Pathways Health Care Limited

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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?	Good

Overall summary

We carried out an unannounced inspection of the service on 29 and 30 October 2015. Pathways Health Care Limited is registered to accommodate up to ten people and specialises in providing care and support for people who live with a learning and/or physical disability. At the time of the inspection there were eight people using the service.

On the day of our inspection there was a registered manager in place. 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.

Summary of findings

People were supported by staff who had attended safeguarding adults training, could identify the different types of abuse, and knew the procedure for reporting concerns. Risk assessments were in place to identify the risks to people's safety and care plans were implemented to support staff in reducing these risks. Accidents and incidents were investigated thoroughly. Regular assessments of the environment people lived in and the equipment used to support them were carried out and people had personal emergency evacuation plans (PEEPs) in place.

People were supported by an appropriate number of staff. Appropriate checks of staff suitability to work at the service had been conducted prior to them commencing their role. People were supported by staff who understood the risks associated with medicines. People's medicines were stored, handled and administered safely.

People were supported by staff who completed an induction prior to commencing their role and had the skills needed to support them effectively. Reviews of the quality of staff members' work were conducted although these were not always completed often enough to ensure staff provided people with effective care.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The MCA is legislation used to protect people who might not be able to make informed decisions on their own about the care and support they received. The DoLS are part of the MCA. They aim to make sure that people are looked after in a way that does not restrict their freedom. The safeguards should ensure that a person is only deprived of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to look after them. The registered manager was aware of the principles of DoLS and had made the appropriate applications to the authorising body for all people that required them.

The appropriate legal requirements had been followed when decisions were made for people who did not have the capacity to give their consent. People's care records contained information which showed they had been consulted before decisions about their care had been made.

People were weighed regularly and where a risk to their health as a result of their weight had been identified support from external health care professionals was requested. People were supported to follow a healthy and balanced diet. People's day to day health needs were met by the staff and external professionals. Referrals to relevant health services were made where needed.

People who used the service and their relatives felt the staff supported them or their family member in a kind and caring way. Staff understood people's needs and listened to and acted upon their views. Staff responded quickly to people who had become distressed.

People were provided with the information they needed that enabled them to contribute to decisions about their support. People were provided with information about how they could access independent advocates to support them with decisions about their care, although the information was not easy accessible for people. Staff maintained people's dignity. People's friends and relatives were able to visit whenever they wanted to.

People's care records were written in a person centred way. People and their relatives where appropriate, were involved with planning the care and support provided. People's care records were regularly reviewed. People were encouraged to do the things that were important to them and they were supported to take part in activities individually and collectively with the people they lived with. People were provided with the information they needed if they wished to make a complaint, although the process for reporting concerns externally was not included on the complaints procedure.

The registered manager led the service well, understood their responsibilities and was liked and respected by people, staff and relatives. However we did find one example where they had not notified us of an incident, which should have been. Staff understood what was expected of them and how they could contribute to ensuring people received safe and effective care that met their individual needs. People were encouraged to provide feedback and this information was used to improve the service. There were a number of quality assurance processes in place that regularly assessed the quality and effectiveness of the support provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People were supported by staff who attended safeguarding adults training and knew the procedure for reporting concerns.

Regular assessments of the risk to people's safety had been conducted. Accidents and incidents were thoroughly investigated.

People were supported by an appropriate number of staff to keep them safe.

People's medicines were stored, handled and administered safely.

Good

Is the service effective?
The service was effective.

Staff had received the training they needed to do their job effectively. Staff performance was assessed but not consistently to ensure effective care was always provided.

The principles of the Mental Capacity Act 2005 and deprivation of liberty safeguards were adhered to and implemented appropriately by staff.

People were supported to follow a healthy and balanced diet.

People's day to day health needs were met by the staff and external professionals and referrals to relevant health services were made where needed.

Good

Is the service caring?
The service was caring.

Staff supported people in a kind and caring way.

Staff understood people's needs and listened to and acted upon their views.

People were provided with the information they needed that enabled them to contribute to decisions about their support.

People's dignity and privacy was maintained by the staff. People's friends and relatives were able to visit whenever they wanted to.

Good

Is the service responsive?
The service was responsive.

People were involved with planning the support they wanted to receive from staff and their needs were regularly reviewed.

People's support plan records were written in a person centred way and staff knew people's like and dislikes and what interested them.

Good

Summary of findings

People were encouraged to do the things that were important to them and were provided with the information they needed if they wished to make a complaint. Information on how to report concerns externally was not provided.

Is the service well-led?

Good

The service was well-led.

The registered manager understood the responsibilities of their registration with the CQC, although they had not informed us of an incident that should have been reported.

The registered manager was liked and respected by people and staff.

Staff understood their roles and how they could contribute to providing people with safe and effective care.

People were encouraged to provide feedback and to contribute to the development of the service.

Regular audits and assessments of the quality and effectiveness of the care and support provided for people were carried out.

Pathways Health Care Limited

Detailed findings

Background to this inspection

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

This inspection took place on 29 and 30 October and was unannounced.

The inspection was conducted by two inspectors.

To help us plan our inspection we reviewed previous inspection reports, information received from external stakeholders and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted Commissioners (who fund the care for some people) of the service and asked them for their views.

During the inspection we spoke with two people who used the service, six relatives, five members of the care staff, two nurses, two skills coordinators, the maintenance person, the deputy manager and the registered manager. We also carried out observations of staff interacting with the people they supported.

We looked at parts or all of the care records for five people who used the service at the time of the inspection. We also looked at a range of other records relating to the running of the service such as quality audits and policies and procedures.

Good

Is the service safe?

Our findings

People and their relatives told us they felt they or their family members were safe at the home. One person nodded and smiled when we asked them if they felt safe. Another person said, "It is nice living here." A relative we spoke with said, "It is such a relief to be able to feel that [name] is safe and I don't have to worry about them anymore." All of the staff we spoke with told us they felt the people they supported were safe.

The risk of abuse to people was reduced because staff could identify the different types of abuse that they could encounter. A safeguarding policy was in place which explained the process staff should follow if they believed a person had been the victim of abuse. Staff had attended safeguarding adults training and understood how to use what they had learned to ensure people were kept safe. Staff were also aware of who they could speak with both internally and externally if they had concerns. All staff spoken with said they could report concerns to their manager, but also to the CQC, the local multi-agency safeguarding hub (MASH) or the police.

Records showed the registered manager responded quickly to any allegations of abuse and reported those allegations to MASH and the CQC where appropriate. Internal investigations were carried out and when needed changes to company policy and procedures would be implemented to protect people's safety.

The registered manager told us they were in the process of re-writing their 'service user guide'. The current guide provided people with information about how to keep safe and who to report concerns to if they believed their or other's safety was at risk. They told us due to the changing nature of people's communication needs and with new people coming to the service they wanted to ensure that it was provided in a format that could be understood by everyone.

Assessments of the risks to people's safety were conducted and they were reviewed regularly by the duty nurse to ensure they met each person's current level of need. Records showed a variety of assessments had been conducted in areas such as; pressure sore prevention, moving and handling, falls and epileptic and diabetic seizures. Where risks to people's safety had been identified appropriate care plans were put in place to support staff to manage and reduce that risk.

Each person's care records contained a care plan and assessment for people's ability to carry out tasks safely and independently of staff. These included taking part in domestic activities but also their ability to manage their safety when outside of the service in the community. A person who used the service said, "I am able to do lots of things for myself."

We looked at records which contained the documentation that was completed when a person had an accident or had been involved in an incident that could have an impact on their safety. Records showed these were investigated by the registered manager and they made recommendations to staff to reduce the risk to people's safety. There was a procedure in place that where a serious risk to a person's safety had been identified this was reported to the provider's compliance manager. This ensured an external person was able to offer additional support to the registered manager to prevent any further risk to the person's safety. The vast majority of the records we looked at showed the accidents and incidents were assessed as having a 'low' impact on people's safety.

The risk to people's safety had been reduced because regular assessments of the environment they lived in and the equipment used to support them were carried out. We spoke with the maintenance person who explained to us how they ensured the environment and equipment was safe. Records showed that regular servicing of hoists, wheelchairs, gas boilers and fire safety equipment were conducted by external contractors.

There was a personal emergency evacuation plan (PEEP) in place that enabled staff to ensure, in an emergency, they were able to evacuate people in a safe and timely manner. These were regularly reviewed to ensure they met people's current needs.

People were supported by an appropriate number of staff to meet their needs and to keep them safe. One person who used the service said, "There's always someone around." The registered manager told us they carried out regular assessments of people's needs and ensured there were enough staff available to keep them safe. They showed us records which supported this. They told us if

Good

Is the service safe?

people wanted to go out or to do a certain activity that required more staff then they would always ensure there were sufficient staff available for them. For example on the day of the inspection a Halloween party had been planned at a local social club and there were enough staff working to be able to support all people to attend and to maintain their safety.

We asked the staff whether they thought there were enough staff to ensure people were supported safely. We received mixed feedback. One member of staff said, "There are enough staff here. Occasionally if someone phones in sick it can be hard, but most of the time there is sufficient cover available." Another staff member said, "We have enough staff here, but could do with one more each shift to be able to help people go out more often." We raised this with the registered manager. They told us they were confident that they had enough staff to maintain people's safety but also to ensure people led an active life. The relatives we spoke with were happy with the numbers of staff available for their family members.

The risk of people receiving support from staff who were unsuitable for their role was reduced because the manager had ensured that appropriate checks on staff member's suitability for the role had been carried out. Records showed that before nurses carried out their role, checks had bene completed to ensure they were appropriately registered with the Nursing Midwifery Council (NMC). Records also showed that before all staff were employed, criminal record checks were conducted. Once the results of the checks had been received and staff were cleared to work, they could then commence their role. Other checks were conducted such as ensuring people had a sufficient number of references and proof of identity. These checks assisted the manager in making safer recruitment decisions.

People were supported by staff who understood the risks associated with medicines. A person who used the service said, "My medicines are looked after by the staff. I'm fine with that." Staff had received the appropriate training to administer medicines safely and their competency in doing so was regularly assessed. We looked at the medicine administration records (MAR) for four people who used the service at the time of the inspection. These are used to record when a person has taken or refused their medicines. All of the records had been completed correctly. Photographs, allergies and people's preferences in relation to taking their medicines were also noted.

Medicines were stored and handled safely. We observed staff administer medicines safely and in line with people's wishes or needs as recorded within their care plan. Where people received their medicines covertly appropriate procedures were in place to do so safely. Receiving medicines covertly involves the disguising of the medicines and administering them in food or drink. As a result, the person is unknowingly taking their medicines**.** Regular checks of the temperature of the room and fridge the medicines were stored in were carried out, ensuring the effectiveness of these medicines was not reduced.

People's records contained protocols to provide additional information for staff on the reasons for giving medicines which were prescribed to be given only when necessary. Records showed that the reasons for their administration were recorded. However some of the reasons recorded on the administration records were brief and did not always give a clear explanation as to why they had been administered. However the staff we spoke with who administered people's medicines could explain the reasons why people took these medicines. We raised this with the registered manager and they acknowledged the space for recording this information in people's records was limited and they would implement a more suitable form in people's records. They told us they were confident that people were not receiving these medicines inappropriately. Relatives raised no concerns with the way their family member's medicines were managed.

We looked at the arrangements for the safe storage and administration of controlled medicines and carried out stock checks of two controlled medicines. These were in line with requirements.

Good

Is the service effective?

Our findings

When people received support from staff they responded in a positive way. Although some people were unable to tell us if they were happy with the way the staff supported them, we saw people were smiling, calm and relaxed, which would indicate that people were supported effectively. A relative said, "I'm one of these people who can't let go. I have worried a lot when [name] has been at other homes, but they have settled so well. It is clear [name] is happy here."

Staff received an induction prior to commencing their role and the staff we spoke with told us they felt the induction equipped them with the skills needed to carry out their role effectively. One member of staff said, "I had an induction and had a lot of tests of my knowledge. The training and induction are really good here." Another staff member said, "We have different induction procedures. One conducted before starting work and then another, with on the job training."

We saw plans were in place for new staff to commence a new nationally recognised qualification called the 'Care Certificate'. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It gives people who use services and their friends and relatives the confidence that the staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

People received support from staff who had received the appropriate training for their role. Training records showed staff had received training in key areas that enabled them to carry out their role. Training had been completed for moving and handling, managing behaviours that challenge and safeguarding adults. Records showed that a small number of staff required refresher training in some areas. The registered manager showed us plans they had in place to address this.

Staff were offered the opportunity to complete external qualifications such as diplomas in adult social care. This ensured people were supported by staff whose training needs and professional development were continually reviewed and updated, enabling them to meet people's needs in an effective way.

The staff we spoke with told us they felt well trained and supported by the registered manager and the other staff. One member of staff said, "I have definitely had lots of support." Another said, "I feel very supported by the manager. If I have any queries she is there to help me."

People were supported by staff who received assessment of the quality of their work to ensure that the support they provided for people was consistent and effective. Although the majority of staff had received a formal assessment of their work in October 2015, there were gaps of up to six months for some prior to this. The registered manager told us they acknowledged that the formal aspect of reviewing staff performance had not been completed as often as they would like. They told us they were confident that other processes such as regular staff meetings and informal discussions ensured they were confident that staff provided people with effective and consistent care and support.

Staff had the skills and experience to communicate effectively with people. We saw them use a mixture of verbal and non-verbal methods of communication which people responded positively to. A relative told us when their family member first came to the home they spoke with the registered manager about introducing the use of Makaton signs and symbols for their family member. Makaton is a language programme which uses signs and symbols to help people to communicate. It is designed to support spoken language and the signs and symbols are used with speech, in spoken word order. The relative told us the registered manager responded to this by gradually introducing the use of Makaton into the person's day to day life.

We checked to see, where appropriate, an assessment of people's capacity to make and understand decisions relating to their care had been undertaken, as required by the Mental Capacity Act 2005 (MCA).

We saw examples of the appropriate MCA documentation being used to determine people's ability to make decisions. Where it had been identified by the registered manager that they did not have the ability to make and understand decisions relating to their care, MCA documentation was in place to show the proper processes had been followed. Examples of these decisions included; people's ability to manage their own medicines and finances. This meant that the appropriate legal process had been followed when decisions were made for people.

Good

Is the service effective?

We observed staff ask people for their consent and give them choices. People who were unable to communicate verbally were assisted to make choices in different ways. For example a member of staff told us that when offering people a choice of food or activity they would show them a picture of it and then let them decide. The relatives we spoke with all felt involved when decisions were made. People's care records also showed, where able, they had signed to say they agreed to the care and support they wanted.

The registered manager could explain the processes they followed when they applied for authorisation for Deprivation of Liberty Safeguards (DoLS) to be implemented to protect the people within the service. Records showed that applications to the authorising body had been made for all people that required them.

Records showed that all staff had received MCA and DoLS training. The staff we spoke with could explain how they used the MCA in their role, knew who had DoLS in place and how they would support people in line with them.

People were encouraged to become involved with ordering the food they wanted. One person told us they regularly went shopping with staff and they took it in turns with others so that everyone "has a go." We observed people sit and eat their meals with the staff. Staff supported them to eat their food independently. Records showed a person was at risk of choking due to them putting too much food in their mouth at once. We observed a member of staff support this person, in line with the guidance within their care record, by encouraging them to eat slowly and to limit the amount of food they consumed during each mouthful. The person responded positively to the staff member.

People told us they liked the food and drink at the home. One person said, "The food is great." We observed people being offered a choice of food and drink throughout the day. Menus were available for people to see what food was provided and pictures of food and drink items were used to provide people with examples of what the food may look like.

The kitchen was stocked with a variety of healthy foods and snacks which were stored appropriately. Where people had specific nutritional needs in relation to their culture or religion, plans were in place to support them with this. Records showed staff had completed food safety training which enabled them to prepare food safely.

People's nutritional needs were assessed and people were supported and encouraged to make healthy food and drink choices. People's care records showed the types of food and drink people liked. People who used the service or their relatives acting on their behalf, had given their consent to be regularly weighed. Where people had been identified as a high risk due to being over or underweight, plans were in place to support people effectively with this. Guidance had been requested by staff from GP's and dieticians and care plans put in place to support people. For example, records showed one person, who had been identified as being underweight, had been supported to gain 5kg in the previous six months.

People's day to day health needs were met by the staff and external professionals. One person told us they had regular access to their GP if they needed it. Where needed, referrals to relevant health services were made. Records showed that people made regular visits to their GP and dentist. The registered manager told us they had supported a person who they had identified as having a problem with their eyes. An appointment was then made with an optician.

Records showed plans were in place to support people who were unable to verbally communicate that they were in pain. A pain management assessment was in place. The assessment outlined the verbal and non-verbal means for staff of assessing people's levels of pain. Records for one person showed they had regular appointments at a pain clinic to ensure that the processes in place for assessing this person's level of pain were effective.

Good

Is the service caring?

Our findings

People who used the service and their relatives told us staff were kind and caring. One person said, "I like them [staff]. They care about us all." A relative said, "I am very happy with the care that [name] has. I will still say if there is something I am not happy about." Another relative said, "I was worried when [name] needed to move into a home but from the start they have settled so well. On the day we walked in they told me, 'This is my home'".

We observed staff interacting with people and it was clear people were supported by staff who understood their likes and dislikes. We observed staff talk to people about the things that interested them and they had a genuine interest in what they had to say.

People's needs were responded to quickly and if a person became distressed or upset, staff offered them reassurance in a kind, caring and supportive way. We asked a person whether they liked the staff who supported them. The person smiled and nodded indicating that they did.

People's care records showed that people's religious and cultural needs had been discussed with them and support was in place from staff if they wished to incorporate these into their life. People's records were reviewed regularly to ensure that if people changed their mind about following their beliefs then the staff would be able to support them.

There were processes in place that ensured people were provided with information about their care which enabled them to contribute to the decisions made. People's care records contained many examples where their care and support needs had been discussed with them and their relatives, and where changes had been requested they had been implemented. A relative of a person who was unable to give their own views about their care and support needs, gave us an example where they had suggested something to staff about their family member's support. They said, "We mentioned it to staff they followed it up and the results are excellent."

Information was available for people about how they could access and receive support from an independent advocate to make major decisions where needed. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care. However the information for people was not in a position in the home that would make it easily accessible for people. The registered manager told us they would review how they displayed information for people within the home to ensure it was more accessible.

People were supported to make choices and staff could explain how they supported people to be as independent as they wanted to be. People's care records showed assessments of people's ability to undertake tasks independently of staff had been carried out and changes were made to people's care and support to promote this. We observed people doing things for themselves throughout the inspection.

Although the majority of people were unable to tell us whether staff respected their privacy we observed staff respect their wish to be alone throughout the inspection. We saw people listen to music, be alone in the bedrooms or watch television. Staff checked on them to see if they were ok, asked if they wanted company and respected their wish if they did not.

People were treated with dignity and respect. We observed staff support a person who had spilt a drink down them and offer to assist them in changing their clothes. We observed staff members discuss an issue about a person's personal care and they lowered their voice to protect their dignity. People's care records contained guidance for staff on how to maintain people's dignity when providing personal care for them.

People were provided with a service user guide. Within this document and throughout the home there was a strong emphasis on people being treated with dignity and respect. The staff spoke respectfully about the people they supported. One staff member said, "All the staff are very respectful of people here. No-one makes any comments [about people] that they shouldn't do."

There were no restrictions on family and friends visiting the people who used the service and people were encouraged to see others outside of the home as often they wanted to. One relative said, "It is very reassuring to see [name] happy and settled here. I live near to Pathways and [name] comes for tea at weekends."

Good

Is the service responsive?

Our findings

People were involved with decisions about the planning of their care and were able to contribute to the decisions made. The records we looked at reflected this, showing people, and where appropriate their relatives, had been consulted. A relative we spoke with said, "I am always involved in [name's] care, I am invited to visit anytime [to discuss things]."

People's support plans were written in a person centred way that focused on how they wanted their care and support to be provided. Information about their personal preferences had been considered when support was planned for them. People's views on the assistance they wanted with their personal care, whether with a male or female member of staff and how often they would like a shower and bath had been recorded. We checked the care records and daily notes for two people to see whether they had received their bath or shower as frequently as they wanted. For both people they had. This meant staff had responded to people's preferences appropriately and in line with their care records.

Relatives told us they were happy with the level of activities that were provided for their family members. One relative said "[Name] likes to be active and loves being outside. They have been horse-riding and rock-climbing. [Name] cannot tell me verbally, but staff have told us how they enjoyed the week. [Name] understands what is said to them and they show their excitement when we talk about what they have done."

People were supported to follow their hobbies and interests and to do the things that were important to them. One person told us, "I love to go out." 'Skills coordinators' were available to support people to follow their interests. We spoke with both of the skills coordinators and they could give a detailed explanation of people's wishes and how they supported them in achieving them. People were offered the opportunity to attend a local hydrotherapy pool and were supported to attend day centres to meet their friends.

We were told that people had requested a trampoline in the garden. The registered manager responded to this by ensuring that they purchased one that was big enough to take the weight of two adults. They told us they did this to ensure that people who were unable to use the trampoline alone and required the support of a member of staff were not excluded.

Seasonal parties were also planned for people. On the first day of our inspection a Halloween party had been planned at a local social club. The venue and the party itself had been provided for people free of charge. The party was planned in conjunction with two other homes within the provider's group of services. This encouraged people to meet others and to build lasting friendships with others outside of their own home. A relative told us they were always invited to attend special occasions and parties such as this one.

The registered manager told us that although they encouraged people to go out as often as possible to follow their own interests, the staff also responded to people's wishes within the home environment. They told us a person had a keen interest in their photographs, however, over time they had started to become damaged. They responded to this by providing the person with a projector which now displayed the photographs on the person's bedroom wall. We also saw the maintenance person had responded to people's wishes to have their bedrooms decorated in the way they wanted. One person for example had a keen interest in buses and they had been provided with a very large picture of a London bus on their wall. These were just two examples of how the staff responded to people's wishes to enable them to follow their interests within the home

People's needs were regularly reviewed and assessed and the reviews focused on what was important to each person. Records showed external professionals and relatives were included in the reviews when appropriate. Where changes were required to people's care and support these were discussed with them before being implemented.

Staff were provided with the guidance they needed to support people when they presented behaviour that may challenge. Each person's care records contained information for staff on how to prevent an incident from escalating, but if it did, how to respond to this. When asked, staff could explain the process they followed when responding to these situations. We observed one staff

Good

Is the service responsive?

member supporting a person who had started to lose their temper and to shout. The staff member was calm, responded in a patient way and successfully dealt with the incident.

Adjustments had been made to the environment to support people to lead as independent a life as possible. The registered manager told us that a person had recently had grab rails placed on the wall by the side of their bed. They said this was because the person had become reliant on staff supporting them to get out of bed. Now the grab rails were in place, the person was able to lift themselves without the support of staff, increasing their independence.

People were supported and encouraged to join in with the activities, discussions and meal times at the home to avoid becoming socially isolated within the home. However when people did not wish to join in, the staff respected their wishes.

People and their relatives were provided with the information they needed if they wished to make a complaint. A relative we spoke with said, "I have no complaints at all, in fact the opposite." Another relative said, "I recently made a complaint. This was addressed immediately and is no longer a problem."

The complaints procedure was recorded on the notice board within the home. The process used signs and symbols to explain to people how to make a complaint. However the procedure did not include the details for people if they wished to make a complaint about the care they received to an external agency such as the CQC. The registered manager told us they address this immediately.

We looked at the service's record of complaints and saw they had been dealt with in a timely manner.

Good

Is the service well-led?

Our findings

People, relatives and staff were actively involved with the development of the service and contributed to decisions to improve the quality of the service provided. A 'You said, we did' process was in place and showed the improvements or changes that had been made in response to comments received. The registered manager told us this was just one of the processes in place that enabled people to give their views. Regular meetings were held with people, their relatives and staff and annual questionnaires were also conducted.

We reviewed the responses of the latest questionnaires and found the majority of responses were positive. People who used the service had stated comments such as; 'All staff are very understanding and kind' and 'I am very happy living here'. Comments from relatives were also positive. One comment recorded said, 'The staff are wonderful, they all work very hard with all of the people who live there.' The registered manager told us they used the responses from the questionnaires but also from regular contact with people, relatives and staff to continually improve the service.

There was warm, friendly and open atmosphere within the home, where people and staff felt able to make comments about how the service was run. People were provided with information about the service and its development and were encouraged to contribute items to the home's newsletter and to the provider's blog. We saw one person had provided an update on how they grew vegetables within their garden. This was printed off for the person to keep and also displayed on the noticeboard within the home.

The registered manager told us they had an 'open door' policy and welcomed people, staff and relatives to discuss any concerns they had directly with them. People and staff spoke highly of the registered manager. One person who used the service said, "She is lovely." A staff member said, "The manager is lovely and very understanding. She gives good leadership, but also makes sure that everyone [staff] knows what to do."

Staff understood the values, aims and ethos of the service and could explain how they incorporated these into their work when supporting people. Staff told us they were handed a 'staff handbook' booklet prior to commencing work. This explained to them what was expected of them and the standards to which they must adhere to ensure that people received a high quality service.

People were encouraged to access the local community and other local services. People visited day centres, their local shops, pubs, cafés and supermarkets. This gave them continued access to the people that lived in their community. The registered manager told us the service took part in the annual National Care Home Open Day, where people from the local community were invited to attend the home, take part in activities and to meet the people who lived there.

People and staff were supported by a registered manager who interacted with them in a positive and calm way. We observed the manager speak with people throughout the inspection and people responded positively to them. The registered manager understood their role and responsibilities. One of these responsibilities is to ensure that the CQC is informed via a statutory notification if a person receives a serious injury. We found one example where this had not been completed. We were notified by the registered manager after the inspection that this had now been sent.

People were supported by staff who had an understanding of the whistleblowing process and there was a whistleblowing policy in place.

There were systems in place to ensure risks to the service, people and staff were identified in a timely manner and acted upon. The provider of the service carried out regular audits of the service and any actions identified were then provided to the registered manager to address them. We saw the registered manager had addressed the actions identified within this audit.

The registered manager told us they regularly discussed risk and how staff could contribute to reducing risk during staff meetings. They also told us that staff were made accountable for their decisions. They told us they planned to delegate tasks within the home to give staff more responsibilities and to aid their professional development. They told us a company reward scheme was in place to reward staff who provided excellent care and support for

Good

Is the service well-led?

people. The registered manager told us, “Anyone can nominate a member of staff and if successful they may be forwarded as a nominee for the ‘National Care Home Awards’”.

The risk of people experiencing harm was reduced because the manager had robust quality assurance processes in place. Records showed a number audits were conducted in areas such as the environment people lived, the quality of people’s care records and reviews of people’s finances. The registered manager had a clear understanding how they ensured that people and staff were safe at the home.