Four Seasons 2000 Limited

The Triangle

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

Summary of findings

Overall summary

The inspection took place on 30 August 2016 and was unannounced. At our previous inspection 20 August 2015 we found there were insufficient staff deployed to meet people's needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection on 30 August 2016 we found improvements had been made and there were sufficient staff to meet people's needs in a timely manner.

The Triangle is a care home providing accommodation for people requiring personal or nursing care. The service supports up to 25 people. On the day of our inspection there were 22 people using the service.

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.

The registered manager was extremely positively regarded by people, relatives, health and social care professional and staff. Their inclusive, person-centred approach resulted in a service that put people at the forefront of all it did. There was a positive relationship between the registered manager and business manager who were both knowledgeable about their areas of responsibility and worked closely to achieve positive outcomes for people using the service. The management team looked at ways to continually improve communication with people and their relatives. They sought ways to obtain people's views about the service. Feedback was used to continually improve the service.

There was a calm, cheerful atmosphere throughout the home and the inspectors were greeted positively by everyone. There were many caring interactions where staff showed genuine care and concern for people. People developed caring, meaningful relationships with staff and had made valuable friendships with each other. Staff treated people with dignity and respect. People's views were sought and valued.

People felt safe in the service. People were supported by staff who were knowledgeable about their responsibilities to identify and report any concerns related to the abuse of vulnerable adults. Care plans included risk assessments and where risks were identified management plans were in place to minimise the risk. Peoples' medicines were managed safely. The provider had recruitment processes in place to ensure people were supported by staff who were suitable to work with vulnerable people.

Staff were knowledgeable about Mental Capacity Act 2005(MCA) and supported people in line with the principles of the act. People were encouraged to make choices and choices were respected. Where people lacked capacity to make certain decisions a best interest process was followed.

People enjoyed the food and were given a choice at each mealtime. Individual dietary needs were identified and met. There were regular drinks and snacks made available. Where required people were supported to

access health professionals to maintain and improve their health.

Staff were well supported and had access to training to improve their skills and knowledge. Staff had opportunities to access qualifications in social and health care to aid their development.

Care was personalised to each individual and staff were knowledgeable about people's needs. Care plans identified people's likes and dislikes and their preferences in relation to their care needs. There was a complaints system in place and people were confident to raise concerns.

There were effective systems in place to monitor and improve the quality of the service. The registered manager and business manager were knowledgeable about all aspects of the auditing processes and were responsive to any concerns found, which were immediately addressed.

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.

There were sufficient staff to meet people's needs.

Staff were confident to raise concerns in relation to abuse of vulnerable people.

Medicines were managed safely.

Is the service effective?

Good

The service was effective

People were supported by staff who understood the principles of the Mental Capacity Act 2005 (MCA).

Staff were well supported and received training to ensure they had the skills and knowledge to meet people's needs.

People had access to health professional to maintain their health.

Is the service caring?

Good

The service was caring

People had developed caring relationships with staff.

Staff understood the importance of people maintaining their independence and encouraged them to do so.

People were treated with dignity and their choices were respected.

Is the service responsive?

Good

The service was responsive.

People's care plans were personalised and contained information to ensure their individual needs were met.

There was an activity coordinator in post who organised a variety of activities that interested people. People were positive about the activities provided.

The provider had a complaints policy and procedure in place. People were confident any concerns would be dealt with in a timely manner.

Is the service well-led?

Good

The service was exceedingly well led.

People, relatives, health and social care professionals and staff were outstandingly positive about the registered manager.

The partnership between the registered manager and business manager created an open, inclusive culture that put people at the centre of all they did.

Innovative ideas were used to improve communication and feedback about the service which resulted in improvements.

The Triangle

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 30 August 2016 and was unannounced.

The inspection was carried out by two inspectors.

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 well and improvements they plan to make. We looked at previous inspection reports and notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern.

During the inspection we observed staff interactions with people. We carried out a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing
care to help us understand the experience of people who could not talk with us.

We spoke with six people who used the service and three relatives. We also spoke to the registered manager, the business manager, the deputy manager, three care workers, activities co-ordinator, housekeeper and the chef.

We looked at six people's care records, including medicine records, seven staff files and records relating to the management of the home.

Good

Is the service safe?

Our findings

At our previous inspection on 20 August 2015 we found there were insufficient staff deployed to meet people's needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection on 30 August 2016 we found improvements had been made. People told us there were enough staff. One person said, "They always come quickly when I ring my bell". Staff were positive about the improvements in staffing levels. Comments included; "Yes there is enough staff now. We've suffered in the past but we are all good now" and "I think we are alright for staff, we don't use agency". The registered manager used a dependency assessment tool to calculate the number of staff required to meet people's needs and told us that staffing levels were set by the "Dependency needs of our residents".

Throughout the inspection we saw that any requests for support were responded to immediately. Staff were not rushed and had time to spend chatting with people. Call bells were answered promptly. We looked at rotas for a four week period and saw that assessed staffing levels were met.

Records relating to recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and Disclosure and Barring Service checks. These checks identify if prospective staff were of good character and were suitable for their role. This allowed the registered manager to make safer recruitment decisions.

People felt safe in the service. One person told us, "Oh yes, I am very safe". Relatives were confident that people were safe. Relatives comments included; "I don't worry about [person] at all here. No hesitation, absolutely safe" and "As far as I can see (person) is safe here. You have to trust people and I can trust them here".

Staff had completed safeguarding training and were knowledgeable about their responsibilities in relation to protecting people from abuse and reporting concerns. Staff were confident any issues raised would be taken seriously and were aware of the outside agencies they could contact if they felt concerns had not been acted upon. Staff comments included: "I'd go to [registered manager] and I can whistle blow. I would also call social services"; "I would report to the manager, the safeguarding team and the local authorities" and "I've had the training and I would report to my boss, the manager. I also have contact details for the local authority".

The provider had a safeguarding policy and procedure in place. Safeguarding records showed the registered manager followed the policy and referred safeguarding concerns to the appropriate external bodies.

Care plans contained risk assessments which included risks associated with: moving and handling; falls; nutrition; continence and skin condition. Where risks were identified there were management plans in place to manage the risks. The management plans detailed the support the person required in relation to the assessed risk. For example, one person's risk assessment regarding skin condition identified the person was at high risk of developing pressure ulcers. The management plan guided staff to keep the person 'clean and

dry' and to reposition the person at night 'every three to four hours'. In addition, pressure relieving equipment was recommended to manage the risk. We went to this person's room and saw pressure relieving equipment was in place. Daily notes evidenced the person's skin was regularly monitored and repositioning charts were maintained in line with the person's care plan. This person did not have a pressure ulcer.

People's medicines were managed safely. Medicines were stored in a locked trolley, within a locked room. The keys were held by the member of staff on duty responsible for administering medicines. The room temperature and medicine fridge temperature were monitored and recorded daily to ensure medicines were stored at the correct temperature. People's medicine administration records (MAR) contained an up to date photograph, people's medical conditions and any allergies. Where people were prescribed medicines to be administered 'as required' (PRN) there were detailed protocols identifying; the dose, the frequency and the indicators that the person may require the medicine. MAR were completed accurately and where entries were handwritten these were signed by two staff. There were regular audits of all medicines which identified any issues. Action was taken to address any areas for improvement. For example, an audit had identified that not all PRN medicines had protocols in place. These had now been completed.

Medicines were managed and administered by qualified nurses. We observed people receiving their medicines. The nurse checked people were ready to take their medicines and where people requested to wait, this was respected. The nurse spent time with people, encouraging them and explaining what the medicine was for. Where people were prescribed PRN medicines these were offered and administered if required. When people had taken their medicines the nurse signed the MAR to confirm they had been administered.

The service was clean and tidy. Staff were aware of infection control procedures and we saw staff wearing protective equipment appropriately.

People's safety was maintained through the maintenance and monitoring of systems and equipment. We established that equipment checks, water testing, fire equipment testing, hoist servicing, electrical and gas certification was monitored by the maintenance person and carried out by certified external contractors. We saw equipment was in service date and clearly labelled.

People's care plans contained individual fire risk assessments. The service had an emergency contingency plan which contained contact details of appropriate services to be contacted in an emergency.

Good

Is the service effective?

Our findings

The registered manager had a clear understanding of their responsibilities in relation to the Mental Capacity Act 2005 (MCA). 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 had a clear understanding of MCA and how to apply the principles of the act when supporting people. Comments included: "This is about people's capacity to make decisions and how they do it. I've picked up on people's facial expressions so I use this to help them"; "We have to act in people's best interests. I always assume they have capacity" and "I give people options and time to consider those options".

Where people were assessed as lacking capacity to consent to care and treatment and were considered to have restrictions to their freedom the registered manager had applied for a Deprivation of Liberty Safeguard (DoLS). People can only be deprived of their liberty so that they can 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 DoLS. The registered manager monitored the DoLS authorisation and ensured an application was submitted to the supervisory body before the end date of the authorisation.

People's care plans contained information relating to 'rights, consent and capacity'. Where people were assessed as lacking capacity to make certain decisions there was evidence to show a best interest process had been followed. For example, one person's care plan identified the person had capacity to make 'simple' decisions. Where more complex decisions were needed the person's care plan stated these would be discussed with family and health professionals. Where people lacked capacity to consent to care, consent had been confirmed with relatives who had a legal right to do so. For example, one person was being supported with bed rails. The care plan identified the decision had been discussed and agreed with the person's legal representative.

Throughout our visit we saw staff offered people choices, giving them time to make a preference and respecting their choice. For example, during the lunchtime meal we saw people's preferences regarding food and drink were respected.

New staff completed an induction period which included training in moving and handling, safeguarding, infection control and fire safety. Staff continued to have access to additional training to ensure they had the skills and knowledge to meet people's needs. Staff were supported to complete national qualification in social and health care. Staff were positive about the training received and were able to request additional training where they felt this would enable them to provide better quality of care. One member of staff told us, "I have found the training helpful. I asked for some specific training and I've been supported to do that". Another member of staff said, "I've had lots of training. I am now a trainer in moving and handling. If I ever ask for training it is always provided". On the day of our inspection an external training company were in the

service to support staff working toward qualifications. The registered manager was also arranging with the external company to deliver some face to face training following feedback from staff about the on-line training provided.

Staff told us they were well supported through regular supervisions and appraisals. Staff comments included: "I find they help with feedback which supports me to develop my practice"; "Yes I get supervision regularly. I do find them useful, I have completed my National Vocational Qualification (NVQ) level two and I asked to do level three. I have my interview for that this afternoon"; "I do actually find supervisions useful. It's an opportunity to raise issues and solve problems" and "Supervisions? They are fine, it's nice to have that one to one time to address things".

People were complimentary about the food they received. Comments included: "Food is excellent. Surprisingly so"; "Food is very good. Always plenty of drink and choice of two meals" and "The food is very good quality. Lunch is always exceedingly good".

The chef was knowledgeable about people's dietary needs. The chef told us, "I have a list of special diets for people, fortified or pureed meals, any allergies and their likes and dislikes. Staff regularly up-date this for me".

People's care plans contained details of their dietary requirements. For example, one person's care plan stated the person could eat independently but was at risk of choking. Guidance had been provided by a speech and language therapist (SALT). This included cutting the person's food into 'bite size portion'. We observed this person eating at lunchtime and saw their food had been prepared in line with this guidance. Staff we spoke with were aware of people's nutritional needs.

One person was at risk of weight loss and their weight was managed using a malnutrition universal screening tool (MUST). The person was regularly weighed and their meals monitored. Records showed the person was maintaining their weight.

We observed the midday meal experience. This was an enjoyable, social event where many people sat in the dining area. Food was served hot from the kitchen and looked 'home cooked', wholesome and appetising. People were offered a choice of drinks throughout their meal. People were encouraged to eat and extra portions were available. Where people required special diets, for example, pureed or fortified meals, these were provided. People who chose to remain in their rooms were supported to eat and drink in a sociable manner. Each course was taken to people's rooms as it was needed to ensure food was served at a suitable temperature.

People were supported to access health professionals appropriately to enable them to maintain good health. People's care records showed people had been supported by GP, care home support service (CHSS) and speech and language therapist (SALT). Visits by healthcare professionals, assessments and referrals were all recorded in people's care plans. One health and social care professional told us the service was, "Quick at communicating with us" when people's needs changed or there were any concerns relating to people's conditions.

Good

Is the service caring?

Our findings

People told us staff were caring. Comments included, "Staff are so kind. Extraordinary. Staff have amazed me"; Staff are great, nothing is too much trouble"; "Carers (staff) are excellent. We are like one big happy family" and "I am happy here. I like the staff, they are very good to me". Relatives were equally positive about the caring nature of the staff. One relative said, "Staff are caring, very much so. I cannot fault anyone of them. They are always happy and enthusiastic and they really connect with people here".

Staff had a caring approach to the people they supported and understood the importance of developing relationships with people. One member of staff told us, "I do have caring relationships with residents. We have a laugh and a joke together and I'm always pleased to see them". Another member of staff said, "We have good relationships. We get positive feedback from residents and families".

There was a cheerful, relaxed atmosphere throughout the day. We saw many kind and compassionate interactions. For example, one person was assisted into the dining room. The person was joking and laughing with staff and they were supported to sit at a table of their choice. Staff then made sure the person was comfortable before asking if they were ready for their meal. It was clear a bond of friendship existed between the staff member and the person. During the day we saw staff engaged with people at every opportunity. When staff walked through the lounge they acknowledged people with waves and smiles. Staff often walked up to people sat in the lounge, touched their hand and said hello. People responded to this interaction in a positive manner.

People were encouraged to be as independent as possible. For example, one person was trying to stand up from their chair. A member of staff immediately walked up to the person and gave some prompts to remind the person how to stand safely. The person was clearly pleased that they had managed to stand up unaided. Staff understood the importance of people maintaining their independence. One member of staff told us, ""If they can do it I let them, they benefit from being independent".

People were treated with dignity and their choices were respected. Care plans guided staff to promote people's dignity and respect. For example, one care plan detailed how the person required support with their personal hygiene. The person's personal outcome was to be 'clean and presentable'. Guidance to staff stated 'treat [person] with respect and dignity and provide privacy at all times'. We saw this person who looked clean and presentable. They were dressed appropriately, their hair was brushed and tidy and their nails were painted.

One person asked a member of staff to help them to the bathroom. The staff member spoke quietly to the person and assisted them discreetly. This promoted this person's dignity.

Staff told us how they ensured people's privacy was respected. Staff comments included: "I promote their dignity by keeping personal care private"; "With personal care I close doors, draw curtains and cover them up as much as I can. I knock on doors and respect their privacy" and "I always ask permission to enter their rooms. I ask all the time to make sure they are happy with what we are doing".

People's religious and cultural needs were recognised and respected. For example, one person's care plan detailed the person's religion and how they enjoyed maintaining their faith. Staff supported the person's religious beliefs by assisting them to attend services held in the home. Daily notes evidenced this was a regular event for the person. One record detailed "[person] enjoyed the monthly mass held in the lounge".

People were involved in their care and felt listened to. One person said. "I just have to say what I want and they do it. They'll do anything I ask". Where appropriate relatives or representatives were involved and kept informed in relation to people's changing care needs. One relative told us, "I am always kept informed. There are meetings every couple of months and I get a monthly email about [relatives] progress". Care plans showed people were involved in developing their care plans.

Good

Is the service responsive?

Our findings

People were assessed prior to admission to the service to ensure their needs could be met. People had been involved in their assessment. These assessments were used to develop personalised care plans that detailed how people wished their needs to be met. Care records contained details of people's personal histories, likes, dislikes and preferences and included people's preferred names, interests, hobbies and religious needs. For example, each care plan contained a 'my choices' document. This contained details about the person and how they wanted to be supported. One person had stated 'I like to have my meals in the dining room'. Another person had stated they 'like photography, sing a longs and watching activities'.

People's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people. For example, one person preferred to have their shower in the mornings. Daily notes evidenced this preference was respected. Another person required assistance with 'all aspects of washing and dressing' and needed two staff to support them. Daily notes evidenced this guidance was consistently followed.

Where people had health conditions that required specific support, this was detailed in their care plans. For example, one person had a long term leg ulcer. The care plan detailed the wound dressing required and the frequency it required changing. The wound assessment and care plan document showed the plan was being followed.

The provider supported people who no longer required an acute hospital setting but were not ready to return home to live independently. These were referred to as 'hub' beds. Care plans for people admitted into the hub beds detailed their clinical conditions and the support they required to enable them to return home. We saw records that showed the success of this service. One health and social care professional who supported the people admitted to the hub beds told us, "They [staff] engage with the therapy plans where we provide guidance. The care is really good and people are flourishing".

People told us they spent their days how they chose. One person said, "I can do as I please; we can go outside when we want to". We saw people supported to remain in their rooms where this was their choice. People who remained in their rooms were visited regularly by staff to reduce the risk of social isolation.

People were supported to develop and maintain relationships. Comments included; "I have made good friends here" and "It's lovely here, always someone to talk to". We saw that staff respected people's friendships and supported people to sit together. People told us friends and relatives were always welcome. One person said, "Visitors are always made welcome. They are always offered refreshments". Another person told us, "I am very lucky I have enjoyed lots of friends visiting me and they always enjoy coming". A relative told us, "I feel comfortable coming into visit".

There was an activity coordinator in post who organised activities that interested people. People were positive about the activities arranged and the activity coordinator. Comments included: "The activities are enjoyable. I've done some flower arranging which I really enjoyed. I can join in if I want"; "The activities are

good fun" and "[Activity coordinator] is wonderful, comes to see me every week". Relatives were equally complimentary about the activities. One relative told us, "[Activity coordinator] is brilliant. [Relative] has the choice to go out. [Relative] has just had a trip out into the garden with [activity coordinator]". One person had celebrated a birthday the day before our inspection. They told us they had a birthday cake and everyone sang happy birthday. They had clearly enjoyed the event. Activities arranged included; games, colouring, crosswords, hairdressing, manicures and events outside of the home, such as trips to local places of interest. People could also engage in one to one activities with staff as well as parties and events held in the home.

Care plans contained an 'activities lifestyle plan' which recorded any activities the person engaged in and how they enjoyed it. For example, one persons' record noted the person had engaged in a musical event. Staff had recorded the person enjoyed the event and 'seemed to know all the words' to the songs. Diaries of past activity events were completed and contained photographs of people enjoying a variety of activities. This included Christmas, birthday parties and outings people enjoyed.

People we spoke with were confident to raise any issues and were confident they would be dealt with promptly. One person told us, "You only have to tell [registered manager] and it would be sorted". Relatives were comfortable to raise any concerns. Comments included: "If I had a complaint I would see the person in charge. I'm sure they would do something about it as they seem very competent" and "[Registered manager] is really good at dealing with concerns. Initially there were some food issues but it was changed and sorted straight away".

Staff were clear about their responsibilities to support people to make a complaint if they wished to. Staff comments included; ""I know the procedure and would help someone complain" and "I would help with any complaints".

The provider had a complaints policy and procedure in place. We saw this was displayed in the service. There had been no complaints since our last inspection.

Good

Is the service well-led?

Our findings

There was a registered manager in post who had recently completed the registration process with the Care Quality Commission.

People were exceedingly positive about the registered manager. Comments included: "[Registered manager] is the most accommodating manager I have ever come across, wonderful at sorting out everyone's problems. She is amazing, makes herself available anytime you need her. More than listens; understands and takes action"; "[Registered manager] is really great, there if you need her and listens to you" and "Always there if you need her. She is very accessible".

Relatives were equally complimentary about the manager and the outstanding quality of the service. One relative told us, "[Registered manager] is brilliant; you can say anything to her. I can't fault it; it is lovely, really nice. They need a medal it's so brilliant".

One health and social care professional was positive about the management of the service and the quality of the care. They told us, "[Registered manager] is a really good manager; very compassionate. Has a quiet, calm approach which creates a calm environment. They are flexible but won't stretch too far if it is not safe for people (This was in relation to whether the home could meet the needs of new people being admitted to the home). [Registered manager] makes safe rational decisions. I can't praise them enough; I would put my relative in here".

Staff praised the leadership of the registered manager. Staff comments included: "She is brilliant. She has supported me right from the start"; "[Registered manager] is lovely. She treats us as equals and will pitch in to help. She very hands on"; "I love her (registered manager). She is brilliant, easy going and easy to approach. She is a very hard worker but very helpful as well"; "She's lovely, definitely supportive. You can talk to her" and "She is nice and very fair as well".

The registered manager was continually looking for ways to improve and had identified the need to be more available to people, relatives and staff. The registered manager had implemented a post of a business manager to support them. The registered manager worked in partnership with a business manager. It was clear this was a positive relationship that benefitted the people in the service. The registered manager told us the support from the business manager enabled them to concentrate on the needs of people in the service, the quality of the care and supporting staff.

The registered manager and the business manager were passionate about ensuring they provided high quality care to people living in the service. They spoke with enthusiasm and energy when speaking about improvements they had made since the last inspection and the on-going improvements planned.

The registered manager promoted an inclusive culture that ensured people and their relatives were encouraged and supported to feel the service was their home. Through the day there were many references to the 'homely' feel of the service and that everyone was 'one big family'. This was evident when speaking to

people, relatives and staff about a recent BBQ. Everyone was positive about the event and people enjoyed talking about it. The inclusive culture of the service was also evidenced through relatives of people who no longer lived at the service continuing to visit and to be involved in events. One person who had accessed the service through a hub bed continued to visit people they had made friends with when being supported in the home, even though their stay had been many months previously.

There was an open, inclusive culture that put people at the centre of all the service did. One member of staff told us, "Yes we are open and honest. We all get on really well and I would have no fear in owning up to a mistake. There is no culture of blame here". Another member of staff said, "It's about the person as everyone is different".
Throughout the inspection there was a positive atmosphere where everyone was eager to speak with the inspectors and tell us their views. We heard one member of staff telling a person who we were and why we were there. The staff member was supportive and told the person "It is all positive. If they [CQC] find things we could do better then that's good".

The registered manager had introduced systems to support communication both within the service, with relatives and with external agencies. The registered manager was constantly looking for ways to improve communication and to seek feedback about the service. The registered manager had recently introduced monthly updates for relatives. These were done on an individual basis and included information about the service and people living in the service. Where people did not want relatives to receive the monthly updates this was respected. Feedback about the monthly updates had been positive. One relative said, "I feel more involved".

The registered manager had introduced a notice board in the main entrance which included all staff photographs. The photographs were magnetic and enabled the board to display which staff were on duty each day. The registered manager told us this was to help both relatives and people living in the service to recognise staff and help develop relationships. On the day of our inspection the photographs of all staff on duty were on display. We saw that positive feedback had been received about the noticeboard at a recent meeting for people and their relatives. The registered manager held regular meetings for people and their relatives which enabled them to discuss any issues and offer suggestions about improvements.

There was an electronic feedback system in the main entrance of the home. This was a quick and easy way for people and visitors to the home to give feedback about the service. The electronic feedback went to a central location and then feedback was sent to the registered manager. If any concerns were raised about the service this was fed back to the registered manager immediately with strict timescales set for response. The feedback we saw was unreservedly positive and included comments: 'Has an incredibly homely feel and wonderful care'; 'From the first meeting in the home we have been encouraged to be involved in all aspects of [person's]care'; 'Very knowledgeable manager'; 'Staff are very kind and helpful' and 'Very friendly and great care'.

The provider carried out surveys twice a year. The records confirmed the registered manager acted promptly to ensure people's wishes were addressed. A concern that had been regularly raised was the lack of outdoor space for people. The registered manager recognised outdoor space was limited but took innovative steps to make the small area available an enjoyable space for people. Attractive outdoor furniture had been placed near the main entrance. The registered manager told us this had been so well received that a second table and chairs had been added at the request of a relative. During our inspection we saw people being supported to enjoy the area and several relatives spent time during their visits sat outside with people. The registered manager had also arranged for the limited space at the back of the home to be fenced and raised beds had been constructed. We saw that feedback at a recent meeting with people and their relatives had

been extremely positive.

There were effective systems in place to monitor and improve the quality of service. The provider had auditing systems in place that included audits of care plans, medicines, training, staff supervision, accidents and incidents and environment. Where any issues were identified action plans were developed to ensure issues were addressed. The registered manager and business manager were knowledgeable about the system and all issues that had been identified and addressed. For example, the number of staff completing training had been identified as low. The business manager had sent out individual letters to staff identifying the training they needed to complete, a date it should be completed by and the importance of the training being completed. We saw that the figures on the next month's audits were significantly improved.

Staff were positive about the learning culture promoted by the management team. Staff comments included, "We share information at handovers and learning is shared at staff meetings. The manager also keeps us informed". Staff felt listened to and involved in the home. This meant the service promoted a culture focused on continuous improvement and development.

The registered manager promoted a culture of learning and improvement for staff. The registered manager kept their skills and knowledge up to date by attending training and completing appropriate qualifications. On the day of our visit the registered manager was enrolling to commence their Level 5 Diploma Leadership for Health & Social Care. The registered manager told us this was not a requirement of the role but that it was important to keep skills and knowledge up to date and to set a good example to staff.