Caring Homes Healthcare Group Limited

Walstead Place Care Home With Nursing

Inspection report

Scaynes Hill Road, Haywards Heath, West Sussex,
RH16 2QG
Tel: 01444 483885

Date of inspection visit: 13 October 2015
Date of publication: 27/11/2015

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

The inspection took place on the 13 October 2015 and was unannounced.

Walstead Place Care Home with Nursing provides nursing care and accommodation for up to 43 people. On the day of our inspection there were 39 people living at the home. The home specialises in residential and nursing care support, people living with dementia, respite breaks and long term care. The home is a country house spread over three floors with two communal lounges, dining room and conservatory set in large gardens.

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

People felt safe living at the home. There were good systems and processes in place to keep people safe. Assessments of risk had been undertaken and there were clear instructions for staff on what action to take in order

Summary of findings

to mitigate them. Staff knew how to recognise the potential signs of abuse and what action to take to keep people safe. One person told us "Yes, I do feel safe. To the point where I don't think about it really". The registered manager made sure there was enough staff on duty at all times to meet people's needs. When the provider employed new staff they followed safe recruitment practices.

People's individual needs were assessed and care plans were developed to identify what care and support they required. People were consulted about their care to ensure wishes and preferences were met. Staff worked with other healthcare professionals to obtain specialist advice about people's care and treatment.

Staff considered people's capacity in line with The mental capacity Act. People were supported to take part in activities within and away from the home. People were supported to maintain relationships with people important to them.

People's capacity to make decisions had been assessed. Staff observed the key principles in their day to day work checking with people they were happy for them to undertake care tasks before they proceeded.

The provider had arrangements in place for the safe ordering, administration, storage and disposal of medicines. People were supported to get the medicine they needed when they needed it. People were supported to maintain good health and had access to health care services when needed.

Staff supported people to eat and they were given the time to eat at their own pace. People's nutritional needs were met and people reported that they had a good choice of food and drink. One person told us, "The food, oh yes it is delicious. I like it". Staff were patient and polite, supported people to maintain their dignity and were respectful of their right to privacy.

There were clear lines of accountability. Staff felt fully supported to undertake their roles. Staff were given regular training updates, supervision and development opportunities. One member of staff told us "The good thing about the training is that it helps to provide better care". The registered manager and provider carried out regular audits in order to monitor the quality of the home and plan improvements.

Resident and staff meetings regularly took place which provided an opportunity for staff and people to feedback on the quality of the service. The provider took action in response to feedback received. Feedback was also sought by the provider via surveys which were sent to people at the home and relatives. Surveys results were positive and any issues identified were acted upon. People and relatives were aware how to make a complaint and all felt they would have no problem raising any issues. The provider responded to complaints in a timely manner with details of any action taken.

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. Staff understood their responsibilities in relation to protecting people from harm and abuse.

Potential risks were identified, appropriately assessed and planned for. Medicines were managed and administered safely.

The provider used safe recruitment practices and there were skilled and experienced staff to ensure people were safe and cared for.

Is the service effective?

Good

The service was effective. People received support from staff who understood their needs and preferences well. People were supported to eat and drink sufficient to meet their needs.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Staff had an understanding of and acted in line with the principles of the Mental Capacity Act (MCA) 2005. This ensured that people's rights were protected in relation to making decisions about their care and treatment.

People had access to relevant health care professionals and received appropriate assessments and interventions in order to maintain good health.

Is the service caring?

Good

The service was caring. People were supported by kind and caring staff.

People were involved in the planning of their care and offered choices in relation to their care and treatment.

People's privacy and dignity were respected and their independence was promoted.

Is the service responsive?

Good

The service was responsive to people's needs and wishes. Support plans accurately recorded people's likes, dislikes and preferences. Which meant staff had information that enabled them to provide support in line with people's wishes.

People were supported to take part in activities within and away from the home. People were supported to maintain relationships with people important to them.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident that any complaints would be listened to and acted on.

Is the service well-led?

Good

The service was well-led.

There was a positive and open working atmosphere at the home. People, staff and relatives found the management team approachable and professional.

Summary of findings

The registered manager and provider carried out regular audits in order to monitor the quality of the home and plan improvements.

There were clear lines of accountability. The registered manager and provider were available to support staff, relatives and people using the service.

Walstead Place Care Home With Nursing

Detailed findings

Background to this inspection

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

The inspection took place on the 13 October 2015 and was unannounced.

The inspection team consisted of two inspectors and a specialist in nursing care.

The provider had completed 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.

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

During our inspection we spoke with eight people and three relatives, five care staff, activities assistant, Chef, Registered Nurse, the registered manager, deputy manager and the area manager.

We reviewed a range of records about people's care and how the service was managed. These included the care records for five people, medicine administration record (MAR) sheets, six staff training, support and employment records, quality assurance audits, incident reports and records relating to the management of the service. We observed care and support in the communal lounges and dining rooms during the day. We spoke with people in their rooms. We also spent time observing the lunchtime experience people had and a nurse administering medicines.

The home was last inspected 2 December 2013 where no concerns were identified.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the home. One person said, “Yes, I do feel safe. To the point where I don’t think about it really”. Another person said, “The staff look after me really well. I have no complaints and I haven’t had any falls or accidents since I’ve been here”. The relatives we spoke with had no concerns. Each person told us they could speak with someone to get help if they felt unsafe or had any concerns.

A health professional told us ‘The service provides a good standard of care, people are treated with dignity, respect, kindness, compassion, protected from avoidable harm and abuse, and are involved in the decisions about their aspects of care’.

People were protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the policy and procedures if it occurred. They told us they had received training in keeping people safe from abuse and this was confirmed in the staff training records. Staff described the sequence of actions they would follow if they suspected abuse was taking place. They said they would have no hesitation in reporting abuse and were confident that management would act on their concerns. Staff were also aware of the whistle blowing policy and when to take concerns to appropriate agencies outside the home if they felt they were not being dealt with effectively. Staff could therefore protect people by identifying and acting on safeguarding concerns quickly. One member of staff told us, "I would let me manager know if I saw something. I’d whistle blow if I had to but I’m sure it wouldn’t come to that here”. Another staff member told us “I wouldn’t stay if it was that kind of place”. Staff confirmed to us the manager operated an 'open door' policy and that they felt able to share any concerns they may have in confidence.

Medicine administration was recorded on individual medicine administration documentation, these were incorporated into the care plans and contributed to the care delivered. The medicine administration records identified morning, afternoon, evening and night medicines to support staff administering the medicines. Observation of medicines being administered by the registered general nurse demonstrated that staff took care to ensure that the correct medicine was administered to the correct person. The nurse explained that any refusal of medicines would be documented and re administered following discussion with other staff around the most appropriate way forward. The nurse told us that the MAR system was easy to follow and when asked about how new staff would find the process it was explained and observed that each person had an individual MAR chart, this includes information such as name, date of birth, photograph of the person, swallowing ability and any allergies or reactions. People’s comments included ‘The nurse always talks to me about my tablets and asks if I need any extra for my back pain’ and ‘I do not have to worry, I get my tablets at the right time’.

Each person had an individual care plan. Care plans followed the activities of daily living such as communication, people's personal hygiene needs, continence, moving and mobility, nutrition, medication and mental health needs. The care plans were supported by risk assessments, these showed the extent of the risk, when the risk might occur, and how to minimise the risk. For example a Water low risk assessment was carried out for all people. This is a tool to assist and assess the risk of a person developing a pressure ulcer. This assessment takes into account the risk factors such as nutrition, age, mobility, illness and loss of sensation. These allowed staff to assess the risks and then plan how to alleviate the risk for example ensuring that the correct mattress is made available to support pressure area care. One person’s care plan detailed the support the person required while having a shower. Details included staff to support the person in and out of the shower and encourage them through the task. Staff spoke with us about their understanding of risk management and keeping people safe whilst not restricting freedom. A member of staff told us, “People in here are just like those outside. We have to keep them safe as possible but not so they can’t do anything”. Another member of staff told us, “We do risk assessments and if a person can do something for themselves and they want to, then they can. It’s treating them as we would want to be treated”.

We spoke to people about staffing levels at the home. One person told us, “I don’t feel rushed particularly but I can see they’re very busy. It is worse than it used to be”. Another person told us, “The staff are very caring. I feel I have plenty of time but then I don’t need as much care as some others”. A relative told us, “I do have to wait a while sometimes for staff to answer the door but I suppose they’re looking after

Good

Is the service safe?

people which is their priority". Another relative said, "Every time I call to take my relative out they are ready to go. They're busy but I'm really impressed with the care they give".

We saw there was enough skilled and experienced staff to ensure people were safe and cared for. The registered manager told us they had been and were currently using agency staff while they filled their vacancies "We use a regular agency to ensure continuity for the people. We operate a buddy system, so if an agency member of staff had not worked at Walstead Place before they buddy an experienced member of staff". The provider used a dependency assessment tool. This enabled staff to look at people's assessed care needs and adjust the number of staff on duty based on the needs of the number of people using the service. One member of staff told us, "There have been problems with staffing. We always make sure shifts are covered but a few people have left. I know the manager is trying hard to replace them". Another staff member told us, "We have staff that have been here years. That helps, especially if we have agency staff. They don't work alone".

Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded in the accident and incident book. We saw specific details and any follow up action to prevent a reoccurrence. Any subsequent action was updated on the person's care plan and then shared at staff handover meetings.

Recruitment procedures were in place to ensure that only suitable staff were employed. Records showed staff had completed an application form and interview and the provider had obtained written references from previous employers. Checks had been made with the Disclosure and Barring Service (DBS) before employing any new member of staff. Staff files contained evidence to show where necessary; staff belonged to the relevant professional body. Documentation confirmed that nurses employed had registration with the nursing midwifery council (NMC) which were up to date.

The premises were safe and well maintained. The environment was spacious which allowed people to move around freely without risk of harm. Staff told us about the regular checks and audits which had been completed in relation to fire, health and safety and equipment. For example, air mattress settings had been checked. Records confirmed these checks had been completed. The large grounds were well maintained with clear pathways for those who used mobility aids and wheelchairs.

Good

Is the service effective?

Our findings

People and their relatives felt staff were skilled to meet the needs of people and spoke positively about the care and support. One person told us, "The staff really know what they're doing. I suppose that's because a lot of them have been here a long time". Another person told us "The staff are very good and help so much". A relative told us, "I don't know what they do when they recruit staff but they seem to always get it right. Everyone is so caring and capable".

Staff had knowledge and understanding of the Mental Capacity Act (MCA) and had received training in this area. People were given choices in the way they wanted to be cared for. People's capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. If people did not have the capacity to make specific decisions around their care, staff involved their family or other healthcare professionals as required to make a decision in their 'best interest' in line with the Mental Capacity Act 2005. A best interest meeting considers both the current and future interests of the person who lacks capacity, and decides which course of action will best meet their needs and keep them safe. One member of staff told us, "I think it's really about acting in people's best interests. People are allowed to take risks and we would only do something if they didn't understand the risks they were taking. Even then, we wouldn't just make the decision ourselves. We'd involve the family and the GP too".

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. We found that the provider and the registered manager understood when an application should be made and how to submit one and was aware of the Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

People received support from specialised healthcare professionals when required, such as district nurses, GP and social workers. Access was also provided to more specialist services, tissue viability nurse (TVN) and podiatrist. Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals. One person said, "If I need a doctor, they will get it straight away. I suppose I could just ring myself but I'd let the staff know". A relative told us, "I know the staff would act if my relative were taken ill. They'd let me know too. The nurses are very good".

Records showed staff were up to date with their essential training in topics such as moving and handling, infection control and dementia. The registered manager told us they provided a detailed induction for new staff and kept training updated to ensure best practice. We were also told how they ensured staff were up to date and skilled in their role by implementing training in specialist areas such as blood glucose monitoring and end of life care. Care staff were supported to achieve a diploma in health and social care. Competency checks were undertaken to ensure staff were following the training and guidance they had received. The registered manager told us how the provider had introduced the new Skills for Care care certificate for staff and incorporating it into their induction workbook and training. The certificate sets the standard for health care support workers and adult social care workers and will develop and demonstrate key skills, knowledge, values and behaviours to enable staff to provide high quality care. Staff we spoke with were happy with the training opportunities on offer. Comments from staff included "It's really good. We have training offered by the home and outside", "The good thing about the training is that it helps to provide better care", "I've been here a couple of months now and it's been really good. I'm not new to care so there's a limit to what I need but I've learned a lot" and "We get updates every year which is good even if you've been here a long time".

Staff had supervisions throughout the year and an annual appraisal. These meetings gave them an opportunity to discuss how they felt they were getting on and any development needs required. We spoke with the registered manager who told us how they worked closely with the staff every day and always offered guidance and support if needed. One member of staff told us "I've not been here that long so I haven't had an appraisal yet but I know I can say what I want when I speak to my manager". Another staff member told us, "I think it's a good thing to be able to speak with your line manager in supervision. But I'll always speak to them anyway if there's something bothering me".

A menu was displayed and people were supported by the staff to choose their meals. The majority of people were

Good

Is the service effective?

able to eat and drink unsupported. People were supported during their meal if required. People could choose to eat in the dining room and there were a number of people who preferred to eat in their rooms. The tables were attractively laid out with table clothes, condiments and napkins. We observed food was served promptly, with enough staff present to ensure those who required assistance received it. The home served lunch in two sittings; the first for people requiring the most assistance, the second for those who could manage independently. Staff offered food choices at the table. This helped people to receive the choice of food they wanted and ensured staff where available to support them. One person said, "The food is acceptable and there is choice. The evening meal is served a little too early for me but it's not a major issue and I haven't mentioned it to staff". Another person told us, "The food, oh yes it is delicious. I like it". We spoke with the chef who told us how staff made them aware of people's dietary requirements and preferences. "We are a good team and communication is key to ensure we meet people's dietary needs. We have some people who are diabetic and some who are on a puree diet". They also told us how they had access to various fruits and herbs from the homes garden. A nurse explained that if concerns were identified regarding weight, nutrition and diet then the person is referred to a dietician. Where a person had difficulty with eating solids the dietician had suggested a puree or liquid diet.

Hallways were thoughtfully decorated which included framed pictures, ornaments and information for people. Staff told us they found the home was helpful to people, as it was presented in a homely way and were continually working to ensure the environment was dementia friendly. People could freely access the garden that had chairs, tables and views across open fields. One person told us "Every window I look out of has a beautiful view, the gardens are truly wonderful".

Good

Is the service caring?

Our findings

Staff provided a caring and relaxed environment. People told us they found staff were kind and caring. One person told us, "Well, they are very caring, all of them. I can't praise them enough" Another person told us, "It depends who you get. Some are more caring than others but they're all okay". Another told us "The staff are marvellous. They are so caring". A relative told us, "The staff are very kind and seem to know everyone. When I call to see my relative, it doesn't matter who answers the door. They all know who I am and who I've come to see. They're very welcoming".

We observed good interaction and engagement between people and staff who consistently took care to ask permission before assisting people. We observed staff being kind and respectful to people. We observed one staff member holding a person's hand while they spoke with them. This showed staff were compassionate and caring towards people and were knowledgeable about the people they were looking after. It was evident throughout our observations that staff had enough skill and experience to manage situations as they arose and meant that the care given was of a consistently good standard.

People were able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. They were also involved in the running of the home. Resident meetings provided people with the forum to discuss any concerns, queries or make any suggestions. Minutes from the recent meeting confirmed people spoke about activities, food and staffing. Where people made suggestions, the registered manager acted upon these. One person told us "Oh yes, not that I need much looking after at the moment. But the staff are very good. I don't think they would do anything without my permission". Another person told us, "I wasn't well a while ago and the staff asked me if it was all right to call the doctor. I was a bit surprised. I thought they would just do it". A relative told us, "The staff are really good. My relative doesn't have capacity and I've been involved every step of the way".

People told us that staff treated them with respect and dignity when providing personal care and otherwise. Staff asked people beforehand for their consent to provide the care, and doors were closed. A member of staff knocked on someone's door before entering and asking if they could come into their room to speak to them. Staff explained to us the importance of maintaining privacy and dignity and one staff member told us "It's treating people as we would like to be treated". We noted staff hung a 'Care In Progress' sign on people's doors when providing personal care to avoid someone entering unnecessarily and causing embarrassment. Another staff member said, "I always knock before I go into someone's room". One person told us, "The staff always knock before they come in my room and treat me with respect, as an equal".

Staff showed passion in promoting people's independence. One member of staff told us, "It's a big part of working here I think. If someone wants to do something for themselves, we let them do it no matter how long it takes". Another staff member told us, "I think if people can do things for themselves then we should encourage that".

People's rooms were personalised with their belongings and memorabilia. People showed us their photographs, ornaments and other items that were important to them. People were supported to maintain their personal and physical appearance. People were dressed in the clothes they preferred and in the way they wanted. Ladies had their handbags to hand which provided them with reassurance.

Mechanisms were in place to support people to maintain relationships with those who mattered to them. Visiting times were not restricted, people were welcome at any time. People could see their visitors in the communal lounges or in their own bedroom. Relatives told us they could visit at any time and were always made to feel welcome.

People were provided with information about how they could obtain independent advice about their care. The registered manager ensured that if required, people were supported by an Independent Mental Capacity Act Advocate (IMCA) to make major decisions. IMCAs support and represent people who don't have capacity to make decisions for themselves and do not have family and friends to support them in making best interest decisions.

Good

Is the service responsive?

Our findings

There was a visible person centred culture at the home. Staff we spoke with showed passion about their approach to each person. One relative told us when speaking about person centred care, "Yes, no doubt about that. The staff got to know my relative very quickly. They asked about hobbies and interests and have put together some activities for them". Another relative said, "I know staff are very busy but they've helped my relative settle in really well. Its home for them now". A health professional told us how they felt the service was responsive to people's needs and how staff understood their responsibilities to identify when a GP needed to attend.

We observed staff interacting positively with people in a friendly and supportive manner, addressing them by name and showing they were fully aware of individual's likes and dislikes and preferences. Staff members were responsive to people's needs and had a good approach whilst assisting them. Staff were consistently smiling and they looked genuinely happy to be at work. One person told us "Some staff are a bit different but they all are very good especially when supporting me". Another person told us "The staff always have time for you, especially when I have my bath, they never rush".

Activities were devised around the providers five day lifestyle programme. This included activities around five key areas, sensory, social, cognitive, physical, and emotional. This was displayed in the hallway with a weekly activities schedule. People could choose what activities they would like to be involved in. This included, games, fitness, music and massage and a gentleman's club. In the afternoon of the inspection we observed people in the main lounge enjoying a game of a noughts and crosses quiz game and singing. The home also had a mini bus to take people out on trips. The registered manager told us how they had recently been to local garden centres and areas of interest. They told us of one person who had a history with the RNLI and they took the person to see the lifeboats at Shoreham which they had enjoyed. A member of stay told us of a Macmillan coffee morning people and staff had been involved in recently and they had raised money for the charity. One person told us "I like getting involved in the activities, we do have some laughs". Another person told us ""We have been singing today, Oh I do like to sing".

We looked at the arrangements in place to ensure that people received care that had been appropriately assessed, planned and reviewed. Each person had an individual care plan. A care plan is something that describes in an accessible way the care and support being provided to an individual. Each section of the plan covered a different aspect of the person's life, for example personal care, mobility, mental health, continence, communication and emotional support. Care plans were personalised to the individual and information was readily available on how the individual preferred to be supported. Information was clearly available on the person's past, such as family members, their employment history and what was important to them. Monthly reviews took place, assessing the effectiveness of the care plans and whether any changes to the person's needs had taken place. A profile was available which included an overview of the person's needs, how best to the support the person and what is important to that individual. Care plans contained detailed information on the person's likes, dislikes and daily routine with clear guidance for staff on how best to support that individual. For example one person's care plan detailed the daily newspaper of their choice. Another care plan detailed how a person liked to have their breakfast on their own in a room overlooking the garden. When speaking with staff they showed knowledge and understanding of the people they cared for. One member of staff told "I like getting involved with the history of residents, it helps me with looking after them and gives me a chance to talk to them about their past". Another told us "We use the care plans to make sure we are all singing from the same sheet".

People and relatives we spoke with were aware how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible for people on display boards in the home and complaints made were recorded and addressed in line with the policy. One relative said, "The manager is very open and honest. I did have a few issues when my family member first came here. I discussed them with the manager; they apologised and put it right. There hasn't been a problem since". Another relative told us, "It's not that I expect things to be perfect but I do expect to be listened to and taken seriously. That definitely happens here".

Good

Is the service well-led?

Our findings

People and relatives spoke highly of the registered manager. Comments included "She is very nice and always helps me" and "The manager is excellent and has been so supportive towards me".

A visiting professional praised the home and the registered manager. They told us "I have worked here for a few years and feel the home has lovely care staff and an excellent manager. The care and welfare is excellent and because of that I have recently chosen the home for one of my relatives, what more can I say".

Staff told us they felt supported and thought the home was well-led. One person told us "One member of staff told us, "Yes, I think it is well-led. The manager is really good and is flexible and approachable. I've needed to change some shifts recently and we looked at it together and I did other shifts instead and we were both happy with it". Another member of staff told us, "Everyone knows there's been staff shortages. But the manager's been really honest about it and is doing something about it".

The registered manager and provider had developed an open and inclusive culture by meeting and working with people's relatives, staff and external health and social care professionals. Staff meetings were held regularly, this gave an opportunity for staff to raise any concerns and share ideas as a team. Recent minutes of staff meetings demonstrated that staff were involved with discussing the new care standards and the well-being of people. The registered manager told us of a quarterly GP surgery meeting that was held. "This is key to discuss people's well-being and other topics including what suggestions and improvements we can make at the home". The meeting included the registered manager and deputy manager with the local GP's that visited people at the home.

We were also told how staff had worked closely with external health care professionals such as GP's and nurses when required. The manager told us "We have a good working relationship with health care professionals like the TVN (Tissue Viability Nurse) and social workers. We all ensure people get access to health care professionals as soon as they need them".

Staff were clear on the vision and values of the home. Comments from staff included "We keep people safe and happy", "Caring is the big part of it" and "I think it's caring that matters. You're in the wrong job if you don't". This meant people benefited from a constantly improving service that they were at the heart of.

The registered manager actively sought people's opinions and acted on their ideas. Resident meetings and quarterly relative forums were in place and minutes created. The registered manager had devised the agenda's for the meetings aligned to the CQC's five key questions. The registered manager had been open and honest around information shared at these meetings. Recent minutes included discussions in the new care certificate, staffing updates and environmental improvements. One relative told us "I sit on the relative's forum. The manager is really honest about staffing to the point that they don't wait for it to be brought up. It was the first thing they talked about and they told us what was happening to sort it out". Feedback was also sort from people and relatives through surveys. This helped the provider to gain feedback from people and relatives on what they thought of the service and areas where improvement was needed.

The registered manager told us how important it was to regularly receive feedback to continually drive improvement and looked at ways to do that. We were shown a comments board the registered manager had recently created. The board had two sides, one was for what makes people happy and one side for what makes people sad. The board was available for people, relatives and staff to put up their comments. People were supported to put their views on the board if required. Comments so far included 'Staff are always kind and polite' and 'Great place to visit'. We were also told that a drinks trolley had been introduced recently. The registered manager told us that two people had been sitting in the hallway talking and they had asked if they fancied a glass of sherry, which they happily accepted. This gave the registered manager an idea of a drinks trolley that now comes out before dinner and people are offered a drink of their choice. The registered manager told us "People look forward to the drinks trolley coming out and having a sherry, glass of wine or soft drink if they fancy it". In the afternoon of the inspection we observed people in the communal lounge enjoying their drink of choice from the trolley, engaging in conversation.

We observed throughout the day the registered manager taking the time to speak with every person they met and there was great rapport between them. The registered

Good

Is the service well-led?

manager told us "My door is open for everyone. People come in and see me when I am working in the office and relatives. I ensure I have the time to speak to everybody and listen to what they have to say". While we were in the office we observed one person came in to speak with the registered manager. They person was due to be going home after a respite period at the home. The registered manager entered into a discussion with them, to ensure the person had everything in place for their return and offered to take them home instead of a taxi, as they were concerned the person's bags would not be carried into their home for them. The person was most grateful of the offer. The Person told us "I stay here for respite when I need to and it is a lovely home. The staff and the manager are faultless and caring".

Robust systems were in place to monitor and analyse the quality of the service provided. These included a variety of audits such as environment, care plans, infection control and health and safety. Detailed audits were undertaken each month by the provider and registered manager and an action plan created on areas of improvement required. Audits are a quality improvement process that involves review of the effectiveness of practice against agreed standards. Audits help drive improvement and promote better outcomes for people who live at the home. One area of improvement the registered manager was working on was improving the care plans. They were working with colleagues at looking how the care plans could improve and be more person centred for each person.

The registered manager was committed to ensuring that they and the team were constantly learning and keeping up to date with current practice in striving to provide and sustain excellent care and support. Staff we spoke with had knowledge and told us of the importance of 'duty of candour' and its relevance to the care and support of people living at the home. Duty of candour forms part of a new regulation which came into force in April 2015. It states that providers must be open and honest with people and other 'relevant persons' (people acting lawfully on behalf of service users) when things go wrong with care and treatment, giving them reasonable support, truthful information and a written apology. Providers must have an open and honest culture at all levels within their organisation and have systems in place for knowing about notifiable safety incidents .The provider must also keep written records and offer reasonable support to the patient or service user in relation to the incident. Without exception the care staff we spoke with, were aware of this regulation and were able to describe its relevance.

The registered manager understood their responsibilities in relation to the registration with the Care Quality Commission (CQC). Staff had submitted notifications to us, in a timely manner, about any events or incidents they were required by law to tell us about. They were aware of the requirements following the implementation of the Care Act 2014, such as the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided. The manager told us how they ensured they were kept up to date with best practice and increasing their knowledge. They told us "I like to keep up to date with best practice and also attend a regional managers meeting. This is where I can network with colleagues and discuss and share any improvements made, updates on best practice and staffing. I feel we have a good support network".