Hadrian Healthcare (Gosforth) Limited

The Manor House Gosforth

Inspection report

80 Greenfield Road,
Brunton Park,
Gosforth,
Newcastle Upon Tyne,
Tyne and Wear,
NE3 5TQ
Tel: (0191) 217 0092
http://www.hadrianhealthcare.co.uk

Date of inspection visit: 31 December 2014 and 2 January 2015
Date of publication: 27/03/2015

Ratings

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

Overall summary

This unannounced inspection took place on 31 December 2014. A second, announced day of inspection took place on 2 January 2015. The previous inspection, undertaken on 9 July 2013, found there were no breaches of legal requirements.

The Manor House Gosforth is a care home without nursing and provides accommodation and personal care for up to 46 people. At the time of the inspection there were 46 people using the service, some of whom were living with dementia.

The home had a registered manager in place, and our records showed she had been formally registered with the Care Quality Commission (CQC) since March 2013. A registered manager is a person who has registered with

Summary of findings

the CQC 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 told us said they felt safe living at the home. Staff understood safeguarding issues and described to us what potential abuse might look like and how they would deal with it if they saw anything which concerned them.. Accidents and incidents were monitored and reviewed to identify and issues or concerns.

The registered manager told us each person who used the service had been assessed for their level of dependency and this information was used to determine the minimum staff number needed to run the home. In addition to this system they monitored people's needs and staff feedback on the number of staff needed, and was able to show us when they increased the number of staff when necessary. Suitable recruitment procedures and checks were in place, to ensure staff had the right skills to support people at the home. Medicines were handled safely and effectively and stored securely.

People told us they were happy with the standard and range of food and drink provided at the home. People were given a choice about what they wanted to eat at each meal. Kitchen staff kept records regarding people's individual dietary requirements and preferences.

People told us they felt the staff had the right skills and experience to look after them. Staff confirmed they had access to a range of training and updating. Staff told us, and records confirmed that regular supervision took place and that they received annual appraisals.

Mental Capacity Assessments had been completed in line with the requirements of the Mental Capacity Act 2005 (MCA). We also found the provider acted in accordance with the requirements of the Deprivation of Liberty Safeguards (DoLS). These safeguards aim to make sure people are looked after in a way that does not inappropriately restrict their freedom.

People told us they were happy with the care provided. We observed staff treated people kindly and were patient. Staff knew people well, and used their knowledge of people's families and life histories to engage with them. Staff were able to tell us about people's particular needs and how best to support them. People's health and wellbeing was monitored, and staff regularly referred people to GPs and district nurses.

People were assessed against a range of potential risks, such as poor nutrition, falls, skin damage and mobility. Where other risks had been identified assessments had been carried out to ensure people received appropriate care.

Care plans reflected people's individual needs and were reviewed to reflect changes in people's care, as necessary. A range of activities were offered for people to participate in, both inside and out of the home. People and relatives told us if they had any concerns they would feel happy to discuss these with senior staff or the registered manager. People told us any issues they had raised had been dealt with quickly and to their satisfaction. Records had been kept of formal complaints, including information on investigations carried out and action taken in response to complaints.

Robust quality monitoring systems were in place which covered areas such as meetings, feedback and audits. All areas of the service were reviewed regularly.

The management and leadership arrangements in the service were good. People who used the service, their relatives and staff spoke highly of the registered manager and the organisation.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Everyone we spoke with told us they felt safe living at the home. Staff had received safeguarding training and could describe the action they would take should they have any concerns.

Information about accidents and incidents was recorded, reviewed and addressed. Risks to people using the service and the home environment were assessed and well managed. There were enough staff to keep people safe. Medicines were stored appropriately and administered safely.

Is the service effective?

Good

The service was effective. People were very positive about the way staff supported them. A range of training had been provided and staff received regular supervision and annual appraisals.

The registered manager and staff within the home were knowledgeable about the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Assessments had been carried out, and authorisation granted when people met the criteria for DoLs safeguards.

There was a range of appetising food and drink available throughout the day. Staff were aware of people's special dietary requirements and preferences and these were catered for.

Is the service caring?

Good

The service was caring. People told us they were well looked after and that they were treated with respect.

We observed good relationships between staff and people who lived at the home, staff knew people well. Relatives said they felt confident that people were happy and being looked after properly.

People told us staff treated them with respect, and always knocked on their doors before entering their rooms.

Is the service responsive?

Good

The service was responsive. Care plans were in place that reflected people's individual needs. Plans were reviewed and updated as people's needs changed.

There was a range of activities for people to participate in, including activities and events in the home, and in the community.

People knew how to raise any complaints or concerns, but no-one we spoke with had ever made a formal complaint. Any requests that they had made to the registered manager had been dealt with quickly and satisfactorily.

Is the service well-led?

Good

The service was well-led. People, relatives and staff told us the home was well run and that there was a strong managerial presence. The home had an open culture where people's feedback was welcomed.

Summary of findings

Robust quality monitoring systems were in place which covered areas such as meetings, feedback and audits. All areas of the home were reviewed regularly. We saw that where audits were completed, if action was needed, this was clearly documented.

The Manor House Gosforth

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 31 December 2014 and was unannounced. A second day of inspection took place on 2 January 2015 and was announced. The inspection was carried out by one adult social care inspector.

Before our inspection the provider sent us a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also checked all of the information that we held about the service and the service provider, in particular notifications about accidents, incidents, and any safeguarding matters. Following the inspection, we contacted the local authority safeguarding team, the commissioning team and local healthwatch. We did not receive any information of concern from these organisations.

We spoke with eight people who used the service about the care and support they received. We also spoke with eight relatives, who were visiting the home at the time of our inspection. We talked with the registered manager, the deputy manager, four care workers and a cook.

Some people who used the service had complex needs which meant they could not share their experiences. We used a number of methods to help us understand their experiences, including the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spent time in the communal areas of the home and observed care and support being delivered. We also viewed five people's bedrooms, with their permission. We reviewed a range of documents and records including; six care records for people who used the service, four medicine administration records, six staff records, as well as records in relation to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. One person said, “The staff are wonderful. The people upstairs are more vulnerable, but I’d have no concerns with the staff with anyone. They are caring and trustworthy.” Another person said, “I absolutely feel safe here.” Relatives also told us that they thought the home was safe. One relative said, “It’s lovely the way they are looking after my dad. He is looking so secure. I’m so thankful.”

People told us that there were enough staff to meet their needs. One person said, “I think there are enough staff here, they definitely seem to manage.” Another said, “There are enough staff here for me. I don’t need a lot of help, but they are always walking around and if you press the buzzer they are straight to you.” A relative told us, “Earlier on I asked if they could help my mum with something, they got to it straight away, we didn’t need to wait 10 minutes or ask again, they are very responsive.” One person did tell us that they felt they sometimes needed to wait longer than they expected for staff during the busier times, they said, “Mornings and evenings are busy. There is lots for the staff to do. I had to wait 20 minutes this morning to go to the toilet, but the rest of the time it’s much quicker than that.” We brought this to the attention of the registered manager, who told us they were surprised and disappointed at such a delay and would look into why it had occurred.

Arrangements were in place respond appropriately to any allegation of abuse. All staff had been given training on what abuse was, how to spot it and what action to take, as part of their induction training. Staff had access the company's safeguarding policy which detailed the action staff should take, as well as contact information the local authority safeguarding team.

The registered manager told us that within the previous 12 months there had not been any safeguarding incidents but that she had been in contact with the safeguarding team to discuss incidents and to get advice. Detailed records had been kept about any safeguarding concerns, which included information about any action taken following an investigation into any incidents. We spoke with the local authority safeguarding team, who confirmed that they had not received any information about any safeguarding incidents or concerns regarding the home in the previous 12 months.

Staff were able to describe the procedure to follow if they suspected someone was at risk of abuse. One member of staff told us, "I think people are cared for extremely well here. [The registered manager’s name] is a tip top manager, and I very much feel that if I went to her with even the smallest concern about how people were being treated she would thoroughly investigate it and take proper action."

A whistleblowing policy was in place to support staff to raise concerns about the delivery of care. All of the staff we spoke with told us they would not to hesitate to raise a concern or use the whistleblowing procedure.

We looked at the accident and incidents log and saw the registered manager reviewed these records and checked that action taken by staff had been effective. Accidents and incidents were also monitored on a monthly basis to determine if there were any trends developing where preventative action could be taken.

Risks had been assessed and actions had been taken to minimise any risks identified. We saw from people’s care records that risk assessments were carried out based on people’s individual needs. For example, when one person lost weight, a risk assessment was carried out to determine their risk of becoming malnourished, and to reduce this risk the person was provided with a high calorie diet and weighed more regularly. A range of other assessments were carried out, such as to determine the risk of people falling or developing pressure sores, and in response to people’s care needs.

Environmental risks around the home had also been assessed, for example the use of cleaning chemicals and electrical and gas appliances. We saw action had been taken to minimise these risks, such as keeping chemicals locked away, and regularly testing appliances.

Plans were in place to deal with any emergencies. An evacuation plan had been completed to guide staff in the event of any emergencies. Care records included an emergency health care plan, which contained important information to be given to health professionals if the person needed to go to hospital. This meant that potential risks had been assessed and processes had been put in place to minimise any risks to people’s safety.

We spoke with four staff members who told us there were enough staff to meet people’s needs. One staff member said, “We do have enough staff here. We’ve had an extra person between 8am-2pm recently and that’s made a big

Good

Is the service safe?

difference. Things run well with the extra person, I think that is becoming a permanent thing." Another member of staff said, "I think it's actually very good here for staffing. We are never short on numbers, and if something happens, like we've got a few people unwell they will get us another person in, either overtime for our staff or they'll call an agency in to make sure we have enough."

Appropriate checks were undertaken before staff began work. The provider had carried out checks to ensure staff had the necessary qualifications, skills and experience to carry out their role. Each staff file contained a completed application form, interview records, two written references and a signed job description. Disclosure and Barring Service (DBS) checks had been made. These checks were carried out to find out if people had any criminal convictions that may prevent them from working with vulnerable people.

We looked at the disciplinary policy and records of any staff disciplinaries which had been undertaken in the previous 12 months. Appropriate investigations had been carried out by senior managers from the companies head office . Records were detailed and included information about action taken following the investigation.

We observed staff administering people's medicines. People were given their medicine appropriately; staff told people what their medication was, and gave them a drink to take their medicines with. Staff gave people the time to take their medicines comfortably.

We looked at the medicine administration record sheets for four people and found they were fully completed where staff had signed to say they had administered their medication. Where medication had not been given, for example if the person refused or if they were asleep then codes had been used to record the reason the medication was not administered. Medicines were stored safely and securely in locked cupboards or a locked cabinet.

The home was clean, tidy and well maintained. Domestic staff had a schedule of tasks to complete and an infection control audit was carried out on a regular basis to ensure all areas of the home were clean and safe.

Good

Is the service effective?

Our findings

People and their relatives told us they had confidence in the staff team at the home. They told us the staff were good at their jobs and supported them well. One person said, "The staff are excellent. I've been incredibly impressed. All of the staff seem so switched on, the carers and the senior staff."

Staff told us they felt they had been given adequate training to equip them with the skills to do their job. We spoke with a member of staff who had recently started working in the home, and had not been employed within a care role previously. They told us that the induction training that they had undertaken had been thorough and they had felt supported and prepared for their role.

They had been given an induction checklist and workbook to make sure everything had been covered. As part of the induction period, new starters shadowed experienced staff members for three days and met with senior staff on a monthly basis to discuss their progress.

Staff told us they regularly received training to keep their skills up to date. One staff member told us, "We get loads of training; there is always some training to be done, either online or on courses. If you mention in supervisions that you're interested in something then they'll try and get you on it. I'm being trained in administering medications at the moment, it's really interesting." An electronic training system was in place to ensure that required training was kept up to date. The system highlighted when training was due to go out of date, and staff were given this information through memos. We saw that staff had a range of training including nutrition, risk assessment in care and care planning. More than half of the staff employed at the home had achieved vocational qualifications in adult social care, for example Qualifications and Credit Framework (QCF) awards or certificates or National Vocational Qualification (NVQ) Level 2 or 3.

Staff told us they regularly met with senior staff in supervision sessions to discuss their performance, role and the needs of people they supported. We saw that supervisions and appraisals were used as a two-way feedback tool through which staff members met with senior staff to discuss work related issues, training needs and personal matters if necessary. We saw copies of supervision and appraisal documents in staff personal files. Records showed 121 supervision sessions were held approximately every two months and appraisals were completed annually.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and followed the requirements of the MCA. The MCA is a law that protects and supports people who do not have the ability to make decisions for themselves and to ensure that decisions are made in their 'best interests.' We found examples of MCA assessments and best interest decisions in people's care records. For example, one person had a MCA assessment carried out, and a best interest decision in place, to administer their medication covertly because they regularly refused their medication. The MCA assessment determined they did not have capacity to understand the risks and impact of not taking their medication. Records showed that the best interest decision had taken into account the views of the person's GP, their family members and a pharmacist.

The provider acted in accordance with the Deprivation of Liberty Safeguards (DoLS). These are safeguards to ensure care does not place unlawful restrictions on people in care homes and hospitals. The registered manager had sought DoLS authorisation for 20 of the 46 people who lived at the home. 19 of these authorisations were for people who were cared for on the first floor of the home, and were living with dementia. The doors to this floor were controlled by an access code, which meant that people were unable to leave the unit unsupervised. Authorisation had been granted because it had been determined that the people being cared for on this floor did not have the capacity to safely leave the home unsupervised. The door codes meant that people could move freely around the first floor.

Where possible, people were encouraged to give their consent and agreement to care being delivered. Whilst in one of the communal areas of the home we observed that one person did not want to take their medication, staff encouraged them to take it and explained what the medication was for, but when they refused it, staff respected their wishes. Where people had capacity to consent we saw they had signed their care plans to show they agreed to the planned care they received

People spoke very highly about the food available at the home. We spent time in the dining room over breakfast and

Good

Is the service effective?

lunch and saw there was a good range of food available and it was presented very well. People were served quickly, and staff were able to support those who needed assistance to eat, in a relaxed and unhurried way.

The registered manager told us the dining room had been set up like a bistro, and they served a 'hotel style breakfast', we saw toast was served in toast racks, and people had their own pots of tea or coffee on the table. One person said, "The breakfasts are my favourite. I have what I like, eggs and then toast and marmalade. That is what I choose, I could have more if I liked. There are always alternatives available at all of the meals."

A choice of food was provided regularly throughout the day, and people told us that the food was excellent. One person said, "I went to my son for Christmas day, but they put on a beautiful spread before Christmas. The food was laid out beautifully, and the canapés were better than ones I've had in any hotel." There was a decanter of Sherry in some of the communal areas of the home for people who used the service and their families to help themselves to, one person said, "They always offer a glass of wine with dinner or a sherry before. I don't usually have any, but I did have a glass of champagne on New Year's Day and we all got together in the lounge to watch the philharmonic orchestra."

We spoke with the cook, who was able to tell us about people's dietary requirements, and showed us information about people's preferences and any allergies. Staff offered people hot and cold drinks frequently throughout the day. People's care records showed that where there were any concerns about their food or drink intake that additional paperwork, such as food and fluid charts were completed to increase monitoring on their intake. This meant people's specific dietary needs were catered for and staff monitored people had adequate food and drinks available to them.

We saw from care records that people were regularly seen by their GP, and had annual vision and hearing examinations.

We saw the environment on the first floor of the home had been designed to meet the needs of people who used the service. Outside each person's bedroom doors were personalised memory boxes with images which were meaningful to that person. Areas of the corridors had been decorated with different themes, such as a greengrocers and a shop. The registered manager told us these areas were in place to help people who used the service to feel familiar in their surroundings. Large picture signage in place to help people to find their own way around helped to maintain their independence.

Good

Is the service caring?

Our findings

People told us they felt very well looked after by the staff. One person said, "I like this place, I don't think I could find anywhere better." Another person said, "We are all very happy here. I went out on Christmas day, but I said I will be coming back here. It's lovely to spend time with family outside, but I was ready to come home at the end of the day."

We saw that there was a good staff presence around the home. Staff were patient and spent time with people in the communal areas, chatting with people and taking part in activities. Staff appeared to know people well and used their knowledge of people's backgrounds to engage with people. We saw when one person became distressed and confused and repeatedly asking about their children, a staff member held their hand and said, "I'll tell you what, why don't we go and look at your photos of them, you can tell me all about them." We saw the person became much calmer and seemed relaxed in the staff member's company.

We carried out an observation over lunch, and saw people were supported to eat in a caring way. Staff sat with people and gave them their full attention, explaining what they were eating and engaging them in conversation. We saw one staff member saying "Oh you'll like pudding today, it's served with custard. It's Eve's pudding have you had it before? You don't hear of Eve's pudding so much now, a bit like spotted dick. What were your favourite's from when you were growing up?"

All of the visitors we spoke with told us they were happy with the care their relative received. A relative said, "I'm glad that mum can stay here, I hope she doesn't ever have to leave."

Relatives told us that they had been made to feel very welcome. One relative said, "Everyone knows us here now, not a single person hasn't made us feel welcome. They've been really sensitive and helpful. They'll always offer you a cup of tea or a glass of sherry if they catch us in the hallways. We want to be here and support our mum so there is pretty much always at least one member of our family here. Our constant presence might have been a bit disruptive, but we couldn't have been made feel more welcome." Another relative said, "The management team have been very sympathetic to the struggle of finding residential care. They really have been very accommodating to us."

Plans were in place to care for people at the end of their lives. At the time of our visit one person was receiving end of life care. Staff were aware that this person's needs may change quickly, and actions had been taken to address this. End of life medication had been prescribed and was stored at the home along with the equipment to administer it, so that they were available quickly when the person needed them. The registered manager told us the home offered bereavement support to relatives of people who had died in the home. She said that many of the relatives still came to social events even when their relative was no longer receiving care in the home.

The registered manager told us there was no one living at the home who had any particular cultural or religious requirements. There was a regular church service held at the home, and information about the times of services was displayed on notice boards on both floors of the home. One person we spoke with told us that they attended this service regularly, they said, "I never miss it, I've always gone to church, and so I'm pleased that I can still get there, as I can't walk the way I used to."

People told us that their privacy and dignity was respected. We saw staff knock on people's doors and wait to be called in before they entered people's rooms. People we spoke with confirmed this, one person said, "The staff are very polite, they'll knock before they come in and if I don't answer straight away, they'll knock again. They don't just come barging in." We saw some staff had undertaken 'Dignity' training, and that care plans promoted people's privacy and dignity. For example, one care plan we looked at stated, "personal care is to be provided in the most sensitive and private way."

The registered manager told us that no one at the home was currently using an advocate, but this could be arranged, as necessary. Details about the advocacy service available to people was included in the information pack they were given when they started using the service.

We saw people were encouraged to maintain their independence. The registered manager told us that some people managed their own medication. One person we spoke with told us, "It takes some getting used to, not living

Good

Is the service caring?

in your own home. I have lost some mobility and therefore some of my independence, but I do still like to do as much as I can for myself. I don't need the staff to go in the shower or anything. I get out and about when I can, and I'll go for a meal or a coffee in Gosforth or out for a walk. I can come and go as I please."

Good

Is the service responsive?

Our findings

People told us that staff knew them and their needs well, and that the care they received was personal to them. One relative said, "We are very, very happy with this home. We had pre-placement visits with lots of discussion about how the care would be delivered and how the home could meet mum's needs. They've done everything they said they would." Another relative said, "This is the first time I've had any experience of a family member moving into a home, and we were all very apprehensive. We had heard horror stories about some places, but we could not be happier than we are with mum here. The care delivery is very personal to mum, she can be quite fussy and the staff got to know her quickly. This feels like a very small and personal home, I couldn't speak more highly of the staff, both the care staff and the management."

Relatives told us that they were confident that staff were responsive to people's needs. One told us, "They are very on the ball, I've been here a few times where staff will have talked to me as I've walked in and told me they've had some concerns so the GP has been here. It's very rare for me to have picked anything up with [my relative] before they have." Another said, "They liaise with the GP, Macmillan nurses, district nurses. Lots goes into coordinating the care, there are so many appointments and so many people involved, but they manage it really well, they are very good at it."

A pre-admission assessment was carried out before people started using the service to determine people's needs and to ensure that the service could support them. Care records were clear and detailed with comprehensive information about people's needs, life histories and preferences. Where needs had been identified, care plans were in place with specific information detailed about how best to support the person including how to meet people's communication needs. For example we saw one care plan in place for a person living with dementia who regularly became distressed and agitated stated, "[the person's name]… is very tactile and responds well to touch." We saw as the person displayed their distress more often the care plan had been updated to include instructions for staff to record each episode on a chart, including information about what the situation was before the episode. We saw that additional support had been sought through the person's GP and challenging behaviours team. This showed the care was responsive to people's changing needs.

People told us they were able to choose how they spent their time; the home had various communal areas, including a bar and a library with a large range of books and newspapers. During our visit we saw some people enjoying their time in the communal areas, and others were spending time in their bedrooms. One person said, "There is always lots of things going on…, we'll have a singer every few weeks, and they bring in a little dog who all of us love. They host a quiz too, and it gets quite competitive. I like to be with people and like watching the world go by, so I'll often just sit in the conservatory or in the hairdressers when she's in and keep myself entertained."

The home employed a full time activities coordinator who planned group and individual activities inside and outside of the home. The monthly newsletter contained information about a wide range of activities held in the home. In the month before our visit activities had included; a poetry session, a visit from a local children's drama group, a Christmas Fayre, a pantomime, and a visit from the pets as therapy service. The newsletter showed that some of the people who used the service, who were living with dementia, had been taken to a local dementia group Christmas party and to a tea club.

The registered manager told us that many of the activities planned were to promote engagement with the community and to reduce the risk of social isolation. The home ran a monthly tea dance which was held at a local community centre, which was open to local people and residents of other local care homes.

The registered manager told us they held regular meetings for people to try and get their views and opinions. All of the people we spoke with were aware of the meetings, and most people told us that they attended them. One person said "I always go to the monthly meetings. They take our points raised seriously. I asked why we always had the same type of sausages, so they arranged a sausage tasting morning for us to pick what type we'd get in." Another person said, "We have a meeting monthly and if there is anything we need to talk about we'll do it then. It's often just our silly grumbles, talking about the food and activities and that kind of thing but they'll make any changes that they can."

Good

Is the service responsive?

We saw from the monthly newsletter that a relatives meeting was also held monthly. The relatives we spoke with said they knew about the meetings, but did not attend regularly. All of the relatives we spoke with told us that if they had anything they wanted to feedback they would go straight to the registered manager.

The homes complaints records showed there had been three formal complaints within the last 12 months. We saw the complaints policy had been followed, and all complaints had been followed up with an investigation (where appropriate, by the provider head office). Full details of the investigation had been recorded, along with any action taken in response to the complaint.

People we spoke with, and their relatives, told us that they knew how to make a complaint, but that they had never needed to. One person said, “I’ve no complaints, everyone is friendly.” Another said, “I’ve never made a complaint, but would have no concerns doing so. The seniors are always around to talk to or if I had a more serious concern I would go straight to [the registered manager]” This meant people were aware of how they could complain and a process was followed to ensure complaints and concerns were dealt with appropriately.

Good

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place. Our records showed she had been formally registered with the Care Quality Commission since March 2013. The registered manager was present during our inspection.

People told us they felt the home was well run. One person said, "It all works very well here, they seem to have a system and I can't fault it. It's very professional, how it should be done. I have already recommended it to a friend of mine who is in a similar situation to me and looking for residential care."

The registered manager had extensive experience in health and social care. She was a qualified nurse and had a degree in social work, in addition to three post graduate diplomas in education, end of life care and mental health. She told us that she was part of the British Association of Social Workers and a member of the Royal College of Nursing, and used these networks to keep up to date with national guidance and best practice.

There was a clear staffing structure which included the registered manager, who was supported by a regional manager and a compliance manager. The home employed a deputy manager, principal care worker and a number of senior care workers. All the visitors we spoke with told us the staff and registered manager were approachable and supportive. One person said, "The management presence is very strong. Nearly all of the time that I've been here I've seen either the manager or the deputy around. We've been here in the middle of the night and if [name of relative] hasn't been well the staff have said that they can contact the management on call if they need anything. The staff I have spoken with seem well supported which in turn gives us confidence in the support they are giving to [name of relative]." The registered manager told us a member of the management team (either the registered manager, the deputy manager or principal care worker) was on duty at weekends, so people always had the opportunity to speak to them if they needed to.

The home had a system in place to assess the quality and service provision called QARMS (Quality Assurance Risk Management System). The system included resident and staff meetings, visits from the regional manager and regular audits. The system included a yearly planner which identified when each element of the assurance system should be carried out. For example, questionnaires looking at overall feedback of the home were completed annually whereas meetings for people were held monthly. We saw a range of audits were identified by the provider as being essential quality checks for the home, including the environment, health and safety, moving and handling and infection control.

In addition to the audits, the regional manager completed regular compliance visits and monitored the quality of the home. The compliance visits looked at all areas of the home including care plan evaluations and whether the meetings for people and their relatives were arranged and advertised. Where areas for improvement had been identified, an action plan was created and monitored to ensure improvements were carried out. For example, where a medications audit had shown that administered medication had not been recorded correctly, an action plan detailed the steps taken to improve on staff knowledge and competency in administering medication. We saw the action plan had been monitored and updated when actions, such as additional supervision sessions with senior staff and competency assessments, had been undertaken.

Feedback was requested through an annual satisfaction survey. The responses from the most recent survey, from January 2014 had been very positive. More than half the people who used the service had returned a satisfaction survey, and all were happy with the way the service was run.

The registered manager told us feedback had highlighted that although people had been given a copy of the complaints procedure, and it was displayed in the reception area, some people were unsure of how to raise a complaint. To address this, each person had been given a key worker profile which detailed the role of their key worker and how they could raise any issues through them. The profiles included details about the key worker's hobbies, family life and skills. The registered manager told she hoped that by strengthening the key worker relationship people would be more aware of how to provide feedback and if necessary raise a complaint.

The registered manager told us she felt supported by the regional manager and the organisation. She said, "The ethos of this company is all about the quality of the care we deliver. They recognise the importance of valuing staff to

Good

Is the service well-led?

make sure that we provide the best care. They are exceptionally keen on training and personal development, and support staff by offering family friendly hours and access to a confidential counselling service if they need it."

Staff told us there were monthly staff meetings at which they said their views and feedback were valued. One member of staff said, "They respect what we have to say. At a staff meeting we brought up how busy it got on a morning, and [name of registered manager] and [name of deputy manager] went away and sorted it. They are recruiting more staff so we can have someone working a morning because they recognise that we know what's going on, and if we say it's getting busy that it really is."

The registered manager told us that she attended most of the staff handover meetings held each morning with the night and day staff to ensure night staff had the chance to speak with her for anything they needed. The deputy manager also attended the evening handover a few times a week.

Staff told us that there was a good team within the home. One staff member said, "This a really good home. There is a really good atmosphere, and we work really well as a team." Another said, "[name of registered manager] is lovely, very approachable, you can talk to her about anything."

Overall we found that records were completed to a high standard, they were detailed, dated and stored appropriately.