Mrs Marion Franklin

Grassington House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

The inspection took place on 1 and 3 February 2016 and was unannounced.

Grassington House is a small residential home situated in the centre of Dorchester. It is registered to provide care for up to 12 people and had no vacancies at the time of inspection. The home is a semi-detached period property and accommodation is over three floors accessed by a stair lift(second floor) or a small passenger lift(first floor). There is a small formal front lounge in the property and a separate dining room. However people tended to spend the majority of their time in the large conservatory at the rear of the property. All of the bedrooms have call bells and 7 of the rooms have an ensuite bathroom.

The service 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.

Medicines were not consistently stored safely. We looked at how medicines were stored and found that some medicines required separate storage as required by The Misuse of Drugs(safe custody) Regulations 1973. This separate storage provided was not sufficient and the registered manager told us that they would replace this as a priority.

People told us that they felt safe at the service. One person told us "I feel safe living here, the staff are very nice". We observed staff supporting people to remain safe. For example, we observed that one member of staff noticed that a person was walking without their frame. They linked arms with the person and gently reminded them that they were supposed to use their frame for safety. Another person told us that they felt safe because staff helped them to walk daily and this improved their confidence.

Staff were aware of how to keep people safe and had undertaken safeguarding training. We looked at the staff training matrix which showed what training staff had undertaken. This confirmed that staff had received training in safeguarding adults. Staff were able to explain the signs of abuse and knew where the policy for safeguarding was kept.

People felt that there were enough staff to support them. One person said that the staff were "very nice and very helpful. They always ask what I want". Another said they "just ask (the staff) and they are always happy to help".

The service was effective. Staff we spoke to had detailed knowledge about the people they were supporting. All staff received regular bi-monthly formal supervision with the registered manager and also had unplanned supervision as and when required. We looked at the training records for staff which evidenced that staff had undertaken a range of relevant training including fire safety, food hygiene, health and safety, moving and handling, infection control, Safeguarding and Dementia. Staff were aware of the Mental Capacity Act(MCA)

and had received training. They were able to explain how they support people with decision making.

The service effectively supported people to maintain a balanced diet. People at the home and visitors spoke highly about the choice and quality of food available. One person told us the "food is excellent, plenty of veggies and a nice pudding". Another person said "If you don't like something, just say and they(the staff) will get something else".

We looked at how the service involved health professionals when people's needs change. We saw evidence that the service had contacted the GP promptly when there was a recorded weight loss and the care records showed the guidance for staff which the GP had provided. One relative told us that staff "always called the GP or DN promptly off their own back, and then updated me".

People and relatives told us that the service was caring. One person told us that when they spoke to staff "nothing is too much trouble". Another said that the "carers are very friendly". We observed that staff knew the people they were supporting well and the atmosphere was relaxed with staff chatting and sharing appropriate humour with people.

We observed staff attending patiently to people when they needed support. Staff were respectful in their communication and had a good rapport with people. We observed a person walking arm in arm with a staff member to be seated for lunch. They were chatting and the person was engaged and comfortable.

People living at the home were supported to be independent. One person frequently went out independently and during the inspection we observed different people going out for a walk with a member of staff on several occasions. People, visitors and staff told us that there was a strong focus on going out for walks and one person explained that their "mobility has improved and I couldn't do last year what I can do this year".

Visitors were welcome at the home at any time. We spoke to people visiting the home during our inspection and they all told us that they were welcome to visit whenever they chose. One person said that they "phone up and come in whenever I want to". Another said they were "always welcome and visited daily". The registered manager told us that they maintain good relationships with relatives and friends of past residents.

There was a strong emphasis on social opportunities at the service. People, visitors and staff spoke very highly about the activities and also told us about fundraising activities run by the home. One person told us that they "go out to town every week in (my) wheelchair and go on the outings in the minibus". Another person told us that they liked "dominoes and Ludo and going out in the minibus". We observed one staff member walking back into the home arm in arm with a person having been for a walk, we also observed other people individually going out for walks with staff during the inspection.

People were not aware of the complaints policy, however they were able to tell us how they would complain. The service had not received any complaints during the past year. However the registered manager showed us the policy and how complaints were received and followed through.

The leadership and management of the service was good. We spoke with staff about the management and they told us that the registered manager was "there if you need them" and "easy going and easy to speak to". Staff also told us that the proprietors were "100% for the residents, they come first before anything".

Staff told us that they felt part of a team that worked well together. One said that "staff communicate well"

and another told us "we can discuss things with each other which is always nice", another described a "good staff group". We talked to the staff about what would happen if they made a mistake. Staff were consistent in telling us that they would report to the registered manager and would be confident in doing so.

Staff were aware of the Whistleblowing policy but one member of staff said they were not clear about the process. Staff did understand what Whistleblowing meant and told us that they would be confident to report if they needed to.

We looked at how quality and best practice were driven at the service. The registered manager had clear monthly audits in place which covered areas including food and medication. We saw evidence that audits were being completed as scheduled. It was not clear how the audit information gathered was used to improve and drive best practice. The registered manager told us that they were compiling an overall action plan on which to collate the data from the individual audits. This action plan would then use used to drive quality and best practice.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some medicines were not stored safely and recording of medicines was not consistent.

People received their medicines and creams as prescribed.

There were enough staff to meet peoples assessed care and support needs.

People felt safe and were supported by staff that had a clear understanding of the risks they faced and their role in reducing those risks.

Staff had completed safeguarding adults training and were able to tell us how they would raise concerns about possible abuse.

Is the service effective?

Good

The service was effective. People were offered choices about their care and treatment and staff sought consent in line with the principles of the MCA.

Staff at the home received sufficient training and regular supervision. They were supported by management to further develop their skills and learning through the Care Certificate and the Social Care Commitment.

People were supported to maintain a balanced diet and were offered choices about what they wanted to eat and drink.

DoLS had been applied for people who needed their liberty to be restricted to live safely in the home.

The service involved health services promptly when appropriate.

Is the service caring?

Good

Staff were caring, they knew the people they were supporting well and understood their preferences and dislikes.

People and their relatives told us that they were involved planning their support.

Confidential information was stored securely and staff respected the privacy of the people they were supporting.

Visitors were welcomed at the service and relatives were encouraged to maintain long term links with the home.

Is the service responsive?

Good

People and relatives were involved in care planning and staff knew people and their preferences.

People, relatives and staff spoke very highly about the activities and fundraising opportunities at the home.

People and relatives were able to tell us how they would complain.

Is the service well-led?

Good

The service was well led. People, relatives and staff had confidence in the management of the home and there was a clear person centred focus to the support provided for people.

The service had an open and transparent culture and staff were encouraged to express their views and develop their practice.

Regular quality audits took place and the registered manager was working on an action plan to use the audit information to drive best practice.

Grassington House

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 Monday 1 February and Wednesday 3 February 2016 and was unannounced. The inspection was carried out by an inspector and inspection manager on the first morning of the inspection, and by a single inspector for the remainder of the inspection.

Before the inspection, the provider 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 and improvements they plan to make. We reviewed this information and also looked at notifications which the service had sent us. In addition we contacted health care professionals from the local authority quality improvement team and the Clinical Commissioning Group(CCG) who were involved in the care of people living at the home to obtain their views on the service.

During our inspection we spoke with three people using the service, four visiting relatives and one visiting health professional. We also spoke with four members of staff, the registered manager and one of the proprietors. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We looked around the home and observed care practices throughout the inspection. We reviewed four people's care records and the care they received. We looked at the files of staff members working at the home, and reviewed records relating to the running of the service. These included environmental risk assessments, minutes of residents and staff meetings and quality monitoring audits.

Requires Improvement

Is the service safe?

Our findings

Medicines were not consistently stored safely. We looked at how medicines were stored and found that some medicines required separate storage as required by The Misuse of Drugs(safe custody) Regulations 1973. This separate storage provided was not sufficient and the registered manager told us that they would replace this as a priority.

Controlled drugs(CD) were recorded in a hard bound register. Two signatures were present when a drug was administered and a stock balance was maintained. There were drugs detailed in the register which were not present in the home. The registered manager told us that these had been returned to the pharmacy and subsequently provided us with written evidence that these had been returned and the stock held tallied with the amounts returned. The registered manager told us that there was one CD in use. This was detailed in the CD register and was present in the home.

We looked at medicines audits for the service. The registered manager explained that a random audit was carried out monthly which looked at the medicines for three people living at the home. The registered manager evidenced how actions were taken following a medicines error to prevent reoccurrence.

We saw that the medicines administered correlated with the MAR chart. We looked at the creams which people used in the home. Each cream had a chart with written instructions and a body map indicating the areas where the cream should be applied. We spoke with a member of staff about creams and they were able to explain what creams were required for two people living at the home, the frequency and area in which they should be applied.

People told us that they felt safe at the service. One person told us "I feel safe living here, the staff are very nice". Staff supported people to remain safe. For example, we observed that one member of staff noticed that a person was walking without their frame. They linked arms with the person and gently reminded them that they were supposed to use their frame for safety. Another person told us that they felt safe because staff helped them to walk daily and this improved their confidence.

Visitors told us they felt that the service was safe. One professional from the Community Mental Health Team visiting a person in the home said they felt the staff were "doing well to support the needs" of the person. Relatives told us that they felt their family members were safe in the home. One relative told us that they "liked that it here, it is small and more homely". Another said that the home was "very good, excellent. We went to see a lot of homes".

Staff were aware of how to keep people safe and had undertaken safeguarding training. We looked at the staff training matrix which showed what training staff had undertaken. This confirmed that staff had received training in safeguarding adults. The staff were able to explain the signs of abuse and knew where the policy for safeguarding was kept should they require further information. They were aware of how to report any safeguarding concerns. We noted that information about safeguarding was displayed on both the visitor and staff information notice boards in the main hallways. This showed that both staff and visitors

could readily access information about safeguarding.

Staff were able to describe how they reduced the risks faced by people living at the home. An example of this was one person who had begun to have increased falls. The staff explained how they were managing the support for this person. They told us that to reduce the risk of further falls they reminded the person to use their walking frame. They supervised the person and a sensor mat was in the person's room to alert staff when the person mobilised to reduce risks further.

Staff understood peoples risks and were able to explain their role in reducing these risks. For example, one person had become distressed on an increasingly frequent basis. The service had involved the local mental health team and we observed staff supported this person in the manner described in their care records. Staff advised us that this person could become agitated with people that they did not know. On our second day of inspection, we were advised that this person was distressed when we arrived. Staff supported and reassured the person reduced further distress. The support they provided was consistent with their care plan.

The provider had systems in place to ensure that fire safety was reviewed at the home. The fire emergency plan was signed individually by staff which evidenced that they had been shown the document. There was a fire risk assessment in place. We also saw that the fire alarm and emergency lighting were checked on a regular basis.

We looked at the emergency plans for the service. We saw comprehensive plans which covered several areas including plans for power failures and for the passenger lift breaking down. The registered manager advised that they would review these plans to ensure they remained current.

People felt that there were enough staff to support them. One person said that the staff were "very nice and very helpful. They always ask what I want". Another said they "just ask (the staff) and they are always happy to help". Staff felt they had enough time to support the people living at the home. One staff member told us they were "always busy, but can manage to do activities as well as caring" and "caring comes first". One person at the service told us they "never feel rushed" by staff.

The registered manager told us they assessed the staffing requirements through feedback and people's dependency. They told us that feedback was sought in staff supervisions, staff and resident meetings and from the suggestions box. They also assessed this through people's needs. For example, if people required two staff to assist them to change position, this would be taken into account when assessing staffing numbers. The registered manager said that they would bring in additional staff if people needed to attend appointments. During the inspection there was mainly two care staff on duty during the morning and afternoon, with one additional person over lunchtime on the first inspection day. There was also a cleaner working each morning we were at the service. We saw the staff rota for the week we visited and this supported the staff numbers we observed.

We spoke to the registered manager about response times for the call bell system at the service. During the inspection we observed that call bells were answered promptly. The registered manager told us that the current call bell system is not able to report on the response times for the service. To provide this information, the registered manager explained that they carry out manual monthly spot checks three times during the day to monitor the response times to the call bells. They told us the proprietor is currently looking at the options to upgrade the system to ensure that response times can be recorded automatically and reported on.

Good

Is the service effective?

Our findings

The service was effective. Staff had detailed knowledge about the people they were supporting. All staff received regular bi-monthly formal supervision with the registered manager and also had unplanned supervision as and when required. All supervisions were face to face. The registered manager had signed up to the Social Care Commitment (SCC) and had also signed up one other member of staff. The Social Care Commitment is the adult social care sector's promise to provide people who need care and support with high quality services. It is made up of seven 'I will' statements, with associated tasks. Each commitment focused on the minimum standards required when working in care. The Registered Manager told us that they intended to discuss the SCC with each staff member in their 1:1 and encourage all staff to sign up to this.

We asked the registered manager about staff inductions and training. They told us that staff go through a local induction and also shadowed shifts until they were confident. New starters completed the care certificate if appropriate. The Care Certificate is a national induction for people working in health and social care who do not already have relevant training. One member of staff explained that they had completed several shadowing shifts until they felt confident to work independently. Staff told us they were undertaking the care certificate and being supported to progress.

We looked at the training records for staff which evidenced that staff had undertaken a range of relevant training including fire safety, food hygiene, health and safety, moving and handling, infection control, Safeguarding and Dementia. The registered manager told us that training was mainly delivered online, but that some face to face training was used for topics such as moving and handling and first aid. The registered manager told us that they reviewed the training matrix monthly and put a poster up for staff informing them when training is required. We looked at the staff training noticeboard and saw that upcoming training was recorded and staff required were identified.

The registered manager advised that they had links with the registered manager of another care home and planned joined up training opportunities for staff at both services. The registered manager also evidenced that they used a range of learning sourced and professional bodies for guidance in best practice.

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 the MCA and had received training. They were able to explain how they supported people with decision making. For example, one staff member told us about a person who was getting confused and upset by letters about appointments. They had involved the person and their relative to discuss the concerns and agreed a way forward. This evidenced that staff were following the principles of the MCA and considered the best interests of the person.

People were consulted. They told us that staff sought their consent. One person said the staff were "very nice, very helpful. (They) always ask what I want, not force". Another person told us about staff supporting them to get up in the morning and said that "if you don't want to get up first thing, just say and they'll come back". We also saw that one person had a falls sensor mat and that there was a signed consent form which showed that the person had agreed to this to reduce the risks of them falling at night time. This evidenced that staff sought consent from people living in the home with regard to decisions about their care and treatment.

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). The registered manager told us that they had submitted applications for DoLS authorisations to the local authority for assessment, they explained why the applications had been made and this was in line with DoLS .

Staff were effectively managing behaviours that challenged others. Staff explained that they used methods such distraction techniques if the person was agitated, but not posing a risk to anyone else. We looked at the care records for this person which supported what staff had told us.

The service effectively supported people to maintain a balanced diet. Visitors spoke highly about the choice and quality of food available. One person told us the "food is excellent, plenty of veggies and a nice pudding". Another person said "If you don't like something, just say and they(the staff) will get something else". The chef told us that they grow and use as much produce as possible, involving people living in the home in food preparation as they "love to help". They also told us that because it was a small home they "cook fresh what they want".

These views were echoed by visitors who told us that "had a choice of foods" and that staff had offered for them to stay and share meals with their relative. Another visitor spoke highly of the "home-grown vegetables and homemade cakes". The registered manager advised that they hope to put some raised beds in the garden to grow more produce as some people used to be keen gardeners or work as farmers and they would have increased choice about what to grow and eat.

We observed that people at the home chose where to have their meals, they were offered options about what they wanted and had condiments available at mealtimes. Most people chose to eat in the conservatory at lunchtime. Staff offered to support people, for example "would you like me to take the meat off the bone for you". This showed that staff encouraged people to make their own choices and offered options at mealtimes. We observed that meals were served promptly and were hot. Staff ensured that they warned people "it looks hot, mind your mouth" and offered drinks. We also saw minutes of residents meetings and saw that people were encouraged to suggest meals they wanted to have, or if there were any meals that they did not enjoy.

Staff were able to tell us about the preferences and dislikes of people. They were aware that one person disliked fish and that some people needed a diabetic diet. There were concerns about the weight loss of one person. Their care showed that the weight loss had been documented using the Malnutrition Universal Screening Tool(MUST) and that these concerns had been promptly shared with the GP. The chef was also aware of the weight loss and told us they had noted that the person was eating very little, but seemed to enjoy a particular snack. They had therefore bought more of these to encourage the person to eat. This showed us that staff were aware of the preferences of people and were adapting options to suit them.

We looked at how the service involved health professionals when people's needs change. We saw evidence

that the service had contacted the GP promptly when there was a recorded weight loss and the care records showed the guidance for staff which the GP had provided. One relative told us that staff "always called the GP or DN promptly off their own back, and then updated me". A professional from the mental health team told us that the home had involved the mental health team to seek guidance and support. A person with diabetes had care records which evidenced when diabetic eye screening was due and that this had been done. This evidenced that the service was effectively involving other health professionals in the support of people

Good

Is the service caring?

Our findings

People and relatives told us that the service was caring. One person told us that when they spoke to staff "nothing is too much trouble". Another said that the "carers are very friendly". We observed that staff knew the people they were supporting well and the atmosphere was relaxed with staff chatting and sharing appropriate humour with people. Relatives told us that the staff were very caring. One said "they all seem to know how to be with my mum". Another visitor told us that the staff were "very welcoming and friendly. They made a big fuss of them which they enjoyed".

Staff took an interest in the people they were supporting and a relative told us they "wanted to know about them and what they liked". Another visitor explained that staff had taken the time to get to know their relative and the things that were personal to them. For example "they put their PJ's on the radiator before bed. I didn't tell them that they liked that, but the staff had picked up on it". This evidenced that staff were attentive to people's individual needs and preferences.

We observed staff attending patiently to people when they needed support. Staff were respectful in their communication and had a good rapport with people. We observed a person walking arm in arm with a staff member to be seated for lunch. They were chatting and the person was engaged and comfortable.

People and relatives told us that they were involved in planning and making decisions about their care. One person told us that they were "involved in care planning and what I like/don't like". A relative said that that were involved in care planning and "talked about how things were going and planned care support". Another relative said that "if anything wasn't right, staff would let us know, all very approachable". We looked at peoples care records and saw that people's needs were documented and that there was individual detail about how to support people and their preferences.

The home used notice boards to provide information to people, staff and visitors to the service. We saw that these boards included information about advocacy services and how to refer to these. We spoke with staff about advocacy and they advised that it is advertised on the notice boards and discussed when they complete advance care planning with people and their families. However the registered manager told us that they had not made any advocacy referrals for people.

People's information was stored confidentially at the home. Paper records were securely locked away and access to the online care recording system required staff to log on individually and this could only be accessed by staff when on shift. The service used an online database for care recording and we looked at this during the inspection. Information was entered by staff and the registered manager and there were no paper records in people's rooms. This ensured that sensitive information was kept confidential.

People told us that staff respected their privacy. One person said that staff were "good when doing personal things, because it can be embarrassing…..but they do it so well I don't feel embarrassed." Staff told us how they supported people to maintain their privacy and to make people feel at ease when they were supporting them. We observed staff being respectful in their approach. We also observed that doors to bathrooms and

bedrooms were closed when people were being supported with personal care.

People were supported to be independent. One person frequently went out independently and during the inspection we observed different people going out for a walk with a member of staff on several occasions. People, visitors and staff told us that there was a strong focus on going out for walks and one person explained that their "mobility has improved and I couldn't do last year what I can do this year".

Visitors were welcome at the home at any time. People visiting the home told us that they were welcome to visit whenever they chose. One person said that they "phone up and come in whenever I want to". Another said they were "always welcome and visited daily". The registered manager told us that they maintain good relationships with relatives and friends of past residents. Some relatives still visited the home regularly to chat to staff and other residents. One visitor told us how important this was. They explained that the service had been the "nearest thing to home" for their relative and they "still come in to see the staff and other residents". This evidenced that the home welcomed visitors to the home, and also promoted lasting relationships with relatives which meant that the home was an ongoing support for visitors even after their loved one had died.

Good

Is the service responsive?

Our findings

People's individual needs were known by staff and reflected in care records. Care records detailed peoples likes and dislikes. One visitor told us that there were "regular reviews and checking paperwork was up to date. Members of staff always knew what was going on". Relatives told us that they were involved in reviews at the home and planning care support.

The registered manager told us that they are working on using 'all about me' books. They told us that these had been given to family and they will then use these with people to discuss and agree their 'biography'. The registered manager told us that this would ensure that staff know the residents and would also be useful for any new staff joining the service.

There was a strong emphasis on social opportunities at the service. People, visitors and staff spoke very highly about the activities and also told us about fundraising activities run by the home. One person told us that they "go out to town every week in (my) wheelchair and go on the outings in the minibus". Another person told us that they liked "dominoes and Ludo and going out in the minibus". We observed one staff member walking back into the home arm in arm with a person having been for a walk, we also observed other people individually going out for walks with staff.

Relatives told us about the activities at the home and said that they were invited to "all the events, fundraising and fetes and get involved". Another visitor told us that their relative "went out weekly or fortnightly and enjoyed that". We observed people taking part in a throwing game and also an interactive fitness DVD session. We looked at activities records which showed people being involved in a range of other activities and outings including an evening visit to the cinema to see the latest film.

Staff told us that they thought that activities were something that the service did well. One person told us that people "get to put across what they would like to do". Another staff member said that there were "activities morning and afternoon, go out on Tuesdays on the mini bus. Have tea parties and garden parties and also get involved in fundraising". Staff said that the registered manager and proprietors of the home placed a strong focus on activities and "insist that time is given" to social opportunities.

People and relatives fed back about what they would like to do at residents meetings and via a comments box. We saw that these suggestions were recorded and then followed up. For example one person has suggested skittles as an activity. The registered manager told us that they were looking into hiring a mobile skittle alley in response to this suggestion. This evidenced that the service was responsive to people's needs and wishes.

People were not aware of the complaints policy, however they were able to tell us how they would complain. The service had not received any complaints during the past year. However the registered manager showed us the policy and how complaints were received and followed through. A copy was displayed on the relative's information board of the process for making complaints. One relative said that they "haven't seen the complaints policy, but feel able to speak to the registered manager". Another told us

that "if (we) needed to complain, would go straight to the proprietor". A person also told us that if they had any concerns, they would put them through the suggestions box in the conservatory.

The registered manager showed us their compliments book and also several articles from the local paper relating to the fundraising undertaken by the home. People suggested charities they would want to fundraise for and feedback from the staff, visitors and people was that they enjoy these activities. The home involved people's relatives and friends in fundraising and have raised funds for a wide range of organisations. The fundraising activities enabled people to form and maintain strong links with the community and pictures in the hallways show a range of different fundraising activities which people have taken part in.

The registered manager told us about plans to further develop the activities and social opportunities at the home. They plan to invite relatives on any mini bus trips if they have a spare seat to further encourage strong social relationships. The registered manager also told us they wanted to open up social activities to other people isolated in the local community if this was possible. They also told us that they wanted to improve communication with relatives who do not live locally and want to upgrade the tablets and consider the use of skype which would provide a face to face link for people.

Good

Is the service well-led?

Our findings

The leadership and management of the service was good. The proprietors took a very active role within the home and there was a registered manager in post. We spoke with the registered manager who was passionate about promoting best practice and ensuring that staff were properly skilled to support people's needs. We spoke with staff about the management and they told us that the registered manager was "there if you need them" and "easy going and easy to speak to". Staff also told us that the proprietors were "100% for the residents, they come first before anything". One staff member told us how important the support of higher management was and said that they were "passionate about making sure they (the residents) are happy". This evidenced the strong focus from management on best practice and that people were central to the management style.

One person told us that they saw the proprietor every week and "they are a hard worker and does all the flowers in the garden". Visitors told us that the management were helpful and approachable, "they genuinely seem to really enjoy the people they are looking after". We observed that there was a relaxed atmosphere in the home and that staff were supporting people in a person centred way. The registered manager told us that she wanted staff to "chat whilst supporting people to bed, don't rush, it's not a task". This showed that management at the home was encouraging a person centred approach to support.

We spoke with the registered manager about the values and goals for the service. They showed us the updated statement of purpose. This centred on key values including compassion, commitment and communication and formed the basis of the approach at the home. This information was also on display on the visitor's information board and by the signing in book at the home for people to access.

Staff told us that they felt part of a team that worked well together. One said that "staff communicate well" and another told us "we can discuss things with each other which is always nice", another described a "good staff group". Staff told us that they had regular staff meetings and that if they were unable to attend, they were given copies of the minutes from these. They spoke positively about the staff meetings and told us that discussion was welcomed. One said that "if something wasn't done, I would say so". Staff were confident to challenge and raise issues with other staff.

Staff were aware of the Whistleblowing policy but one member of staff said they were not clear about the process. Staff did understand what Whistleblowing meant and told us that they would be confident to report if they needed to. We observed that there was information about Whistleblowing on the training information board.

We talked to the staff about what would happen if they made a mistake. Staff were consistent in telling us that they would report to the registered manager and would be confident in doing so. One told us "if I made a mistake, first to admit it. Management are fine, I do feel I can talk to them, they are very kind and thorough". Another said that they would be "confident to report and the registered manager would find ways to move forwards, with disciplinary if needed". This evidenced that that there was an honest, open culture at the home and that best practice was encouraged.

Staff took a role as key worker for people living at the home. As part of this role they carried out individual monthly checks and reviews with people. People told us they knew who their keyworker was and staff were clear about the roles and responsibilities that they held as key worker. The registered manager had also introduced lead roles within the staff team. This meant that staff took on a monitoring role for specific areas such as infection control. Staff told us about the lead role and what this involved. One staff member said that they had been concerned about one area of the lead role. They had approached the registered manager with their concerns who agreed a way forwards in which the staff member felt supported to undertake the role.

We looked at how quality and best practice were driven at the service. The registered manager had clear monthly audits in place which covered areas including food and medication. We saw evidence that audits were being completed as scheduled. It was not clear how the audit information gathered was used to improve and drive best practice. The registered manager told us that they were compiling an overall action plan on which to collate the data from the individual audits. This action plan would then use used to drive quality and best practice.

We asked the registered manager about the challenges for the service. They told us that they were focussing on improving the quality of information recorded by staff. They said that they wanted to further develop information gathered. Information was person centred but the registered manager said that they wanted to capture how people felt, the impact and their experience of the support they receive. They also told us that they were looking at training for staff to better understand the experience of the person receiving support. What it feels like to "wait for the call bell to be answered or wait for an activity. So that they(staff) realise what it feels like, on the other end". This evidenced that the registered manager was focussed on further developing quality by supporting staff to better understand the experience of the people living at the service.