Morton Cottage Residential Home Limited

Morton Cottage Residential Home

Inspection report

Morton Cottage
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection commenced on 2 May 2018 and was unannounced. This meant the provider and staff did not know we were coming. Two shorter visits were also carried out on 3 and 4 May which were announced.

At the last inspection of this service in January 2017 we found two breaches of regulations relating to staff recruitment checks and to the governance of the home. The overall rating for the service at that time was 'Requires Improvement'. During this inspection we found improvements had been made in relation to the breaches and significant improvements had been made across the service as a whole. The overall rating has improved to 'Good'.

Morton Cottage Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Morton Cottage Residential Home accommodates up to 32 people in one adapted building. There were 22 people accommodated at the home at the time of this inspection, some of whom were living with dementia.

The home had a registered manager who had been in this role for several years. 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.

All the people and relatives we spoke with felt the home was a safe and comfortable place to live. Staff were clear about how to recognise and report any suspicions of abuse. The provider carried out checks to make sure only suitable staff were employed. People were assisted with their medicines in a safe way. The home was clean and odour-free.

People told us they were happy with the care and felt there were enough staff to assist them. They told us staff responded quickly to any requests for support. People's consent and permission was sought before staff carried out any care. If people were subject to any restrictions to keep them safe, such as bed rails, this had been arranged in people's best interests. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The provider was seeking advice from the local authority about people who may be under constant supervision, including people staying for a short-break. We have made a recommendation about this.

Before people moved to the home their needs were assessed to make sure the home could provide the right care. Staff said they had good training and support to care for people in the right way. Staff worked well with other health agencies and people were supported to access health services.

Relatives said the staff cared for people in an effective way and responded quickly to any changes in people's well-being. People were supported to have enough to eat and drink. People said the meals were very good and they had choices about their meals and where to dine.

The provider and registered manager made good use of technology to support the service. This included a computerised medication system, computerised care records and use of a call alarm system that alerted staff by pager.

People felt the staff were caring and kind. There were good relationships between people and staff and there was a warm, uplifting atmosphere in the home. Staff spoke to people in a positive and friendly manner. People's individual choices were respected and their dignity was upheld. Staff spoke about people with compassion and were sensitive to people's needs at the end stages of their lives.

People received personalised care that was based on their preferences and needs. Staff were knowledgeable about people's individual care needs and how they wanted to be assisted. People had opportunities to join in some activities, spend time in the garden or go out with staff from time to time. There were plans for this to be improved.

People had information about how to make a complaint they were confident that these would be acted upon. People and relatives felt the registered manager and director were approachable and asked for their views. Staff said the provider and registered manager were open and supportive. Staff said they enjoyed their jobs and felt valued.

The provider used quality assurance audits to continuously check the quality and safety of the service. People and relatives' views were sought and acted upon. The provider and registered manager had plans to continuously improve the service for the people who lived there.

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.

There were sufficient staff to meet people's needs. The home only employed staff who had been vetted to make sure they were suitable.

People felt safe and staff knew how to report any concerns about the safety of people who lived there.

The home used an electronic system for managing medicines and staff said this was a safe way to make sure people got their medicines.

Is the service effective?

Requires Improvement

The service was effective.

Staff had good access to training in care and health and safety.

We have made arecoomPeople were not being deprived of their liberty inappropriately.

People were supported with their nutrition and health care needs.

Staff helped people to access health care services when they needed them.

Is the service caring?

Good

The service was caring.

People and visitors were very positive about the caring, kind and compassionate staff.

People were encouraged to make their own choices and these were respected.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People and relatives felt the service was personalised and met people's individual needs.

The home was lively and there were some activities for people to join in.

People and relatives knew how to make a complaint and would feel confident about doing so.

Is the service well-led?

Good

The service was well led.

People and visitors felt there was an open and approachable culture within the home.

There was a registered manager in place who had been managing the home for several years.

People's safety was monitored and the provider had systems for checking the quality of the care service.

Morton Cottage Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 2 May 2018 and was unannounced. This meant the provider and staff did not know we were coming. Two visits were also carried out on 3 and 4 May which were announced. The inspection was carried out by one adult social care inspector.

Before our inspection, we reviewed the information we held about the service including notifications about any incidents in the home. We asked commissioners from the local authority for their views of the service provided at this home. We used the feedback we received to inform the planning of our inspection.

During the inspection we spoke with eight people living at the home, three relatives and two visiting healthcare professionals. We also spoke with the registered manager, a director of the company, three senior care workers, two care workers, a member of housekeeping staff and a member of catering staff.

We observed care and support in the communal areas and looked around the premises. We joined people for a lunchtime meal to help us understand how well people were cared for. We viewed a range of records about people's care and how the home was managed. These included the care records of four people, the personnel records of two staff members, medicines records, training records and quality monitoring reports.

Good

Is the service safe?

Our findings

At the last inspection in January 2017, we found the provider had breached a regulation relating to staff recruitment practices. That was because the provider had not fully checked the previous conduct of a potential new staff member. During this inspection we found the provider had improved their arrangements for pre-employment checks of applicants. As well as written references the provider now held telephone discussions with the applicants previous employers to check why the staff member had left. This meant the provider could be assured that the person was a suitable and fit person to support the people who lived there.

People told us they felt safe, well cared for and comfortable at Morton Cottage. People and their relatives commented that the home was a "safe and secure" place to live. One person told us, "It's marvellous here. The girls are lovely and I feel safe." A relative commented, "I have absolutely no qualms about my [family member] living here. They are very safe here and the staff couldn't be nicer to them."

Staff told us, and records confirmed, they had training in safeguarding adults and this was regularly updated. Staff told us they would have no hesitation in reporting any concerns about the safety or care of people who lived there. One staff member told us, "Everybody is like our own family so we'd be quick to raise any concerns." The provider and registered manager were experienced in dealing with safeguarding matters and were clear about the protocols of when it was appropriate to report concerns. At the time of this inspection the local authority commissioners had no concerns about the safeguarding protocols at this home.

People and staff felt there were enough staff on duty. People told us staff were quick to attend to them if they required support. One person commented, "I've got my buzzer and they come fast if I use it." Throughout this inspection we saw staff immediately responded to any call alarms. We also saw at least one staff member was on hand in lounges to supervise and support people. Staff were deployed effectively to make sure there were clear lines of accountability for different areas of care throughout the day, such as support with meals or with personal care.

The registered manager used a staffing tool which was based on the dependency levels of the people who lived there. The dependencies included the level of physical, health and emotional needs of people. We saw that the number of staff on duty was in line with the staffing tool calculations. There was a senior care worker and three care workers on duty each day. There was a senior and a care worker on duty during the night, with either the director or registered manager on-call. The home had not used any agency staff as existing staff members were able to cover any gaps in the rota. The director confirmed that agency staff would be used as a contingency measure in the event of unexpected mass staff absence.

There were risk assessments in place for each person, where appropriate, based on their assessed needs. For example, these included risk assessments about falls, nutrition and pressure care. The risk assessments included actions and control measures to manage areas of risk. For example, some people had sensor mats to alert staff if they were at risk of falls.

There were contingency plans in place in the event of any emergencies. The plans included details of what to do and who to contact in the event of an evacuation. There were personal evacuation plans (PEEPs) for each person who lived at the home and these were kept under review.

There were a small number of minor decorative shortfalls in some parts of the home, such as scuffed paintwork and wallpaper, but there were no areas that presented a safety hazard. A relative commented, "Its cosy like anyone's home should be. Ok, it's a little bit worn in places but it's spotlessly clean, warm and comfortable." During the inspection the director provided a improvement action plan that identified future planned decoration.

All the areas of the home were clean and there were no odours. Housekeeping staff worked hard to keep the home to a good standard of cleanliness. There were sufficient stocks of personal protective equipment (PPE) available around the home for staff to access and use. Staff were seen to use PPE effectively to prevent and control the spread of infection. Housekeeping staff had a schedule of cleaning they followed, including the deep cleaning of bedrooms, and this meant all areas of the home were cleaned in a timely manner.

The people, relatives and staff we spoke with had no concerns about the way medicines were managed at the home. The home used a state of the art computerised medicines management recording system called Proactive Care System (PCS). This meant that all the medicines ordered and received from the pharmacy had a unique barcode.

When staff administered medicines they used a hand-held device to scan the person's medicines boxes which told them what the medicines were for, the dosage strength and times of administration. The device alerted staff if they were trying to give someone a medicine too early (it would show up red and not allow the medicine to be scanned). For example, if someone requested paracetamol within four hours of their previous dose. The handheld device included a photograph of the person as well as any conditions, allergies or special notes about their medicines management. The system was also able to print off paper records of which medicines had been administered if needed, for example, if someone was going into hospital.

Only management and senior members of staff were responsible for administering medicines. They had been trained in medicines management every year and had six-monthly competency checks of their practice. These staff had a unique code to operate the electronic system so it was clear which staff had administered each medicine, at what time and to which person. The staff we spoke with felt the system was very effective and safe. Following a recommendation at the last inspection there were body map records to show where prescribed creams or lotions were to be applied. These were kept in a separate file in people's bedrooms and were checked every day by the director.

Since the last inspection the director had begun to carry out a monthly analysis of accidents and falls. This helped to ensure appropriate action was taken and any lessons learnt. After each incident a report was completed, which described what had happened and the immediate action taken. Examples of action taken following accidents included implementing falls prevention technology such as sensor mats or beds that can be lowered. It was clear from incident records there had been a significant reduction in falls over the past few months. The director felt this was directly attributable to the lessons learned from the analyses and actions taken.

Requires Improvement

Is the service effective?

Our findings

The registered manager carried out comprehensive assessments of each person before a care placement was agreed or put in place. This meant the provider was able to check whether or not the care needs of the person could be met and managed at the home. The registered manager was able to describe occasions where placements had been declined by the home, for example where the assessment showed the service was not suitable to meet a person's health needs. Following the assessment all risk assessments, care records and support plans were developed with the person and their representative where appropriate.

The home also offered short-term placements for people to receive respite care whilst awaiting alternative placements or before they returned home. Visiting care professionals told us, "They respond very quickly when asked to assess people for respite care" and "they make sure people have the right equipment before moving here".

The service made good use of technology to support the care arrangements. For example, the provider used a computerised care record system that staff could input from a laptop and tablets. This meant staff could record the care given or people's needs in real time, rather than at the end of shifts. It meant all other staff had immediate access to up to date, legible records. It also meant staff could be present in lounges to supervise people while they inputted the records.

The provider had installed a modern computerised call alarm system in every room in the home. This included portable handheld devices so people could carry them around in their bedroom if they wanted. The call alarm alerted staff by pager, which they carried in their pockets, so they immediately knew who had requested assistance and could respond instantly. This also meant there were no long-sounding call alarms in the home which added to the relaxed atmosphere. The director was able to take readings from the call alarm system of the alarm times so they could check for any trends, for example whether people needed additional support at specific times. The readings also analysed the response times so the provider could make sure staff answered people's calls quickly.

Morton Cottage was a large, adapted building. Each staff member carried a small walkie-talkie so that they could communicate quickly and discreetly with each other, such as requesting support in a different area of the building.

The registered manager used nationally recognised guidance in some areas of care to make sure the service met current best practice standards. This included, for example, guidance in relation to medicines management and moving and assisting. Since the last inspection the provider had made some improvements to adaptations for people living with dementia, such as coloured crockery and picture signs of the kitchen, toilets and bathrooms. The provider's development plans showed this was an area for continuing development.

People told us they had confidence in the staff and felt they were trained in their roles. Staff told us they were supported with essential training. One staff member commented, "We have regular training all the

time. We have a trainer comes in to do some training, like dementia care, and we also have e-learning through the NHS for refresher training."

Staff told us, and records confirmed, they received necessary training in care and in health and safety, including moving and assisting, infection control, fire safety, food hygiene and first aid. The provider kept a training matrix which showed the dates when each staff member had attended necessary training and when refresher training was needed. The registered manager and a senior care worker were both trainers in moving and assisting so they were able to make sure all staff were trained in this important aspect of care.

New staff that did not already have a care qualification completed induction training which included all the areas of the Care Certificate (a national set of outcomes and principles for staff who work in care settings). The director and registered manager carried out six supervision and appraisal sessions a year with each member of staff. Staff told us they felt "well supported" by management and by the staff team.

The Mental Capacity Act 2005 (MCA) 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. 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. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Capacity assessments were carried out by care managers of the local authority. The registered manager had submitted DoLS applications in respect of some people to the local authority. The registered manager was taking advice from the local authority in respect of other people who may need supervision outside the home for their own safety, including people who stay at the home for a short period.

We recommend the home continue to seek the advice of the local authority regarding DoLS applications in order to ensure that people's rights under the Mental Capacity Act are upheld.

We saw there were records of mental capacity assessments and best interest for decisions about restrictive equipment such as bedrails to prevent someone from rolling out of bed. The provider made sure any relatives who acted as representatives or advocates on behalf of their family members had the legal power to do so. People were asked for their permission before any personal care was carried out. This meant people's safety and best interests were assessed in a way which did not compromise their rights.

People and relatives made many positive comments about the quality of the meals and the support people received with their diet. For example, one person told us, "The food is very, very good. They make all different things and you've got lots of choice." A relative said, "The cooks are good and my [family member] wolfs the food down." Another relative commented, "My [family member] thoroughly enjoys all her meals here - they're very good cooks."

People nutritional well-being was assessed and they received support with their dietary needs. Where necessary staff recorded the amount people had eaten or drunk at each meal so they could check whether people were having enough to maintain good nutritional health. People's nutritional intake was discussed twice daily at senior staff meetings, including any suggestions about how to encourage people with their diet. In this way the management team were able to quickly identify anyone at risk of weight loss. The

service liaised with speech and language therapists and dietitians where necessary.

People were offered a range of dishes at each mealtime. People were asked for their main choices the day before, which meant some people would forget or change their minds but they were offered the options again when seated at the table. The registered manager was planning to improve menu information for people and had started to take photographs of various meals to help people make more informed decisions.

If people did not want any of the main choices staff offered various other options until they found something the person wanted. For example, during a lunchtime meal one person declined four different main courses so staff encouraged them to think of something they fancied. The person requested bread and jam and that was made for them which they enjoyed. At the next handover meeting staff discussed how they would increase the person's intake at teatime with other substantial meal choices they might like. Another person requested just chips then kept leaving the table. Staff left them for a while then encouraged them back to table and helped them settle so they could enjoy their meal.

People said they were supported to access other health and social care professionals when required. One relative commented, "Whenever my [family member] has an appointment they arrange everything, nothing is a problem."

Records showed that people had access to dietitians, the speech and language therapist, the occupational therapist and the social work team. The Care Home Educational Support Services (CHESS) team provided advice and training to the staff about caring for people who may have emotional or mental health needs. The home had regular weekly visits from the district nursing team to review people's health care needs.

Good

Is the service caring?

Our findings

People told us they were well-looked after and said the staff were "caring" and "kind". One person told us, "They (staff) are spot-on. You couldn't ask for nicer, kinder girls." Another person, who had been staying for a short time at the home, was very enthusiastic about wanting to continue living there. They commented, "I love it here. I don't want to go home. I feel safe and happy here, it's lovely."

Another person told us, "All the staff are very, very kind. I feel I couldn't have been made more comfortable and more welcomed if I'd stayed with the queen!" We observed that people responded with warmth towards staff. Staff knew people well and their interaction with them was friendly and uplifting.

Relatives also commented positively on the friendly, caring attitude of staff. One relative said, "The girls (staff) have always made my [family member] feel cared for. All the staff are very, very good to them." Another relative told us, "They're marvellous. I can't speak highly enough of the care and attention."

We saw many examples of staff supporting people at their own pace so they did not rush them, especially at mealtimes or when supporting people to move around the home. For instance, a staff member sitting next to a person who required physical assistance with their meal took all the time the person needed until they were ready to eat. Whilst waiting the staff member continued to chat to them in a gentle, friendly way.

Staff made sure people made their own choices, for example about meals, where they wanted to dine and where they spent the day. One person commented, "If you don't like something, they get you something else – nothing is ever a problem and they try their best to please you."

We observed that staff supported people in a gentle, patient and compassionate way. For example, we overheard one staff member supporting someone who had become upset because they believed that they had left their children alone. The staff member quietly reassured the person, accepted their anxieties and assured them she would make sure the children were being cared for.

Staff supported people to remain as independent as possible. For example, there were condiments and milk jugs on tables for people to help themselves. One person was offered a spoon for the main meal as they managed this better than a fork. Some people used adapted cups to help them with drinks.

Most people enjoyed the company of others and staff in the three lounges. Other people described how they chose to spend the majority of their day in their bedrooms and said their preference to do this was fully respected. One person said, "It's my choice to stay in my room. I'm very comfortable here and I've got everything I need. The girls pop in and make sure I'm okay, but they don't disturb me."

People were treated with respect and we saw occasions where staff preserved people's dignity by helping them to rearrange their clothing when it had become tucked in. Staff spoke about people in a caring and respectful way. A visiting care professional told us, "The staff are respectful. They don't talk down at people and they don't shout at people who are hard of hearing, they just talk quietly into their ear."

Relatives and other visitors told us the home had a "welcoming" and "friendly" atmosphere. We saw visiting relatives were greeted warmly, were offered drinks and were invited to join their family member for meals. On relative commented, "They are so nice to relatives as well. When my [family member's] sister visits they set up a table for them both to have a meal together."

There was information for people in the entrance hallway including advocacy services. One person had an appointed legal advocate to support them when making decisions.

Good

Is the service responsive?

Our findings

People who were able to express a view told us the care they received was personalised and matched their individual preferences and choices. For example, one person commented, "I couldn't ask for better. They let me do my own thing. Anything I need done is done for me, but they know the things I can do myself." Other people described how staff understood their own preferred daily routines and respected how, when and in what way they wished to be supported. One person told us, "They know what I like. If I wanted something to be done differently I would just tell the girls (staff)."

Relatives also felt people's individuality was promoted. For instance, a relative described how a person had brought their tortoise with them to live at the home and staff made sure it was cared for too. A visiting care professional commented, "They (staff) are very good at doing personalised care. They make sure individual likes and dislikes are respected."

We looked at the care records to check that these reflected people's individual needs and provided guidance for staff to support people in the right way. The care plans we viewed were detailed and personalised. These provided clear guidance to staff about how to support each person with their individual needs such as mobility, nutrition and skin care. The care records included details of people's personal preferences for example, relating to their cultural, spiritual and last wishes. We did note that most daily records were less personalised. These records routinely referred to people's nutritional intake or physical needs and did not always report on people's well-being or how they had spent their day. The electronic care recording system had the facility to record each person's daily emotional well-being using colour codes. This would allow staff to map the progress or decline of someone's emotional state and the registered manager was keen to develop this as a personalised tool.

People's individual needs were kept under constant review. Each person's well-being was discussed twice-daily at senior staff handovers. Care plans were frequently checked by the registered manager. There were six-monthly reviews of people's care with the person, a senior member of staff and a relative if appropriate. One relative commented, "We go through all [my relative's] records together." This meant people and their relevant representative could be included in discussions about their plan of care and any changes.

Some people needed support to understand information due to their cognitive decline or visual impairment. All the information for people about the service, such as the service user guide (information pack), was in writing. At this time there was no information in audio or picture format to support people. The registered manager agreed this was an area for development and it was added to the provider's business objectives for the year.

The home arranged for a music therapist to provide music and exercise sessions in the home. These sessions were specifically designed to support older people, including those living with dementia, to engage in playing instruments, singing, ball exercises and dance to familiar music. Staff talked enthusiastically about the positive impact these sessions had on people and the provider was arranging for the therapist to provide more regular sessions twice a week commencing in June 2018. There were also occasional visits

from a mini-zoo. Relatives commented how much people enjoyed these sessions. One relative commented, "I've been here when they've had spiders and snakes and they loved it."

It was clear that on most days people enjoyed the company of staff and there was a lot of chatting and laughter in the main lounges. A visiting health care professional commented, "I've not seen many formal activities but it seems full of life – people are not just asleep in their chairs all day."

People had safe access to outside areas. During the previous summer the people and staff had developed the back garden into a colourful and comfortable outdoor place for people to use in better weather. They then purchased some chickens and set up a chicken run. However, after a while the chickens ruined the garden so people agreed they should go to alternative accommodation. Following suggestions from people at Residents' Meetings the provider had plans to redevelop the garden with raised plant beds so that people could reach them and with some vegetables and fruit for people to grow and enjoy.

People also told us in the summer they liked to sit in the large front garden and watch children go past to the local school. Staff described occasional walks out or trips to a local park in better weather.

At the time of this inspection there was an activities board listing the range of daily activities. The provider accepted sometimes these did not take place, which could be confusing for some people. The provider had plans to develop and increase the range of leisure and social care events to support people's engagement in the home and the local community.

There was written information for people about how to make a complaint in every bedroom and at the entrance to the home. There was also a comments book in the hallway so people and visitors could record views even if they did not want to speak directly with the provider.

The people and relatives we spoke with said they found the provider and registered manager very approachable and would be able to discuss anything with them. They told us they were very satisfied with the service and had no cause to complain. For instance, one person commented, "If I wasn't happy about anything I would mention it to the girls but I could see [registered manager] too. But I can't think of anything that could be better because I can ask for anything and they do it." A relative told us, "I can raise any issues with the owner and get them resolved."

We saw the complaints records included any informal comments as well as written complaints. These had been appropriately investigated by the provider. Actions were put in place to resolve them to the satisfaction of the complainants.

Staff spoke with compassion and sensitivity about supporting people who needed end of life care. Staff had training in end of life care and felt this was an important part of their role. There had been a number of people who had required this care over the past few months and staff said they felt professionally and emotionally committed to supporting people to be comfortable, quiet and treated with dignity at those times. There were emergency health care plans in place for people and a record of people's preferred place of care should they require this support. We saw several thank-you cards and notes of appreciation from relatives about the sensitive and sympathetic care shown to people during the end stages of their lives at the home.

Good

Is the service well-led?

Our findings

At the last inspection in January 2017, we found the provider had breached a regulation relating to the governance of the service. This was because effective action had not always been taken to address identified shortfalls. During this inspection we found improvements had been made.

The provider now carried out a number of audits and checks of the service to ensure that it provided safe care and support. For example, following the last inspection the director began to carry out monthly analysis of incidents, accidents and falls. The actions taken as a result of their findings had led to a reduction in such incidents.

The director and registered manager carried out a wide-ranging programme of quality assurance audits. These included weekly checks of medicines stocks, monthly checks of care plans and regular health and safety checks relating to the premises and equipment. The director also carried out regular dining checks to make sure people were presented with a good quality mealtime experience. All the audits and checks helped to make sure people's care was provided in the right way, records were up to date and well maintained and the correct procedures had been followed by staff. Any actions required were recorded on audits and the director acknowledged that these should be signed off to show when these were completed.

Where any gaps or shortfalls were identified, for example in care recordings, the provider clearly communicated these to staff for their action. These were discussed and recorded in daily meetings, staff meetings and in individual supervisions. In this way all staff had clear direction and guidance about the expected standards in the service.

Equipment checks were carried out by external professionals in line with required safety regulations, for example hoists and the passenger lift. Some checks were also carried out by the management team for example, visual checks of wheelchairs. These checks made sure that equipment used by people was safe and in good working condition. There was no specific decorative programme but the director had included this in the home's business development plan. The director carried out daily walk-arounds to check the premises. Staff were encouraged to report any premises issues and a 'faults' record showed the repairs or faults which had been highlighted and acted upon.

People and relatives commented on the open and approachable manner of the provider and registered manager. For example, one person told us, "I know the owner and the manager and if I wanted anything I would just ask – nothing is a problem (to them)." A relative commented, "There's nothing that could be better but if there was I would be able to go to the owner."

Staff told us they felt supported by the provider and register manager. For instance, one staff member commented, "The manager and owner are very good and very approachable. We can go to either of them with any issues."

People and relatives were encouraged to make suggestions about the service. Residents' meetings were

held four times a year or more frequent if there was anything of significance to discuss in between. It was clear from the minutes that people were encouraged to make suggestions and felt confident about doing so. Previous ideas that been acted on included having hens in the back garden. Recent suggestions from people included having hanging baskets and raised flower beds and the provider was now arranging these.

Staff meetings were also held and it was clear from minutes that staff felt able and encouraged to make suggestions and views about improving the service. The service had an improvement plan that identified essential areas for action and timescales for completion, such as areas of redecoration. The provider also had a business plan that included objectives and costings for future improvements, such as converting an unused bedroom into a hairdressing room. In this way the provider aimed to continuously improve the service for the people who lived there.

There were very good communication systems between the senior staff and management. For example, there were detailed handover meetings between the director, registered manager and the senior staff twice a day. The handover meetings made sure that people well-being as discussed and checked by the management team and any potential changes were addressed straight away. The handover log included a photograph of each person and an indicator of their dependency levels in respect of their physical, health and emotional needs.

Staff told us they felt valued by people and the provider. All the staff we spoke with said they enjoyed their jobs and felt that the people and staff were like "one big, happy family". One person told us, "The staff all seem very happy in their jobs so they must like working here."

The provider and registered manager commented widely on their appreciation of the staff. They described how staff were committed to the people who lived there. They commented on staff's flexibility and willingness to come in at a moment's notice in the event of a gap in the rota.

The provider and registered manager were fully aware of the regulatory requirements and had submitted any statutory notifications in a timely way. (Statutory notifications are reports about events or incidents that must be reported to the CQC.)

The director and registered manager expressed an interest in being involved in local professional associations but there was little in the local area. They had begun to contact local charitable organisations, including Age UK, to try to engage in local community contacts and activities for people who lived at the home.