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Linden House Care Home

Inspection report

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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?	Requires Improvement

Summary of findings

Overall summary

Linden House Care Home is a family run care home registered to provide accommodation for up to 23 people, including people living with a cognitive impairment. At the time of our inspection there were 23 people living in the home.

The inspection was unannounced and was carried out on 01September 2016 and 08 September 2016.

There was a registered manager in place at the home, who was also one of the providers. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

At our previous inspection in May 2015, we found that people were not always protected from risks associated with their care, medicines were not managed safely, hygiene standards were not always maintained and staff did not always follow legislation designed to protect people's rights. The provider sent us an action plan detailing steps they would take to become compliant with the regulations.

At this inspection we found that action had been taken and improvements made in each of these areas.

People and their families told us they felt the home was well-led and were positive about the registered manager, who was also one of the providers. However, the registered manager had a 'hands on' approach to running the home, which prevented him from having effective overview and control of the quality of the service provided.

People and their families told us they felt the home was safe. Staff and the registered manager had received safeguarding training and were able to demonstrate an understanding of the providers' safeguarding policy and explain the action they would take if they identified any concerns.

The risks relating to people's health and welfare were assessed and these were recorded along with actions identified to reduce those risks in the least restrictive way. They were personalised and provided sufficient information to allow staff to protect people whilst promoting their independence.

People were supported by staff who had received an induction into the home and appropriate training, professional development and supervision to enable them to meet people's individual needs. There were enough staff to meet people's needs and to enable them to engage with people in a relaxed and unhurried manner.

There were suitable systems in place to ensure the safe storage and administration of medicines. Medicines were administered by staff who had received appropriate training and assessments. Healthcare

professionals, such as chiropodists, opticians, GPs and dentists were involved in people's care when necessary.

Staff followed legislation designed to protect people's rights and ensure decisions were the least restrictive and made in their best interests.

Staff developed caring and positive relationships with people, were sensitive to their individual choices and treated them with dignity and respect. People were encouraged to maintain relationships that were important to them.

People were supported to have enough to eat and drink. Mealtimes were a social event and staff supported people, when necessary, in a patient and friendly manner.

Staff were responsive to people's communication styles and gave people information and choices in ways that they could understand. They were patient when engaging with people who could not communicate verbally and who used a variety of signs, sounds and body language to express themselves. Staff were able to understand people and respond to what was being said.

People and when appropriate their families were involved in discussions about their care planning, which reflected their assessed needs.

There was an opportunity for families to become involved in developing the service and they were encouraged to provide feedback on the service provided at residents meetings and through an annual questionnaire. They were also supported to raise complaints should they wish to.

Staff were aware of the providers' vision and values, how they related to their work and spoke positively about the culture and management of the home.

There were systems in place to monitor quality and safety of the home provided. Accidents and incidents were monitored and remedial actions identified to reduce the risk of reoccurrence.

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 and their families felt the home was safe and staff were aware of their responsibilities to safeguard people.

The registered manager had assessed individual risks to people and had taken action to minimise the likelihood of harm. People were support in a home that was clean and appropriately maintained

There were enough staff to meet people's needs and recruiting practices ensured that all appropriate checks had been completed.

People received their medicines at the right time and in the right way to meet their needs.

Is the service effective?

Good

The service was effective.

Staff sought verbal consent from people before providing care and followed legislation designed to protect people's rights.

People were supported to have enough to eat and drink. They had access to health professionals and other specialists if they needed them.

Staff received an appropriate induction and on-going training to enable them to meet the needs of people using the service.

Is the service caring?

Good

The service was caring.

Staff developed caring and positive relationships with people and treated them with dignity and respect.

Staff understood the importance of respecting people's choices and their privacy.

People and when appropriate their families were involved in planning their care. People were encouraged to maintain friendships and important relationships.

Is the service responsive?

Good

The service was responsive.

Staff were responsive to people's needs.

Care plans and activities were personalised and focused on individual needs and preferences.

The registered manager sought feedback from people using the service and had a process in place to deal with any complaints or concerns.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There were systems in place to monitor the quality and safety of the service provided. However, the registered manager's 'hands on' management style prevented him from having an overview and control of the quality of the service provided and drive improvements.

The providers' values were clear and understood by staff.

People, their families, health professionals and staff had the opportunity to become involved in developing the service.

Linden 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 checked 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 was unannounced and was carried out on 01September 2016 and 08 September 2016 by one inspector.

Before the inspection, we reviewed the information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with five people using the service and engaged with six others, who communicated with us verbally in a limited way. We spoke with eight visitors and three health professional. We observed care and support being delivered in communal areas of the home. We spoke with two members of the care staff, the cook, the deputy manager and the registered manager.

We looked at care plans and associated records for five people using the service, staff duty records, four staff recruitment files, records of complaints, accidents and incidents, policies and procedures and quality assurance records.

Good

Is the service safe?

Our findings

People told us and indicated they felt safe. One person said they felt very safe and added "If you can't be at home this is the best place to be". Another person told us "Staff look after me, they help me when I need them". Family members told us they did not have any concerns regarding their relatives' safety. One family member said, "I have no doubts that [my relative] is safe and I can go away completely happy". Another family member told us, "[My relative] has been ill for the last fortnight but I can go to bed and sleep because I know [my relative] has 24 hour care". A third family member said, "It's as good as it gets here. It is a friendly, welcoming and caring environment. Each time we leave, we don't worry about [my relative]. You have peace of mind". The health professionals we spoke with told us they did not have any concerns regarding people's safety. One said "Yes, people are safe here. Staff know them well". Another health profession told us, "People are safe, definitely, I have never seen anything to make me feel otherwise".

People experienced care in a safe environment because staff had the knowledge necessary to enable them to respond appropriately to concerns about people's safety. All of the staff and the registered manager had received appropriate training in safeguarding. Staff knew how to raise concerns and to apply the providers' policy. One member of staff told us "If I saw something [I was concerned about] I would tell [the registered manager] or [the deputy manager] and ask them if they can sort it out. If they didn't I would go to safeguarding. If it was really serious I would go to the police". The providers had also installed CCTV externally and internally in communal areas of the home. The use of the CCTV was carried out in line with national guidelines and in support of keeping people safe.

The registered manager explained the action they would take when a safeguarding concern was raised with them and the records confirmed this action had been taken when a safeguarding concern had been identified. The registered manager had reported these concerns to the appropriate authority in a timely manner.

At our last inspection, we identified that the providers had failed to ensure people were protected from risks associated with not providing care and treatment in a safe way. During this inspection we found that people were protected from individual risks in a way that supported them and respected their independence. The registered manager had assessed the risks associated with providing care to each individual; these were recorded along with actions identified to reduce those risks. They were personalised and written in enough detail to protect people from harm, whilst promoting their independence. For example, one person, who was at risk of falling, had a risk assessment in place in respect of the support staff should offer to help them mobilise. During the inspection we observed staff monitoring this person and offering support in line with their risk assessment.

Staff were able to explain the risks relating to people and the action they would take to help reduce the risks from occurring. Where an incident or accident had occurred, there was a clear record, which enabled the registered manager to identify any actions necessary to help reduce the risk of further incidents. Each person's care plan contained the information necessary for health professionals to support that person should they be taken to hospital in an emergency.

People and their families told us there were sufficient staff to meet people's needs. Comments included "I am happy I can have a bath when I want anytime at all", "Nothing is too much trouble for them [staff]", "There is enough staff here and they don't get flustered" and "You can drop in at anytime; there is always staff about and they are very welcoming". Health professionals told us there were enough staff to look after people safely.

The registered manager told us that staffing levels were based on the needs of the people using the service and that they like to take a very hands on role in supporting people. We saw there was a heavy reliance on both the registered manager and the deputy manager to carry out a hands on role in supporting people. This approach provided an opportunity for staff to interact with the people they were supporting in a relaxed and unhurried manner. Staff responded to people's needs promptly. There was a duty roster system, which detailed the planned cover for the home. This provided the opportunity for short term absences to be managed through the use of overtime and, if necessary, agency staff. The providers was also available to provide extra support when appropriate.

The providers had a safe and effective recruitment process in place to help ensure that staff they recruited were suitable to work with the people they supported. All of the appropriate checks, such as references and Disclosure and Barring Service (DBS) checks were completed for all of the staff. A DBS check will identify if prospective staff had a criminal record or were barred from working with children or vulnerable people.

At our last inspection, we identified that the providers failed to ensure there was an effective system in place to manage medicines effectively. During this inspection we found that people received their medicines safely. Staff had received appropriate training and their competency to administer medicines had been assessed by the deputy manager to ensure their practice was safe. Medicines administration records (MAR) were completed correctly. The MAR chart provides a record of which medicines are prescribed to a person and when they were given. Staff administering medicines were required to initial the MAR chart to confirm the person had received their medicine. Each person who needed 'as required' (PRN) medicines had clear information in place to support staff to understand when these should be given, the expected outcome and the action to take if that outcome was not achieved. There were suitable systems in place to ensure the safe storage and disposal of medicines. A refrigerator was available for the storage of medicines which required storing at a cold temperature in accordance with the manufacturer's instructions. There was a medicine stock management system in place to ensure medicines were stored according to the manufacturer's instructions and a process for the ordering of repeat prescriptions and disposing of unwanted medicines. Staff supporting people to take their medicine did so in a gentle and unhurried way. They explained the medicines they were giving in a way the person could understand and sought their consent before giving them.

At our last inspection, we identified that the providers failed to ensure that appropriate standards or hygiene were maintained. During this inspection we found that the communal areas of the home, the kitchen, the bathrooms and people's bedrooms were clean and appropriately maintained. The registered manager explained the action they had taken since the last inspection, including relocating the laundry away from the food preparation area. People and their families told us they did not have any concerns with the cleanliness of the home.

There were appropriate plans in case of an emergency occurring. Personal evacuation and escape plans had been completed for each person, detailing the specific support each person required to evacuate the building in the event of an emergency. Staff were aware of the fire safety procedures and the action they would take if an evacuation was necessary.

Good

Is the service effective?

Our findings

People and their families told us they felt the service was effective and that staff understood people's needs and had the skills to meet them. One person said, "Staff are brilliant, they know exactly how I like things". Another person told us, "I like it here. I can honestly say they [staff] are wonderful". A family member said, "This is a fantastic home. The care given by staff is very good". Another family member told us, "I am 100% happy with how they look after [my relative]". The health professionals we spoke with told us the staff were knowledgeable about the people they supported and they did not have any concerns about the staff's ability to look after people effectively. One health professional said, "Staff know people well, it is a very relaxed atmosphere, staff know people on a first name basis". Another health professional told us, "The staff are very good in respect of calling us in when needed".

At our last inspection, we identified that the providers failed to ensure that staff always followed legislation designed to protect people's rights. During this inspection people's ability to make decisions was assessed in line with the Mental Capacity Act, 2005 (MCA). The 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. The providers had clear policies, procedures and recording systems for when people were not able to make decisions about their care or support. We saw staff followed these by consulting with relatives and professionals and documenting decisions taken, including why they were in the person's best interests. For example, a best interest decision had been made in respect of one person who lacked capacity regarding staying at Linden House Care Home following a period of respite. There were also best interest decisions in respect of people's consent to 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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the providers was following the necessary requirements. DoLS applications had been made to the supervisory body with the relevant authority for all of the people using the service. The registered manager carried out a review of the applications on a regular basis to ensure they were still required. Staff had been trained in MCA and DoLS; Where DoLS had been authorised they were aware of the people that these restrictions applied to and the support they needed as a consequence. People's families and other representatives had been consulted when decisions were made to ensure that they were made in people's best interests and the least restrictive option.

People and their families told us that staff asked for their consent when they were supporting them. One person said, "I can honestly say they [staff] are wonderful and patient. They always say is it okay if I help you now"? One family member said "Staff always ask if it is okay before they help my [relative], [my relative] wouldn't do anything she doesn't want to". Health professionals told us the staff always sought consent before providing care.

Staff checked people were happy before providing care or support, such as offering to provide support to help them mobilise. We observed staff seeking consent from people using simple questions, giving them time to respond. One member of staff told us, "You can ask people to do something but sometimes they won't do it. It's their choice. I leave them and then try again a bit later". Daily records of care showed that where people declined care this was respected.

People were supported by staff who had received an effective induction into their role, which enabled them to meet the needs of the people they were supporting. Each member of staff had undertaken an induction programme, including a period of shadowing a more experienced member of staff who assessed their suitability to work on their own. A new member of staff told us, "It is really nice working here. It is brilliant you are learning something new every day". They told us they had completed their induction and added "For the first few steps you have to follow someone but now I can work on my own". Since April 2015, staff who were new to care received an induction and training, which followed the principles of the Care Certificate. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life.

The providers had a system to record the training that staff had completed and to identify when training needed to be repeated. This included essential training, such as medicines training, safeguarding adults, fire safety and first aid. Staff had access to other training focused on the specific needs of people using the service, such as epilepsy awareness, dementia care, end of life care, MCA and DoLS. Staff were also supported to undertake a vocational qualification in care. Staff were able to demonstrate an understanding of the training they had received and how to apply it. For example, how they supported people who were living with a cognitive impairment to make choices and maintain a level of independence. A member of staff who had worked at the home for a long time told us, "I still like doing all the training, like safeguarding, fire safety and infection control. You can still learn new things".

Staff had regular supervisions. Supervisions provide an opportunity for management to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and identify learning opportunities to help them develop. Staff said they felt supported by the management team and senior staff. There was an open door policy and they could raise any concerns straight away. One member of staff told us they had regular supervisions and said, "I like them because you can raise things one to one or if you need to say something in private". However, people who had worked at the service for more than 12 months did not always receive an annual appraisal. We raised our concern with the registered manager who had a plan in place to address it.

People were supported to have enough to eat and drink. People told us they enjoyed their meals. One person said "The food is very nice. I had corned beef today. There is plenty to eat and I can choose what I want". Another person told us, "The food is good". Family members were complimentary about the food and told us their relatives were supported to eat the food they liked. One family member said, "The food here is fantastic, they cater for each individual need. Whatever they [people] want the staff do it. [My relative] has a choice. She is not eating well and they found she liked fried onions so they cook them for her especially". A visitor told us, "The dining area when laid for lunch is very welcoming. There are table cloths, place mats and cloth napkins for people to use".

Staff who prepared people's food were aware of their likes and dislikes, allergies and preferences. The menu was published on a noticeboard in the dining area so people were aware of the choices available to them. Meals were appropriately spaced and flexible to meet people's needs. Mealtimes were a social event and staff engaged with people in a supportive, patient and friendly manner. Staff were aware of people's needs and offered support when appropriate. For example the cook identified that one person appeared to need

extra support with their meal. They quietly drew it to the attention of a member of care staff who intervened, sat next to the person and offered to support them with their meal which was accepted. People were provided with a choice of food and an alternative was offered if they did not want what was offered. Drinks, snacks and fresh fruit were offered to people throughout the day.

People were supported to maintain good health and had access to appropriate healthcare services. Their records showed they had regular appointments with health professionals, such as chiropodists, opticians, dentists and GPs. All appointments with health professionals and the outcomes were recorded in detail. A health professional told us that staff "always do what I suggest. If I raise and issue they always follow it up". Another health professional said, "If they are expecting me, they make sure everything is ready for me. They always know where the person is and if I ask them to do something they are very good and do it".

Good

Is the service caring?

Our findings

Staff developed caring and positive relationships with people. People's comments included "It is a lovely little family here. I wouldn't want to go anywhere else", "The girls are lovely and patient", "I have made friends here" and "They [staff] are all very good". A visitor told us "I used to come here regularly to visit my wife. When she passed away in February I still keep coming. They let me do the garden, they have even made raised beds to make it easier for me. Everyone is very caring. If I need to go into a residential home, I would want to come here". A family member said, "Staff are very caring with [my relative]". Another family member told us the home was, "very friendly, like an extended family". A third family member said, "It is a very caring environment. It is as near to being family, without being family". Health professionals told us staff were very caring and patient with the people they supported.

People were cared for with dignity and respect. Staff spoke with people with kindness and warmth and were observed laughing and joking with them. For example staff supported people to mobilise after lunch, gently informing them that they were about to pull their chair out so they could stand up. The deputy manager was appointed the dignity champion for the home and kept updated by attending local forums on dignity and sharing best practice. There was a dignity wall in the hallway between the lounge and the dining area, with a dignity tree with the common principles of dignity and 10 do's and don'ts. There was also a small heart shaped reminder for staff on people's doors saying: 'Stop think dignity'. Family members told us they did not have any concerns regarding staff treating their relatives with respect. One family member said, "I really am happy with the place. They treat [my relative] with respect and dignity. I can speak to [my relative] privately if I want to". A health professional said that staff "treat people with respect and their dignity is protected".

Staff were attentive to people and checked whether they required any support. One member of staff saw a person looked in discomfort. They crouched down and spoke with the person quietly to see if they needed to go to the bathroom. We they indicated they did, the member of staff patiently supported them to mobilise safely and guided them to the bathroom.

Staff understood the importance of respecting people's choice and privacy. They spoke with us about how they cared for people and we observed that people were offered choices in what they wanted to wear, what they preferred to eat and whether they took part in activities. Choices were offered in line with people's care plans and preferred communication style. Where people declined to take part in an activity, or wanted an alternative, this was respected. One person told us, "The craft lady is here today but I don't want to do that. It is my choice. Nobody minds whether you join in or not".

We also observed that personal care was provided in a discreet and private way. Staff knocked on people's doors and waited for a response before entering. A member of staff said, "I always check the door is closed and explain what I am doing. I make sure the curtains are drawn and cover the parts I am not washing". A male member of staff told us that when supporting people, "It is their choice whether they want me or would prefer a woman carer to help them".

People and where appropriate, their families were involved in discussions about developing their care plans,

which were centred on the person as an individual. We saw that people's care plans contained detailed information about their life history to assist staff in understanding their background and what might be important to them. Staff used the information contained in people's care plans to ensure they were aware of people's needs, their likes and dislikes. One family member told us, "When we came here we sat in the garden. They [staff] were very thorough, what they could do and what [my relative] liked or didn't like".

People were encouraged to be as independent as possible. One person told us "When I am in the bath they [staff] encourage me to wash everywhere". They added the registered manager, "asks me if I am happy and 'what am I doing?' If I say 'nothing', he says 'shall I find you something?' and then I help around the house which I like". Other examples of people being encouraged to be independent included when staff supported people to mobilise they encouraged them to do as much as they could by themselves. Staff praised people's efforts and we saw their faces reflected a sense of achievement.

People were supported to maintain friendships and important relationships; their care records included details of their circle of support. This identifies people who are important to the person. All of the families we spoke with confirmed that the registered manager and staff supported their relatives to maintain their relationships. One person was supported by staff to visit their partner who was in another home. The bedrooms were personalised with photographs, pictures and other possessions of the person's choosing. A person told us, "I have my friends here. They are good company". A family member said, "I love it here, I love the way they put pictures [of the person who's room it is] on the door". Another family member told us, "The manager encourages us to come in. We are offered hospitality, tea and cakes, you really feel welcome". A third family member said, "It is great. At the recent BBQ which was held here we chatted to [my relative] and the other families. It has helped to develop a social network and support group". Other comments from family members included "It is homely, an open house, you can drop in anytime" and "I drop in whenever I want. I am always made welcome".

Information regarding confidentiality formed a key part of induction training for all care staff. Confidential information, such as care records, was kept securely within the office and only accessed by staff authorised to view it. Any information, which was kept on the computer, was also secure and password protected.

Good

Is the service responsive?

Our findings

People and their families told us they felt the staff were responsive to their needs. One person said the registered manager "was one of the best. When my husband died they were very good to me. They looked after me wonderfully". A family member said, "When [my relative] came here she was in poor health. She is 102 [years old]. It was a difficult decision to put [my relative] here but within a few days we saw an improvement. She was happy, smiling and talking to people. It was wonderful to see". Another family member told us their relative had "only been here for three months. They have turned her around and she has improved. It takes a lot of pressure off of us". A third family member said, "[My relative] was on fortified drinks to help her put on weight but she didn't like it. We raised this with [the registered manager] and he stopped it. We discussed with him ideas about encouraging her to eat. We said she liked cheesy biscuits and mulligatawny soup, so he got them in specially. [My relative] was very happy with that". Health professionals told us they did not have any concerns about how staff responded to people's needs. One health professional said, "I just feel people are well looked after". Another health professional told us the registered manager was "very good, always rings us if he has a concern. He is very good at picking up problems".

Those people who were not able to verbally communicate with staff, were able to demonstrate their understanding about what they were being asked and could make their wishes known. Staff were responsive to people's communication styles and gave people information and choices in ways that they could understand. Staff used plain English and repeated messages as necessary to help people understand what was being said. Staff were patient when speaking with people and understood and respected that some people needed more time to respond.

People experienced care and support from staff who were knowledgeable about their needs and the things that were important to them in their lives. Staff's understanding of the care people required was enhanced through the use of care plans, which detailed people's preferences, backgrounds, medical conditions and behaviours. They also included specific individual information to ensure medical needs were responded to in a timely way. Care plans and related risk assessments were reviewed monthly to ensure they reflected people's changing needs.

People received care and treatment that was personalised and they or their relatives were involved in identifying their needs and how these would be met. One family member told us, "When we came they went through a questionnaire about what [my relative] liked and didn't like; what care she needed. We also talked about her background and family history". Another family member said, "We are regularly involved in reviewing [my relative's] care plan and things like her DNAR [Do not attempt resuscitation] decision. A third family member told us, "We do get involved in [my relative's] care. [The registered manager] is insistent on that. We sit down and go through [my relative's] care plan. I know he does that with other people's families as well".

People's daily records of care were up to date and showed care was being provided in accordance with people's needs. Care staff members were able to describe the care and support required by individual people. For example, one care staff member was able to describe the support a person required when

mobilising at different times. This corresponded to information within the person's care plan. Handover meetings were held at the start of every shift and supported by a communication book. These handovers provided the opportunity for staff to be made aware of any relevant information about risks, concerns and changes to the needs of the people they were supporting.

Staff were knowledgeable about people's right to choose the types of activities they liked to do, and respected their choice. People had access to activities that were important to them. These included going out to various beauty spots, going shopping, going to the local café, arts and craft and external entertainers. There were other activities available for people in the home, such as playing cards, games, reading, watching DVDs and listening to music. People were also encouraged to interact with each other in a social way and engage in domestic activities that helped to maintain their independence and life skills. Where people did not want to engage in activities this was respected and staff interacted with them on a one to one basis. One family member told us their relative "doesn't like taking part in activities but she likes the music". The registered manager also organised a number of social events throughout the year for people and their families. For example a BBQ or cheese and wine party. People and their families told us these were enjoyable events and provided an opportunity for socialising and getting to know other people and their families.

People and their relatives were encouraged to provide feedback and were supported to raise concerns if they were dissatisfied with the service provided at the home. People had access to advocates who were available to support them if they were unhappy about the service provided. The registered manager sought feedback from people's families on an informal basis when they met with them at the home or during telephone contact. A family member told us "Every time we come here [the registered manager] asks us if everything is okay". Another family member said, "When we leave they check out how things are going and if we are happy". People were also encouraged to attend regular 'Resident Meetings' which provided an opportunity for people to raise concerns and offer suggestions about improving the service provided. Where concerns were raised these were followed up and actioned by the registered manager.

The registered manager also sought feedback through the use of external quality assurance survey questionnaires sent to people, their families and staff. We looked at the feedback from the latest survey, from June 2016, which was all positive in respect of the care people received. Comments included 'The home is very good. I am well looked after', 'I have been visiting my friend for three years and do not have one negative thing to say about the home, the staff or the way it is run' and 'All staff are excellent'. A family member told us, "I have done two feedback forms. If I had any concerns I feel able to raise anything; it feels quite natural". The registered manager explained the action he would take if concerns were raised.

The providers had a policy and arrangements in place to deal with complaints. They provided detailed information on the action people could take if they were not satisfied with the service being provided. The information on how to make a complaint also included details of external organisations, such as the Local Government Ombudsman. The registered manager told us that people had the support of family members or access to independent advocacy services if they needed them. All of the family members knew how to complain but told us they had never needed to. The registered manager told us they had not received any complaints since the home was last inspected and was able to explain the action that would be taken to investigate a complaint if one was received.

Requires Improvement

Is the service well-led?

Our findings

People and their families told us they felt the service was well-led. One person said, "Honestly can't say a word against the home. [The registered manager] is fantastic and always seems to be here". All of the family members we spoke with said they would recommend the home to their families and friends. One family member, said "The home is very personable, not business like; I would definitely recommend it, in fact I have done two or three times". They added "The manager is hands on in his approach and easy to talk to". Another person told us, "I like [the registered manager] because he is observant and takes the initiative. [My relative] is so much happier here". A third family member said the home was, "well-led, no problems at all. [The registered manager] has a good sense of humour and very approachable. I know if I had any problems they would sort them out. It seems a nice place to work. They seem a good team". Health professionals told us they did not have any concerns over the management of the home. One said, "It is an amazing place. Staff work so hard to support the residents" and added "There is a good management team here".

There was a clear management structure, which consisted of a registered manager, the deputy manager who was also the dignity champion, senior care staff one of whom was the home's falls champion. However, the registered manager's management style was to take a proactive hands on role in supporting people in the home. This meant that, although staff understood the role each person played within this structure, the hands on approach had impacted on the registered manager's ability to have effective overview and control of the quality of the service provided and drive improvements. For example there was a stock rotation system used by the cooks to ensure that food was used within the manufacture's recommended dates. However, when we checked the food store we found that the stock management system was not effective and the stock cupboard contained food items which had not been used and were up to a year out of date. We also found the medicine auditing process had identified errors by staff, which had been dealt with on an individual basis, but no overarching analysis had been carried out to assess whether there were any trends or training issues identified. We raised these concerns with the registered manager who explained that his personal style was focused on people's experience of good care through a hands on approach. He accepted that this approach had led to some areas of management not being effective. By the second day of the inspection the registered manager had arranged for support from an independent consultant to carry out a review of the home and his working practices.

There were systems in place to monitor the quality and safety of the service provided and to manage the maintenance of the buildings and equipment. Regular audits were carried out, which included infection control, the cleanliness of the home, people's bedrooms, medicines management and care plans. There was also a system of audits in place to ensure that safety checks were made in respect of water temperatures, the medicine cupboard temperatures and fire safety. The registered manager carried out an informal inspection of the home during a daily walk around. Where issues or concerns were identified an action plan was created and managed through the regular meeting processes.

The providers was engaged in running the home with the registered manager and their vision and values were built around making people's experience as homely as possible and to treat them as they would want to be treated. All of the staff were aware of the providers' vision and values and how they related to their

work. Regular staff meetings provided the opportunity for the registered manager to engage with staff and reinforce the providers' values and vision. Observations and feedback from staff showed the home had a positive and open culture. Staff spoke positively about the culture and management of the service. They confirmed they were able to raise issues and make suggestions about the way the service was provided in their one to one sessions or during staff meetings and these were taken seriously and discussed. The deputy manager told us "I have a good relationship with [the registered manager]. He does listen and realises he needs to change [his working practices]". A member of care staff said, "It is a pleasure working here. I am getting on a bit but still come to work because I feel lifted. [The registered manager] and [the provider] are very caring and good to work for". Another member of staff told us that the registered manager and the deputy manager were, "easy to talk to. If I need to I can talk about anything".

Family members told us they were given the opportunity to provide feedback about the culture and development of the home and all said they were happy with the service provided. The registered manager told us that support was available to them from the providers, who was a regular visitor to the home.

The home had a whistle-blowing policy, which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. Staff were aware of different organisations they could contact to raise concerns. For example, care staff told us they could approach the local authority or the Care Quality Commission if they felt it was necessary.

The providers and the registered manager were aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of the providers' registration. The rating from the previous inspection report was displayed in the reception area.