal of medicines. Assessment and care planning showed people's medicines had been confirmed on admission with relevant people and their medicines were being kept under review.

Medication was delivered pre packed which meant people's medicines had been dispensed into a monitored dosage system by the pharmacist and then checked into the home by staff on duty. Corresponding Medication Administration Records (MAR) charts were provided and all the MAR's we checked were complete and up to date. Handwritten entries had been countersigned to check for accuracy. Medicines were stored securely which helped to minimise the risk of mishandling and misuse.

Where new medicines were prescribed, such as antibiotics, these were promptly started. People who had medicines for as required or variable doses were also managed well. Where people had been prescribed topical creams body mapping was used to illustrate and show staff where the creams were to be applied..

Training records showed staff responsible for medicines had completed a safe handling of medicines course. Names and signatures of staff were kept at the front of the medication records to clearly show who was authorised to administer medication. Medicines were regularly audited. Auditing medicines reduced the risk of any errors going unnoticed and therefore enabled staff to take the necessary action to rectify these.

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.

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, regular checks in relation to fire, health and safety and infection control. Emergency evacuation plans were also in place including a personal emergency evacuation plan (PEEP) for each person living in the home. Heating, lighting and equipment had been serviced and certified as safe and contact numbers for utility services were kept at hand for staff to refer to in an emergency situation.

Risk assessments in relation to people's care and support were in place and recorded in their care plans.. We found the standard of risk management plans to be good. They provided staff with guidance on how to manage risks in a consistent manner and included for example moving and handling, tissue viability, nutrition and falls. Records showed that risk assessments were being reviewed and updated on a monthly basis or in line with changing needs.

We looked at the arrangements for keeping the service clean and hygienic. People raised no issues about the cleanliness of the home. People said, "They clean my room every day." "I'm pleased with the standards here, yes it's very clean." A relative we spoke with told us, "The standard of cleanliness is very good. I couldn't fault it." A visiting health professional told us, "The home is always clean and fresh smelling." We found all areas that we looked at were clean and pleasant. The service had received the maximum five star rating from Environmental Health for food hygiene.

We saw confirmation infection control training was booked for all staff . We noted staff hand washing facilities, such as liquid soap and paper towels were available around the home. This ensured staff were able to wash their hands before and after delivering care to help prevent the spread of infection. Appropriate protective clothing, such as gloves and aprons, were also available.

Is the service effective?

Our findings

We asked people if staff had the skills and abilities to meet their needs. One person told us, "They are very good at what they do. It's more about asking have they the right attitude and I would answer, they most certainly have. It's obvious they are trained and know their job." Another person told us, "They all know what they are doing and treat us like their family. We are looked after very well. Nothing is too much trouble for them. We get everything we need."

Relatives visiting told us staff were efficient and good at their job. They described staff as 'being in the right job' and 'good at what they do'. One relative told us, "[Relative] really likes the staff. From what I have seen they are on the ball when it comes to people's health and welfare. They know straight away if things aren't right with [relative]. I would describe them as being professional. I have no worries. They know what they are doing." A visiting health professional told us, "Staff are very good. They follow any instructions we give them. I can trust them to do what I ask."

We looked at how the service trained and supported their staff. We looked at the training matrix. This showed what training staff had attended and evidenced training that was planned for in the near future. We discussed training with staff. They told us they had completed a wide range of appropriate training to give them the necessary skills and knowledge to help them look after people properly. The registered manager told us all the staff employed had completed a nationally recognised qualification in care. Staff told us they were kept up to date their mandatory training and said they had been informed some training was booked and that other training was planned. The variety of training offered meant that staff were supported to have the correct knowledge to provide safe and effective care to people using the service.

We looked at the induction processes for new staff. Arrangements were in place for new staff to complete an initial 'in-house' induction. This included an introduction to the service's policies and practice. The registered manager told us it was rare for a vacancy at the home and because all new staff they had recruited had completed a recognised qualification in care; their induction was centred around shadowing staff and spending time getting to know people living in the home. We noted staff new to the role had supervision at regular intervals during their probationary period. This helped the registered manager monitor staff performance and offer any additional support that was necessary.

Staff we spoke with told us they were provided with regular supervision and they were very well supported by the registered manager. The supervision sessions enabled staff to discuss their performance and provided an opportunity to plan their training and development needs. Staff also had an annual appraisal of their work performance.

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where people had been assessed as lacking capacity to make specific decisions about their care

the provider had complied with the requirements of the MCA 2005.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the registered manager understood when an application for a DoLS should be made and how to submit one. At the time of the inspection, there had been no applications made to the local authority.

Training had been planned for staff to attend to understand the relevant requirements of the MCA 2005 and DoLS. Staff we spoke with understood the importance of gaining consent from people and the principles of best interest decisions. Care records showed people's capacity to make decisions for themselves had been assessed on admission and in line with legal requirements. Useful information about their preferences and choices was recorded. We also saw evidence in care records that people's capacity to make decisions was being continually assessed which meant staff knew the level of support they required while making decisions for themselves. Where people had some difficulty expressing their wishes they were supported by family members.

We looked at how people were supported to maintain good health. People's health care needs had been assessed and people received additional support when needed. 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 needs. This helped staff to understand the extent of people's limitations regarding their health and to recognise signs of deteriorating health. We saw evidence people were consulted over health needs and their wishes to receive or decline any intervention was respected.

We looked at how the service managed 'Do Not Attempt Resuscitation' (DNACPR). We saw that consent forms were in place and there was clear evidence discussion had taken place with the person the DNAR related to and/or their relatives and the persons' GP. The persons' wishes were documented clearly within their care plan and reviewed.

From our discussions and review of people's records we found the staff had developed good links with health care professionals and specialists to help make sure people received co-ordinated and effective care. People's healthcare needs were kept under review and routine health screening arranged. A healthcare professional we spoke with told us the registered manager and the staff worked very well with them in supporting people to keep well.

We were shown around the whole building as part of the inspection. We saw that the interior decoration was clean and bright and well maintained. The home was equipped to support people's diverse needs such as physical disability and provided a pleasant environment for people. People told us the home was "very nice" and "its nice here" and "no complaints at all". People had arranged their rooms as they wished with personal possessions that they had brought with them. A relative we spoke with told us, "When [relative] moved in we were told to bring in anything she wanted that could be accommodated. She picked out different things she liked and it's really nice to see she has familiar things around. It has made her room hers in the truer sense that little bit of home that came with her."

We looked at how people living at the service were supported with eating and drinking. People told us they

enjoyed the food and were given a choice of meals and drinks. One person said, "The food is good. We get different meals every day. If there is something you don't like the staff will always get you something different. I'm not a fussy eater so I like most things" and another person commented, "The food is quite nice. We don't go hungry. I've started to put a bit of weight on. I'm happy about that. Before I came here I had lost a lot of weight so I know I'm on the mend." Refreshments and snacks were observed being offered throughout the day.

Weekly menus were planned and rotated every four weeks. The menus had been put together following discussions with people with regard to what they would like. The registered manager told us there were no restrictions on what they could purchase for people. The provider was generous when it came to the food allowance and there was no strict budgeting. We noted the dining tables were set with table cloths, drinks, napkins and condiments. There were two lounge/dining areas and people chose where they had their meal. The meal served looked nutritious in content, appetising and portions served was plentiful.

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. Food and fluid charts were available for staff to use should any risk be identified.

Is the service caring?

Our findings

People we spoke with told us staff were caring towards them. Comments included, "The staff are really kind", "I'm as happy as I can be at my age. The staff are thoughtful and I do feel cared for. There is one staff I particularly like. Having said that they are all very caring and obliging. I couldn't fault any of them." and "We are treated like family and we feel like family. Everyone is very nice. The staff are very good with us and they look after us very well." At the last 'resident meeting' when asked about satisfaction with regard to the staff, one person commented, "The staff are wonderful. We are well looked after and we have no complaints". We looked at the results of comments a quality monitoring survey recently carried out. All the people had indicated they were very satisfied and that staff were helpful and polite.

Health care professionals who completed a quality monitoring survey commented, "They [staff] are professional and caring" and "I have not had occasion to complain about or criticise their care". Relatives we spoke with told us they had no concerns over the caring attitude of staff they described in terms of "Excellent", "Very caring and enjoy a good laugh", "Bring a smile on their faces" and "Very considerate to us as well as the residents". One relative told us, "They [staff] don't smother people by doing everything for them. They don't rush [relative] but give her time to do what she can herself. It has helped her keep her dignity and that's important for her. She has her pride."

The home had a friendly and welcoming atmosphere. We observed staff were respectful to people, attentive to their needs and treated people with kindness in their day to day care. Calls for assistance were responded to promptly. Staff communicated very well with people and addressed them with their preferred name.

We discussed people's care with staff. They had a sound knowledge and understanding of the needs of all the people they cared for and a good understanding of people's personal values and needs. Staff understood their role in providing people with person centred care and support. One staff member said, "We know everyone here and what is important to them. We don't take over their lives; we help them to live it as they wish. They all have their own way they like things done." Another staff member told us, "They all have their own character, their likes and dislikes. We respect that. If people are happy with what we do for them then we are doing our job well."

We considered how 'dignity in care' was managed on a day to day basis. Care plans we looked at centred on people's views and wishes for their care and support. Attention to detail in care plans regarding what people wanted and needed meant staff were always sensitive to their needs. People had been involved in the planning of their care. They told us they lived their lives as they wanted. There were no institutional routines they were expected to follow such as when they got up or went to bed. One person told us, "I please myself. No-one tells us what we have to do. I do need help getting into bed and staff will always say 'let me know when you are ready'. Another person told us, I like a bath around 6.30 am. The staff give me privacy time. We aren't rushed, it's quite flexible here."

People using the service had a key worker. Key workers role was to have an oversight of people's care and support and to build positive relationships with them. We observed people were well dressed and

assistance with personal care was given behind closed doors. Staff we spoke with told us they had time to sit with people and have a chat.

People told us they were happy with their bedrooms which they had personalised with their own belongings and possessions. They said they could spend time alone if they wished.

Staff had training that focused on values such as people's right to privacy, dignity, independence, choice and rights. Communication was seen to be very good. Staff spoke about people in a respectful, confidential and friendly way. 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. People's records were kept safe and secure and people had been informed in the service user guide how the service would respect their right to confidentiality and how this was achieved including how to access their records. This meant people using the service could be confident their right to privacy was respected with their personal information 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 using the service had. The agenda discussed had included menus' staffing and activities.

Is the service responsive?

Our findings

People told us they were listened to and the service responded to their needs and concerns. Everyone we spoke with were complementary about the staff regarding their willingness to help them. One person told us, "I haven't been here long. I really am improving every day. The staff are so helpful." Another person commented, "They help me all the time when I need help. There have been times when I haven't felt well and they have got the GP straight away and make sure I'm looked after. I think they do a great job here."

We asked people about their experience of coming to live at the home and how this was managed for them. People told us they had been involved in the assessment process before they moved into the home. One person told us, "It got to the stage I just couldn't manage at home. My health deteriorated and I ended up in hospital. My daughter suggested here. [Registered manager] had a good chat about the problems I had, what I wanted and how they could help me. I've not regretted the move." Another person told us, "I did think I'd come for a short stay, but after a few weeks I decided I'd like to stay here all the time. It's a wrench giving up your home but I'm not sorry."

The registered manager explained how the admission procedure was followed. We were told where possible a visit would be arranged to speak with the person and or their relatives, and a full assessment of people's needs would be completed. Based on this assessment a decision would be made whether to accept the person. We were told consideration would be given to people's known needs, staffing levels, and staff skills and expertise. The registered manager told us that following the initial assessment an individual care plan record was drawn up detailing the care and support the person required. The assessment was discussed with staff which ensured they understood the level of personalised care people required.

We looked at three care plans. The information in the assessments was wide ranging and covered interests and activities, family contact, identification and personal needs such as faith or cultural preferences, physical and mental health needs, communication and social needs. We noted supporting information from relatives and any professionals involved in people's care was also considered.

We found evidence in care records that people had been involved in setting up their care and support plan. People's needs were supported by a series of risk assessments to establish the level of support people needed and how this would be provided. The care plans were easy to follow and read and were being reviewed on a regular basis. The detail recorded provided staff with good insight into people's personal routines, preferences and likes, dislikes and interests and provided good evidence to show people were at the centre of their care. Staff were required to read and familiarise themselves with these. This helped to ensure people's care and support was maintained consistently and helped staff to monitor and respond to any changes in people's well-being.

Relatives we spoke with told they were always informed and kept up to date if their family member's needs changed or they experienced difficulties. One relative said, "I'm contacted straight away if [family member] has any problems or is feeling unwell. They are really on the ball like that. When I visit they will update me with any changes. We have discussed her care needs a lot. We always consider what she wants."

Detailed daily records were kept of the care and support delivered. Staff told us there was a handover meeting at the start and end of each shift. During the meeting, staff discussed people's well-being and any concerns they had. They said, "We know everything we need to know about the people we care for. We have handover meetings every day. These are valuable especially when you've been off for a few days. We are given an update on how people are when we come back on shift." Staff we spoke with understood good values in care and had a good understanding of equality and diversity put into practice.

Charts were available for staff to use when people needed monitoring such as with nutritional intake, positional changes for pressure relief and personal care. Records were maintained of the contact people had with other services and any recommendations and guidance from healthcare professionals was included in people's care records. A health care professional we spoke with told us, "The staff are very good at spotting changes in people and will ring us for advice and we decide if a GP visit is needed. I do call in on a regular basis and they keep me well informed of people's progress." Staff also completed records of these visits that provided staff coming on duty with a more in depth report on the nature of the visit, the outcome and of any instructions that need to be followed.

We saw a programme of activities offered to people. Hobbies and social interests had been recorded in people's care plans. People told us they were satisfied with the activities provided in the home. We discussed personal choices for activities with several people in the lounge areas. One person told us, "I like to do word search", and another person told us, "I like the movement to music". People talked about going out with their family, enjoying films and we noted several newspapers were delivered daily. There was a selection of books for people to choose from and the hairdresser visited on a regular basis.

Visiting arrangements were very good and people told us staff made their relatives welcome. Relatives confirmed they were able to visit at any time and that staff were courteous and friendly. They were offered refreshments.

We looked at how the service managed complaints. The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales. We looked at the complaints records and noted there had been no formal complaints received. We noted there was a complaints procedure displayed in the home and information about the procedure in the service user guide.

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 have no complaints. I dare say I would tell someone if I had, probably my son." Another person told us, "I wouldn't be frightened to raise any concern, it's like that here. We all know and respect each other." Visitors to the service told us they were confident to raise any issue of concern with the registered manager or staff and that it would be dealt with satisfactorily. Staff confirmed they knew what action to take should someone in their care or a relative approach them with a complaint.

Is the service well-led?

Our findings

People, relatives, staff and a healthcare professional we spoke with told us they were very satisfied with the management arrangements. One person told us, "I think it is a really good service and very well run. The staff and [registered manager] are lovely. Everything seems to be organised well." And, "I can't complain with how things are. It's a good place to be." Relatives told us [Registered manager] is always around and one commented, "Not the invisible sort. You don't have to search her out."

People and their relatives and visiting professionals were formally asked for their views on the service. This was achieved by means of meetings and quality monitoring satisfaction surveys. We were given a copy of the latest results of these surveys that showed people were very satisfied in all domains surveyed.

The registered manager was qualified, competent and experienced to manage the service effectively. She had been registered with the commission in 2014 and also had responsibility for another service within the company. She described the providers as 'being very supportive' and was fully supported by them and senior staff in the day to day management of the service. The registered manager also had contact with another register manager linked to the company to discuss best practice issues and share ideas.

Throughout our discussions with the registered manager it was clear she had a thorough knowledge of people's needs and circumstances and showed a good commitment to promoting the principles of person centred care. She was able to describe the team's achievements in providing a home from home environment people could thrive in and was equally committed to aiming for a standard of excellence.

There was an 'open door' policy which meant that people using the service, their relatives, professionals visiting the service and members of staff were welcome to speak with the registered manager at any time. The registered manager told us she promoted a culture where everyone mattered and learned from the people they cared for on how they can improve. Members of staff we spoke with considered the registered manager was very supportive. They told us they were very happy in their work. 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 was a clear management structure and staff were aware of the lines of accountability and who to contact in the event of any emergency or of concerns. If the registered manager was not present, there was always a senior member of staff on duty with designated responsibilities and on call arrangements were in place.

We observed a good working relationship between the staff that was described to us by the registered manager as having 'mutual respect' for each other. She told us she would never expect staff to do something they were not trained for or anything she would not do herself. She often worked alongside the staff team and covered shifts.

One staff member told us, "(Registered manager) is quite strict about standards. She will say 'there is only one way and that's the right way'. She is very well respected by everyone and the residents love her. She is always concerned about our welfare. If I had a problem I wouldn't hesitate to tell her. We have regular

supervision and appraisals." Another staff member told us, "I think we have a very good staff team and we are treated very well by [registered manager] who trusts us to deliver high standards of care. We are valued and we feel valued. I love working here." And another staff told us, "[Registered manager] is an absolute treasure, hands on and very understanding. Her leadership style has created a very good team that work well together. We get praised for good work and commitment and we are valued."

Communication was described as being "very good" with regular daily meetings for handover, a communication book and notice board. 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. These were being reviewed regularly to make sure they were updated to reflect any necessary changes. People were actively encouraged to be involved in the running of the home. We saw 'resident meetings' were held and minutes of recent meetings showed a range of issues had been discussed.

There was evidence of continually striving to improve the service. The provider monitored the effectiveness and quality of the service provided to people. This included feedback from people using the service, their relatives and from health and social care professionals in formal quality assurance questionnaires. Results of these surveys showed a very high satisfaction with the service, the facilities and with the staff and registered manager. The results of surveys were made available for people to read.

There was a business plan in place for the service which showed continuing investment being made to improve the environment for people. New bedroom furniture, bedding and curtains had been purchased and some windows replaced. The registered manager told us the registered provider was very good in ensuring there was sufficient funds available to enable the service to run smoothly and to keep the home well maintained.

There were systems in place to regularly assess and monitor the quality of the service. The registered manager told us they monitored key areas of care delivery such as medication, health and safety, staff training, care plans, the environment and catering requirements. This helped 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 fire detection equipment and water temperature monitoring.

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.