Avery Homes WSM Limited

Acer House Care Home

Inspection report

141b Milton Road
Weston Super Mare
Somerset
BS22 8AA

Tel: 01934637350
Website: www.averyhealthcare.co.uk/care-homes/somerset/weston-super-mare/acer-house

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Acer House Care Home provides care and accommodation for up to 60 people, some of whom are living with dementia. During our inspection there were 53 people living in the home. The home comprises two floors; Ashcombe provides care to people living with dementia, and Milton which provides residential care. The home is situated in a residential area of Weston Super Mare.

We inspected Acer House Care Home in March 2015. At that Inspection we found the provider to be in breach of three regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The regulations included; Regulation 9, person centred care, Regulation 11, need for consent and Regulation 17, good governance.

The provider wrote to us with an action plan of improvements that would be made. They told us they would make the necessary improvements by July 2015. During this inspection we saw the necessary improvements had been made.

This inspection took place on 19 and 24 May 2016 and was unannounced.

There was a registered manager in post. 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 and their relatives said the home was a safe place. Systems were in place to protect people from harm and abuse and staff knew how to follow them. The service had systems to ensure medicines were administered and stored correctly and securely.

We received mixed comments from people and staff about the staffing levels. We found there were enough staff available to respond to people's needs.

Risk assessments had been carried out and they contained guidance for staff on protecting people.

People's rights were protected because the home followed the principles of The Mental Capacity Act 2005 where people lacked capacity to make decisions for themselves.

Staff felt well supported and well trained. Care plans provided information about how people wished to be supported and staff were aware of people's individual care needs and preferences.

Staff had built trusting relationships with people. People were happy with the care they received. Staff interactions with people were positive and caring. People were complimentary of the food provided.

There were organised activities and people were able to choose to socialise or spend time alone. People made choices about their day to day lives. They were part of their community and were encouraged to be as independent as they could be.

People, and those close to them, were involved in planning and reviewing their care and support. There was good communication with people's relatives. Relatives visited regularly and felt their views were listened to and acted on.

The registered manager and provider had systems in place to monitor the quality of the service. The service had an action plan in place that identified shortfalls in the service and the required improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from the risk of abuse because staff were trained and understood how to report it.

Recruitment procedures were in place which ensured people were supported by staff with the right experience and character.

People's medicines were administered and stored safely.

Risks to people's safety were identified and care plans identified the support people required to minimise risks.

Is the service effective?

Good

The service was effective.

People made decisions about their lives and were cared for in line with their preferences and choices.

People received care and support from staff who had the skills and knowledge to meet their needs.

People's healthcare needs were assessed and they were supported to have regular access to health care services.

Is the service caring?

Good

The service was caring.

People told us they were happy with the care and support they received.

People were involved in making decisions about their care and staff took account of their individual needs and preferences.

People were supported by staff who respected their dignity and maintained their privacy.

Staff knew the people they were supporting well.

Is the service responsive?

Good

The service was responsive.

People, and those close to them, were involved in planning and reviewing their care.

People made choices about their day to day lives. People took part in social activities and were supported to follow their personal interests.

People, and those close to them, shared their views on the care they received and on the home more generally.

Is the service well-led?

Good

The service was well led.

The management promoted an open culture and were visible and accessible to people being supported by the service and their relatives.

People were supported and cared for by staff who felt supported by managers.

Systems were in place to monitor and improve the quality of the service for people.

Acer House Care 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.

The inspection took place on 19 and 24 May 2016 and the first day of the inspection was unannounced.

The inspection was carried out by two adult social care inspectors, a specialist advisor who was a nurse and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we had received about the service, including notifications. Notifications are information about specific important events the service is legally required to send to us. We did not request a Provider Information Return (PIR) prior to our inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We requested this information during our inspection. We also obtained the views of service commissioners from the local council who also monitored the service provided by the home.

During the inspection we spoke with ten people and five visitors about their views on the quality of the care and support being provided. We spoke with the registered manager and seventeen staff members including the activity coordinators, a housekeeper and the cook. We also spoke with a visiting health professional. We looked at documentation relating to seven people who used the service, six staff recruitment and training records and records relating to the management of the service. After the inspection we spoke with one further health professional.

Good

Is the service safe?

Our findings

The service was safe.

At our last inspection in March 2015 we identified that people did not always receive safe care because there was a lack of assessments and information relating to people's risks. During this inspection we found the provider had taken action to address our concerns.

There were risk assessments relating to the running of the service, people attending activities and people's individual care. They gave information about how these risks were minimised to ensure people remained safe. Individual assessments covered areas such as risk of falls, environmental risks and moving and handling. Staff were knowledgeable about risks to people and worked in line with the assessments to make sure people remained safe.

People were able to take risks as part of their day to day lives. For example, some people who were independently mobile could walk safely in the home and in the garden. Some people had call bells around their necks to enable them to summon staff support if required. One person told us, "I am safe here; I have my bell if I need anything".

At our previous inspection there were concerns about the arrangements for responding to fire alarms. During this inspection staff told us there were regular fire drills and they had undertaken fire and safety training. This was confirmed by records.

There was a fire emergency plan which had been reviewed in September 2015. In addition there was a 'resident's fire evacuation summary'. There were also personal evacuation plans as part of people's care planning arrangements. This set out the support and assistance people needed in the event of a fire or having to evacuate the home in an emergency. This showed how the service had addressed the concerns and made improvements to reduce the risk to people in the event of a fire or other emergency.

People's views about the staffing levels in the home were mixed. Most of the people we spoke with told us there were enough staff available to respond to their needs. However some people thought there were not. Comments included, "Enough staff? No, there are not". Another person told us, "There are not enough of them, I sometimes ring the bell several times, eventually they come, they can't see to everyone at once". Other comments included, "If I need help from the staff there is always someone to help".

Two people raised concerns with us over staffing levels at night. They told us they did not think there were enough staff available and they were concerned if anything happened to them, would there be staff available to support them. However, they told us they had not been affected directly. Relatives thought there were enough staff available to meet people's needs. One relative told us, "Staff respond to the call bell quickly". Another commented, "I think staffing levels are ok".

There were differing views from staff we spoke with about the staffing arrangements in the home. Some told

us there could be more staff available particularly on Ashcombe where people living with dementia were cared for. One told us they did not understand why there were more staff on Milton where people with physical needs were cared for. Staff said they did not know how the staffing arrangements were decided. Other staff said there were good staffing levels of both units in the home. Staff spoke positively about how some staff, "Always worked on Ashcombe". They told how this meant people, "Had familiar faces" and "Got to know and trust carers".

We looked at the staff records and discussed staffing levels with the registered manager. The registered manager told us they made decisions about staffing arrangements based on people's needs and "Needs being met in a timely manner". They also told us they took into consideration the number of people living in the home, staff feedback, their observations and results of call bell response audits. The registered manager told us they would discuss staffing arrangements with the staff at their next team meeting so the staff could raise any concerns.

The registered manager told us alongside the care staff they had a 'host' working on each floor to support with meals and drinks, reception and admin staff to meet and greet visitors, activity coordinators on each floor and the deputy manager was available to provide support if required. We looked at the staffing rota which showed staffing for a period of four weeks. There were consistent numbers of staff on duty throughout this period. During our inspection we observed there were enough staff available to respond to people's needs.

People had medicines prescribed by their GP to meet their health needs. People told us they were happy with the way staff supported them with their medicines. One person told us, "I am happy with my tablets". People could look after their own medicines if they wished to. One person told us how they administered their own medicine and we saw records they filled in when they had taken them to enable staff to monitor this. One relative told us, "My family member is self-medicating; I am pleased as they still have some control".

Senior carers gave medicines to people. The senior carers received medicine administration training before they were able to give medicines to people. The registered manager told us they also completed annual competency checks on senior staff to ensure they remained competent to administer medicines. We saw records that confirmed this. We saw medicines being given to people on both days of our inspection; this was carried out appropriately and safely. Staff explained to people what the medicines were and checked each person had taken them.

A local pharmacy supplied medicines to the home. These were usually delivered as a monthly supply, although additional medicines were supplied if people needed them, such as antibiotics. Medicine administration records showed that medicines were signed for when received from the pharmacy and when they were administered or refused. Medicine administration records were accurate and up to date. Medicines were stored securely.

People told us they felt safe living at Acer House. One person told us, "I feel perfectly safe". Another commented, "I am safe enough". People's relatives told us they had no concerns about the safety of their family members. Each thought it was a safe place. They would be happy to talk with staff if they had any worries or concerns. One relative said, "I am very confident [name of relative] is safe here, they are getting the care they need". Other comments included; "I feel my loved one is safe because there is someone to keep an eye on them" and "I know [name of relative] is safe, it takes a load off my mind".

The service had suitable arrangements in place to ensure people were safe and protected from abuse. The

registered manager and staff knew the importance of safeguarding the people they supported. The registered manager told us how they promoted safeguarding to staff to be "For everyone's protection". Staff told us they had received training in safeguarding adults and training records confirmed all staff had received this training. All staff spoken with were aware of indicators of abuse and knew how to report any worries or concerns. They told us this would be reported to the registered manager and they were confident it would be dealt with appropriately. They were also aware they could report this outside of the organisation to the local safeguarding authority or CQC. We observed posters around the home instructing staff on what action to take if they thought a person was being abused. This meant people were supported by staff who knew how to recognise and report abuse.

A recruitment procedure was in place to ensure people were supported by staff with the experience and character required to meet the needs of people. We looked at six staff files to ensure checks had been carried out before staff worked with people. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant had any convictions that may prevent them working with vulnerable people. Staff told us these checks were completed prior to them starting work and we saw evidence of this.

Good

Is the service effective?

Our findings

The service was effective.

At our last inspection in March 2015 we identified that people did not always receive effective care because the correct procedures were not always followed where people lacked capacity to make decisions for themselves. During this inspection we found the provider had taken action to address our concerns.

The staff we spoke with had knowledge and understanding of the Mental Capacity Act 2005 (MCA). One staff member said, "It is about not assuming people have not got capacity and giving choice". Staff told us how they tried to involve people in making choices from when they got up to where they spent their time.
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. Staff were aware of this process. One told us, "You have to get everyone together, family and others to make a decision".

We checked whether the service was working within the principles of the MCA and found that they were. Some people would not be able to make all decisions for themselves, for example when a person was living with dementia. We looked at care records which showed that the principles of the MCA had been used when assessing an individual's ability to make a particular decision. For example, consent to receiving care. People who were unable to consent to this had other people close to them involved in making the decision in their best interests.

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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of the inspection there were two authorisations to restrict a people's liberty under DoLS. The registered manager had completed 15 further applications and was waiting for the outcomes. Where the DoLS had been granted we found the home had been following the conditions of the DoLS.

At our last inspection in March 2015 we found people were not receiving effective care because accurate and up to date records were not being completed where people were at risk of malnutrition and dehydration. During this inspection we found the provider had taken action to address our concerns.

Where people were at risk of malnutrition this was identified in people's records. Staff recorded people's fluid and food intake where required and people were weighed regularly to identify if they were losing or gaining weight. Where people were identified as losing weight this was discussed in a monthly nutrition meeting that was held with senior members of staff from each floor to ensure all staff were aware and action would be taken.

The cook told us they fortified people's meals with extra calories to promote weight gain where people were at risk of losing weight. The registered manager told us how they completed monthly nutritional audits to monitor people's nutritional needs and identify where people needed additional support. We saw records of these audits.
The cook had a list of people's likes and dislikes available in the kitchen. They also had a list of people's allergies and dietary needs. The cook told us the head chef sat with people when they came to the home to discuss their likes and dislikes. The also told us how every month they spent time with each person discussing and reviewing their meal choices. We saw records of this in people's care plans.

People and their relatives told us they were happy about the food provided. One person told us, "The food is perfect, you choose and order it the day before. There are some foods that I don't like and they know it. The cook is wonderful, you never go hungry". Another commented, "Food is very good, I have no complaints". A relative told us, "My [name of family member] is satisfied with all meals and gets ample to eat and drink".

There were two meal options on offer each day and people living on Milton floor told us they were asked the previous day which option they would like. We observed people being physically offered both choices on Ashcombe floor to enable them to make a choice at the mealtime. We spoke with the cook who told us if people did not like what was on the menu they would offer them other alternatives. They said if people had a specific request they could pre-order a meal.

We observed the lunchtime meals in the dining rooms on each floor. The atmosphere was calm, relaxed and a sociable experience. Each floor had a member of staff allocated as a 'host' for each mealtime. The host was responsible for overseeing the mealtime and ensure people had access to drinks and food snacks throughout the day. The registered manager told us how the host was responsible for identifying any concerns for example, if people were not eating as well as they had been. Staff offered people assistance where required and people had condiments and napkins available on their table. People were offered a range of drinks during their meal including alcoholic beverages if they wanted them.

People received support from staff who knew them well and had the knowledge and skills to meet their needs. One person told us, "The staff know what they are doing". Relatives told us staff understood their family member's care needs and provided the support they needed. One relative told us, "Staff know [name of relative] well".

New staff completed an induction when they commenced employment; the registered manager told us they had linked their induction to the Care Certificate. The Care Certificate standards are standards set by Skills for Care to ensure staff have the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Staff told us the induction included core skills training, looking at policies and procedure such as health and safety and shadowing care staff. One staff member told us they had been offered additional shadowing but had felt confident with the period of four days they had received. Another staff member told us, "It was a good induction I think I covered everything I needed to know". Staff records showed a record of induction as well as competency observed practice.

Staff felt they had enough training to keep people safe and meet their needs. All staff received basic training such as first aid, fire safety, moving and handling and infection control. Staff had also been provided with specific training to meet people's care needs, such as dementia care and nutrition. One staff member told us, "I think we get the training we need" and another commented, "You only have to ask and they will provide training if we want it." A health professional told us how the home had, "Engaged well" with training

they had provided. They also said the staff were, "Interested in learning".

Staff had formal supervision (a meeting with a senior member of staff to discuss their work) to support them in their professional development. They told us this gave them an opportunity to discuss their performance, any concerns and identify any further training they required. One staff member told us how felt able to discuss, "Anything worrying us". The registered manager told us they had themed supervisions arranged for staff which included a set agenda item such as malnutrition and important information which staff would need to know about this. This meant consistent information was delivered to the staff.

People told us their health care was supported by staff and by other health professionals. One person said us, "If necessary they will call the doctor out". One relative commented, "[name of relative] was unwell, staff arranged for us to take them to A and E, a carer accompanied us". We noted that one person had experienced a fall and banged their head. Following the fall staff had checked the person and completed observations however they had not called for a health professional to check them over. We discussed this with the registered manager who told us they were not aware the staff had not contacted a health professional and it was usual practice for them to complete this. They told us they would look into this.

A health professional told us the staff team had become more proactive at supporting people to seek medical assistance where people were unable to tell staff they needed this level of support. For example, if a person was displaying signs of anxiety, staff were checking if they had a health issue such as an infection before referring to them to the mental health team. This meant people received support from the appropriate healthcare services when required.

Good

Is the service caring?

Our findings

The service was caring.

Most of the people we spoke with told us the staff were kind and caring. Their comments included; "The staff are wonderful, all lovely there is no one I don't like", "The staff are very pleasant" and "Staff are lovely, they know what they are doing". One person told us how they had a concern about a staff member and did not want to be supported by them. We spoke with the registered manager who showed us evidence of the concern being fully investigated. They told us the persons concerns had been acknowledged and they would not be allocated to support the person again.

Staff had built trusting relationships with people. Relatives thought staff knew their family members well. One relative told us, "I have always been happy with the care, it is done in the way my loved one wants". Relatives and visiting community professionals told us the staff were welcoming when they came into the home.

Throughout our inspection staff interacted with people who lived at the home in a caring way. For example, one member of staff told one person their "Hair looks lovely". There was a good rapport between people; some chatted happily between themselves and with staff. There was laughter, chatter and friendly conversations. Staff talked positively about people and were able to explain what was important to them such as having company, being able to tell staff what support they wanted, family relationships and personal items.

Staff were aware of and supported people's diverse needs. Care plans recorded people's background and their interests and hobbies. People's religious or cultural needs were assessed when they first moved to the home. People had regular visits from local church ministers and the activity coordinators arranged for people to have the opportunity to have one to one time with the minister if they wanted.

People told us they were treated with dignity and respect. One person said, "They give you dignity, they are very good". One relative told us, "I think they know [name of relative] well and treat them with respect as an individual and give them the opportunity to make decisions about their own care". We observed staff treating people with dignity and respect. For example, ensuring they were on the same level as people when they were talking to them and knocking on bedroom doors before entering. Staff described how they ensured people had privacy and how their modesty was protected when providing personal care. For example, respecting a person's gender choice of staff and asking people what support they want. One staff member said, "I always ask what support they want". We saw people had access to 'do not disturb' signs which they could use on their bedroom doors if they wanted privacy.

We found some information relating to one person was discussed and recorded in the minutes of a residents committee meeting. The person was not present at the meeting. The registered manager told us the people present at the meeting were concerned about the person moving from the home and were asking for information to enquire if they were ok. The registered manager told us they explained the process of the

person moving to the people at the meeting. They acknowledged the person's name should not have been recorded in the minutes and told us this would be removed.

We observed a file containing a number of thank you cards from relatives. We saw positive comments from relatives giving feedback on the service. These included; 'My grateful thanks to you all for helping me on the road to recovery, I have enjoyed my stay with you' and 'Many thanks to everybody who made my short stay so pleasant'.

Each person who lived at the home had a room where they were able to see personal or professional visitors in private. People and their relatives told us visitors could visit at any time, there were no restrictions and they were made to feel welcome. Health professionals also commented they were made to feel welcome by all the staff. During our inspection we observed visitors coming to the home throughout the day, there was a visitors signing in book in the reception so the staff knew who was present in the building.

Good

Is the service responsive?

Our findings

The service was responsive.

At our last inspection in March 2015 we identified that people did not always receive responsive care because care plans did not reflect people's needs. During this inspection we found the provider had taken action to address our concerns.

During the inspection we read seven people's care records. All of the care plans were personal to the individual and included information relating to what people could do for themselves and what support was needed from staff. The care plans were reviewed and updated monthly. This meant staff had details about each person's specific needs and how they liked to be supported. Staff had a good knowledge of the people who lived at the home and were able to identify and respond if people needed any changes in their care. Staff were able to tell us information about how people liked to be supported and what was important to them.

People and their relatives were involved in developing and reviewing care plans. Care plans were signed by people to confirm their agreement. One person told us, "We've all got a care plan, I am very happy with the care. The staff ask us if we are happy and if we are not we would tell them in a meeting and voice our feelings". Relatives commented, "Staff comply with the care plan" and "We had a review with the senior carer, someone from the mental health team and GP to discuss my relatives care".

Staff told us how they had monthly 'resident of the month' meetings which involved them spending time with the person talking to them and finding out if they were happy with their care. The registered manager told us that during the resident of the month meeting the staff member would also look through the person's records and review their care plan with them. The registered manager told us care plans were reviewed six monthly with people and their relatives being invited to be part of the review. Relatives confirmed this. This meant people and their relatives views were sought about their care.

There was a varied programme of planned activities available every day of the week which people said they enjoyed. Comment included, "I do some of the activities like the flower arranging and painting, but find the musical entertainment too noisy for my liking" and "We go to most things, there is always something going on". One relative commented, "There is so much going on I can only visit [name of relative] three times a week because they are busy with activities".

One person told us how they had recently gone to a 1950s dance that staff had arranged and how they had enjoyed this. The registered manager told us how the people who attended this activity had their hair and makeup arranged by the staff. Another person was involved in creating an 'in house' shop to enable people to purchase items if they were unable to go out to the shops. The registered manager told us how they had held a competition for people to name the shop and it was due to be opened in the near future. The home also owned a beach hut which the registered manager told us people used when the weather was nice to sit and enjoy fish and chips by the sea.

The activity plan was displayed in the home and we saw people had their own copy. Two activity coordinators were working on both days of our inspection. We observed the activity coordinators spending time with people asking them what activities they would like to do and explaining what the planned activity for the day was.

Activities took place on both days of our inspection. For example, we saw music entertainers engaging people in a music session which was enjoyed by a large group of people. Activities were arranged for small groups and one to one. The activity organisers told us how they recognised people living with dementia would not always respond to group activities. For some this meant one to one time with staff or just sitting but not actively participating. The service had invested in four IPads which were being used by some people. There were differing applications related to use of colour, sound and movement. They could also be projected onto the televisions and viewed by others not using the IPad.

The registered manager told us how they had recently arranged an open day to recruit volunteers and told us how they had some success with this. They said they had found a volunteer who could crochet and this had been well received by people living at the home. One person told us, "The activity staff are marvellous, they have arranged for someone to come in every Saturday morning to teach me to crochet, this is something I have wanted to do all my life, I am thrilled with it".

The home had good links with the local community. The activity coordinators had arranged for a local art gallery to be hired for the art group to hold an art exhibition to display their pictures. The registered manager told us how they had linked with the 'Elder's Film Club' in Bristol and films were being made about people's lives. They told us how one person living at Acer House was organising an evening to show the films to people in the home. One of the activity coordinators told us how they were arranging a 'woodland adventure' for people to attend. They said how this would involve people enjoying outdoor activities such as camp fires, wildlife appreciation and archery.

We saw how one person had been invited to attend a community engagement forum and talk about the benefits of community engagement and using social media to engage with an online community. The person had set up a social media page for people and their families to use.

The home had a weekly newsletter on display which kept people up to date with information such as upcoming events, staff changes, people leaving and coming to the home and additional services that were available such as papers, magazine, hairdressing and manicures.

On the first day of our inspection a community health professional attended the home to hold a session to discuss dementia and the impact on people and relatives. The registered manager told us how they had invited people and their relatives to attend the session as part of 'dementia week'. The community professional told us how the session had been well attended and received by the people attending.

People and their relatives said they would feel comfortable about raising a concern if they needed to. One person told us, "If you are unhappy you can speak to a senior in charge and they will sort it". Another said, "If I had a problem I would go to [name of manager] she is easy to talk to and is very helpful and receptive". Relatives were aware of the complaints policy and were confident if they did raise any concerns they would be dealt with by the registered manager.

There had been 12 complaints received by the service in the past year and these were responded to in line with the provider's policy. All the complaints had been investigated fully and we saw action points were implemented as a result where appropriate.

Surveys were undertaken to receive feedback from people and their relatives annually. We saw the results from the latest survey carried out in May 2015. The survey covered areas such as cleanliness, the environment, the laundry service, meals and staff. In response to the feedback the provider had identified areas to improve and had an action plan in place. Actions included; the introduction of resident and relative committee and the head chef to attend the meetings, the introduction of snacks available all day and night, cakes and sweets available in the foyer and throughout the home and monthly activity schedule being changed to weekly.
Meetings had been held monthly for people living in the home. Minutes showed how people had used the meeting to discuss the laundry arrangements, menu and activities with people making suggestions about possible activities.

There was also a 'Residents and Relatives Committee' meeting held monthly. Minutes from these meetings showed how actions had been taken about improving the lunchtime experience for people. In one meeting people were told about what it meant to be 'Resident of the Day'. There had also been discussion about the future involvement of people in the interviewing of potential care staff. People had been positive about this proposal. The registered manager told us how they had involved people in the interview process. They said where people had wanted to they informally asked the potential candidates questions and chatted to them. The registered manager received feedback from the people involved. They told us how they had observed people develop a rapport with the successful candidates when they commenced work.

Good

Is the service well-led?

Our findings

The service was well led.

At our last inspection in March 2015 we found the systems in place designed to monitor the quality of the service were not fully effective. They did not always identify improvements needed within the service. During this inspection we found the registered manager and provider had taken action to address our concerns.

A wide range of audits were carried out by the registered manager. Medicines, care plans, health and safety checks, supervision and appraisals were all audited. The regional manager carried out regular visits to the home to conduct their own checks. During these visits they checked internal audits, reviewed staff training, looked at people's records, spoke with people and observed staff practice. They wrote a report after each visit which included an action plan when improvements were required. The action plan was followed up at the next visit.

People said the home was well run; people liked and trusted the registered manager. One person told us, "I get on well with [name of registered manager] she is very good". The registered manager was also a nurse and they told us they kept their skills and knowledge up to date by attending training arranged by the provider and local authority. They also told us they attended local provider forums and found these meeting useful to network with managers from other organisations. The registered manager told us they felt well supported by the organisation and they had a, "Good support network".

The registered manager arranged a daily meeting with staff representation from all departments. They told us this was used to discuss any issues, updates and share information. We observed a meeting during the inspection and items covered included; activity plans, maintenance required, staffing, people's birthdays, staff training, incidents and important information relating to people. Action points were set as a result of the discussions. This meant staff had the opportunity to regularly discuss any concerns with the registered manager and keep up to date with information. A record was kept of the meeting which the staff signed to demonstrate their attendance.

The registered manager also arranged staff meetings for care staff. We looked at the staff meeting records which showed meetings were held to address any issues and communicate messages to staff. The registered manager told us and we saw evidence that staff meetings were held three monthly. Staff told us they felt able to voice their opinions during staff meetings. They told us they felt these were an opportunity to learn what was happening and ask questions. One staff member said, "It is good we can ask about things and are kept informed".

Staff told us the registered manager and deputy manager were approachable and accessible and they felt confident in raising concerns with them. One staff member told us the registered manager was, "Approachable and really nice" and how they had "Brought all staff departments together". Another commented how they though the registered manager was, "Very much in touch with people living in the service". The health professionals we spoke with commented positively about the management of the

home.

The registered manager told us they promoted an "Open door" policy and "Transparency" for staff to feel able to approach them with any concerns. The registered manager told us they completed a monthly 'walk around' which involved observing staff interaction, we saw records of these. Records demonstrated senior staff also completed observational supervisions on staff and identified good practice and areas for development.

We spoke with the registered manager about their vision for the service and they told us it was to provide an environment where you would want a family member to live. They told us they had spent time with the staff team and asked them if they would be happy with a family member living at Acer House. They told us how 95 per cent stated they would.

Staff told us that they felt the registered manager wanted a service which provided person centred care and was people's home. One staff member told us, "People should be able to make choices, this is their home". Staff spoke of not having routines and being flexible; for example there were no set times and days for people to have a bath, it was when they wanted one. One staff member told us how one person liked to have their breakfast before getting dressed. Another person had a specific routine when having a shower. They said this was about there being 'person centred care'.