Genesis Residential Homes Ltd

Dothan House

Inspection report

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Romford
Essex
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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

This inspection took place on 2 & 15 August 2016 and was unannounced on the first day but not the second day. It was carried out by one inspector and an expert by experience on the first day and by one inspector on the second day. The service had been previously inspected in October 2014 when it had met all the regulations.

Dothan House is registered to provide accommodation and support with personal care for up to nineteen people. On the first day of our inspection seventeen people were using the service, most of whom were living with dementia. The service is provided in a detached house with a garden. Some rooms have en-suite facilities and some rooms have hand basins. There are communal bathrooms for people to use. There is a lift for people who have rooms upstairs.

At the time of the inspection there was a registered manager at the service but they had left their post to take up a more strategic role with the provider earlier in the month and were no longer in day to day charge of the service. An interim manager had been in charge of the home since then. The interim manager will make an application to the Care Quality Commission to become the registered manager once the current registered manager cancels their registration. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were happy with the care and support they received. The relatives we spoke with were complimentary about the service, one relative had recommended the home to three other families.

Staff knew how to keep people safe from abuse and from other risks to their health and wellbeing. Medicines were managed safety and arrangements were in place to keep people safe in an emergency. Risks had been identified and strategies put in place to address them. Staff knew how to respond when people became upset and how to calmly support them in accordance with their care plans.

There were enough staff to meet the needs of people throughout the day and different activities were planned depending on the type of activity people were best able to enjoy.

Staff were attentive and caring and treated people with dignity and respect.

People's needs were assessed and reviewed regularly. Care plans were updated as people's needs changed.

Staff were supported by having supervision and training and we saw that people updated their knowledge to enable them to provide best care and support to people. However, we noted that staff had not had a formal annual appraisal to help them reflect on their achievements and their learning and development needs.

We have made a recommendation about the service setting up regular annual appraisals for staff.

Staff ensured that people had good nutrition and hydration that met their dietary needs. Staff ensured that people had prompt and appropriate access to healthcare professionals as this was needed. Staff followed the advice given to them by the healthcare professionals in order to best meet each person's individual needs.

There was a clear management structure in place. People and staff told us they found the interim manager approachable.

There were systems in place for people and their relatives to make comments, compliments and complaints about the service and we saw examples of where these had been acted on.

There were regular health and safety checks and audits to ensure the quality of care and the safety of the premises.

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 systems in place to ensure that people were supported safely by staff.

There was an effective recruitment procedure and there were enough staff to keep people supported safely.

Medicines were managed and administered safely.

There was a cleaning schedule in place and the premises were regularly checked for safety.

Is the service effective?

Good

The service was effective

People were supported by staff who had the necessary skill and knowledge to meet their needs. Staff had training and were supported through supervision and regular staff meetings. We have made a recommendation about staff having annual appraisals.

Staff had attended training about the Mental Capacity Act 2005 (MCA) and systems were in place to ensure that people were not unlawfully deprived of their liberty.

People were helped to eat and drink sufficiently and staff made referrals to health care professionals appropriately and followed the advice given.

Is the service caring?

Good

The service was caring.

People were treated with kindness and respect.

We saw that staff knew people well and knew people's likes and preferences.

Staff provided caring support to people at the end of their life.

Is the service responsive?

Good

The service was responsive.

Staff supported people according to their care plans.

There were regular activities provided according to people's strengths and needs and relatives were encouraged to join in with events at the service.

People and their relatives knew how to make complaints if they needed to and were encouraged to make suggestions.

Is the service well-led?

Good

The service was well-led. There was an interim manager in place and they were supported by a deputy and seniors.

People and their relatives told us they could approach the management team knowing they would respond.

There were regular quality audits about the quality of care and the safety of the premises.

Staff were clear about their roles and responsibilities and a number of staff had lead roles in key areas. These staff met regularly with the interim manager to look at areas where the service could develop and improve.

Dothan House

Detailed findings

Background to this inspection

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

This inspection took place on 2 &15 August 2016 and was unannounced. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of caring for someone who uses this type of care service.

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 also viewed reports of quality assurance visits carried out by the London Borough of Havering as well as an enter and view report by Havering Healthwatch.

During our inspection we looked at five people's care plans, three staff files, supervision and training records. We looked at records relating to the safe maintenance of the service and at the service accident and incident records. We looked at recently returned questionnaires that relatives had been asked to complete by the service. We spoke with seven people who used the service, four relatives and a visiting hairdresser. We spoke with the registered manager, the interim manager, the deputy manager, one senior care assistant and three care assistants.

Good

Is the service safe?

Our findings

People told us they felt safe at the service. One person said, "Oh yes, we are sat up here and we feel perfectly safe." Another person told us, "I feel safe, I have a zimmer frame but I can walk, it is just for my safety." The person's relative confirmed, "My relative did have a fall a couple of months ago but we were informed as soon as it happened. She was given a walker after that happened." One person told us, "They actually look after you, if someone upsets you they help you." One relative told us, "It is definitely safe, they have people with challenging behaviours but they [the staff] are so good with them, the way they deal with it is caring." The relative went on to tell us about an incident they had seen and how well the staff dealt with it, saying, "Staff were so good with them, they calmed the situation well."

People were kept safe from harm because staff understood the different types of abuse and they were able to tell us what they would do it they witnessed any abuse. Staff told us that if they noticed another staff member behaving in a way that was not respectful they would speak with them directly about it but if they saw something more serious they would report it immediately to the seniors and the interim manager. Staff were confident that the seniors and interim manager would act promptly. Staff told us they had training in safeguarding adults and challenging behaviour and records confirmed this. Safeguarding alerts had been made appropriately to the local authority safeguarding team.

People's care plans contained risk assessments which were relevant to each individual and gave staff guidelines on how to support people in relation to those risks. Risk assessments were reviewed regularly and new risk assessments were made when changes occurred. An example of this was when one person was having problems swallowing and staff had carried out a risk assessment for their nutrition and hydration. Where accidents and incidents had occurred these had been recorded and investigated. These records had been reviewed to look at frequency and patterns and where issues had been identified they had been resolved. An example of this was the frequency of one person's falls which led to referral to a specialist falls team and the GP.

People had personal emergency evacuation plans (PEEP) in their care folders which meant that staff were aware of the procedure to follow for each person should they need to evacuate the service in an emergency. A copy of each persons PEEP was also kept in a folder by each fire exit. Fire alarm systems and emergency lighting were regularly tested and we saw the last inspection had been carried out on 3 May 2016. Health and safety checks were completed regularly and the provider took appropriate actions to ensure people were kept safe from foreseeable risks. People lifting equipment was regularly serviced. On the first day of our inspection the lift wasn't working which meant that two people weren't able to join the others downstairs so the provider had called in extra staff to make sure their care needs were met. By the time of our second visit the lift had been repaired.

There were ample staff in the service to meet people's care needs. We found five care staff were on duty during the day time and two waking care staff on duty overnight. The previous registered manager had carried out unannounced night time checks and early morning checks in order to be assured that people were safe at night. There was always a senior person on duty during the day time. People and their relatives

told us there were enough staff. One person told us, "Yes indeed, I haven't found a problem with it." Another person told us, "I definitely get all the help I need here, they are very good the staff." One relative told us, "I have always seen enough staff, there was a little turnover recently but they have taken on others who are very experienced."

People were cared for by suitable staff because the provider followed safe recruitment procedures. The provider obtained two references for applicants and interviewed them about their past work experience and their training. They carried out relevant checks when they recruited staff to make sure they were suitable to work with people who used the service. This included disclosure and barring service (DBS) checks which were completed before staff could start work in the service.

Appropriate arrangements were in place for the administration, storage and disposal of controlled drugs, which are medicines which may be at risk of misuse. Systems were in place to ensure that the medicines had been ordered, stored, administered, disposed of and audited appropriately. Medicines were stored in a locked trolley.We saw that some people had guidelines in their care plans for using medicine on an as required basis (PRN) and guidance about pain management and control.

Staff understood their role and responsibilities for maintaining high standards of cleanliness and hygiene. We saw that the service had a cleaning schedule and a daily cleaning checklist and regular audits were carried out by the interim manager to ensure that the work had been done. There was also a deep cleaning schedule and a monthly mattress maintenance schedule. Aprons and gloves were kept discreetly in people's rooms for staff to use if they were responding to an emergency situation.

Providers of health and social care have to tell us of important events which take place in the service. Our records showed that the provider had told us about such events and had taken steps to make sure people were safe.

Good

Is the service effective?

Our findings

Staff knew people well and were able to explain people's individual care needs and personalities. One person told us, "They know I like singing and dancing, they take me sometimes." A relative told us, "They all come across as good staff, they build a good rapport. I am perfectly happy with everything in the six months my relative has been here." One relative told us, "I will say it is not the poshest of homes but the care is fantastic. A few years ago they invited people to a Christmas do and I was impressed by the care here, we started off with day care and then as [my relative] deteriorated they moved in."

People were cared for by staff who had training to enable them to do their jobs well. Staff told us they had received training in dementia awareness, safeguarding, mental capacity, fire safety, moving and handling, oral care, first aid, challenging behaviour, diet and nutrition, care of substances hazardous to health (COSHH), medicines administration and infection control. We saw the staff training matrix which confirmed that people had refreshed their training appropriately. One care assistant told us, "You learn a lot here, there is ongoing training, it's really good." The deputy manager was working to attain a qualification in leadership and management and told us they had been encouraged to do this by the previous registered manager. The interim manager told us they were a qualified trainer and had been involved in research into dementia with Sterling University. They told us, "The caring environment is a life long learning environment, training is my priority."

There was a formal induction procedure for new staff. Staff were given a person centred care model induction booklet which was a comprehensive booklet that explained how staff could provide person centred care. The booklet included guidance on how to uphold people's dignity and privacy, good communication, how to support good nutrition and hydration and how to support people with good continence care. The booklet encouraged staff to promote people's wellbeing, to use people's strengths and encourage positive communication and build meaningful and caring relationships. One senior care assistant had returned to work after taking maternity leave and had gone through the induction process again in order to ensure that their skills and knowledge were updated in order to provide best care to people. They told us, "The care here is definitely person centred." One newly appointed care assistant told us they had found the induction very helpful as they spent their initial week meeting and getting to know the people and shadowing experienced staff. The interim manager told us they had recently given a presentation to staff about the care certificate common induction standards and told us that it was now the policy of the service for all new staff to complete the care certificate fifteen standards. This nationally recognised induction model helped new staff develop and demonstrate skill, knowledge, values and behaviours which would enable them to provide people with safe, effective, compassionate care.

Some staff held lead roles which meant they had responsibility for key areas of the service. This helped them develop their knowledge and skill. There was a dementia champion, a dignity champion and other staff held lead responsibilities for safeguarding, nutrition, infection control, oral health and activities. The interim manager along with another member of staff held lead responsibility for a keyworker system which meant that staff got to know individual people really well in order to support them better. The staff with lead roles regularly met with the interim manager to discuss any issues. They were responsible for ensuring that staff

knowledge was kept up to date in these key areas and were involved in training and testing staff knowledge.

There was a staff handover meeting every day at 2pm to ensure that new staff coming in could fully appreciate people's individual needs and changes to their needs to provide them with effective and caring support.

Staff were supported in their work by regular supervision. There were regular staff meetings and we saw that these were used to refresh staff knowledge and discuss any concerns. However, we noted that staff had not been given regular annual appraisals. Although staff had regular supervision and training they missed out by not having dedicated time with their supervisor to review all they had achieved over the previous year and to set agreed goals for the coming year. An annual appraisal would also have given staff and management a formal time to identify any training and development needs that could lead to them providing a better service.

We recommend that the service implements a formal annual appraisal system for all staff.

People's consent to care was sought in line with legislation. Staff had a good understanding of the requirements of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). 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 made on their behalf must be in their best interests and as least restrictive as possible. Staff were able to describe to us how best interests decisions could be made in practice. We saw that staff gained people's consent before they provided any care and support and staff were able to tell us how they gave people choices. One person told us, "They won't do anything without our say so." One person told us, "I can do everything for myself but if you want any help straight away you can get it." Another person told us, "That is all done very well here, I can make my own choices about what I want."

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS) We found that the previous registered manager had taken appropriate steps to apply for authorisations to deprive people of their liberty where necessary. The service supported a number of people whose behaviours could be difficult to support at times. One relative explained, " With frontal lobe dementia [my relative] is very challenging and hits out, they hit me the other day. The staff are very, very skilled. Staff can give them medicine to calm them but only do this when it is really necessary."

People were well supported with nutritional needs. We saw that people always had cold drinks by them and were encouraged to drink. There were snack baskets containing fruit and crisps in the communal lounge. One person told us, "It is very good, very clean, if I asked for a snack I know they would give me something." Another person said, "I think it's pretty good, you can't complain really, you can ask for something if you get hungry between meals and they give you some fruit or something. They won't let you starve here." One relative told us, "The food looks good and [my relative] has never complained about not getting enough to eat here. They always make sure I have some afternoon tea too when I'm visiting." Another relative told us, "They encourage [my relative] because otherwise they won't eat." We saw that individual preferences had been observed by the staff as they had served one person with an alternative meal, knowing that they didn't like fish, which was the main lunch option that day. The lunch we observed was relaxed and pleasant. Staff were very interactive and encouraged people to eat, particularly one person who didn't eat much of their meal. We saw that they made conversation with each of the people eating lunch and appeared to know

them well as individuals. People all told us they had enjoyed their meal.

The service was supporting some people who had dysphagia and were at risk of choking. Some people required fortified food. Crockery was colour coded to make sure that people received their food and drink in the correct way to suit their individual needs. There was a chart in the kitchen to make sure that correct colour crockery was used and lists of individual likes and dislikes.

People's individual dietary needs were also recorded in their care plans and we saw that some people had a nutrition action plan and a malnutrition and dehydration risk assessment. The deputy manager who had the lead role for nutrition had recently given staff training about how to recognise signs and symptoms of dysphagia and had invited in professionals from a speech and language therapy (SALT) team to give training to staff about how best to support people who were at risk of aspirating or choking. One person's family had also been invited so they could understand what support the person needed when they were out with family. The deputy manager had also tested staff knowledge about nutrition and oral health. The service undertook a monthly audit of people's weight, BMI and malnutrition risk screens. If any weight loss was noticed the service informed the person's GP and a referral was made to a dietician

People had access to health care when it was needed. Care records showed that the service had made appropriate referrals to health professionals including dieticians, speech and language therapists, continence nurses, occupational therapists, opticians and dentists. A regular audit was made to check this had been done. The service was visited by an optician twice yearly. People told us, "The doctor comes round often to see various people here, if you are unwell you can see one without a problem." One person said, "If I said I didn't feel right they'll say certainly we'll get someone to take a look at you. All you have to do is ask. Sometimes we have foot inspections here, the gentleman is very good." One relative told us," I have had concerns about the way [my relative's] dementia is progressing, the staff have contacted a specialist." Another relative told us, "The staff spotted [my relative] had a urinary tract infection straight away and the GP prescribed antibiotics."

The service worked hard to develop and improve the care and support they provided to people with dementia. An example of this was how they had painted one person's ensuite toilet and bathroom wall red. This was to make sure the white toilet could be easily seen and recognised by the person as they had been having problems with this. There were plans to introduce new lighting into the service which would reflect natural daylight hours including the communal lounge which had dim lighting.

Good

Is the service caring?

Our findings

People and staff were happy in the service. We saw many examples of staff providing support with compassion, sensitivity and kindness. One person told us, "It is very friendly here, the staff are great, everyone's great. I don't think you could live at a better place. It's good here." One relative said, "The staff are all so kind, I don't know how they can be happy all the time. One of them comes and gives [my relative] a big hug, things like that are nice. They know [my relative] really well."

Staff responded to people promptly and used their knowledge of individuals to interpret needs. For example, we saw one person holding their tummy and the deputy manager immediately knew this meant that they wanted to use the toilet and went with them to facilitate this safely. One person told us, "The staff here are lovely, we have a good laugh." Another person said, "It is a very friendly place, we don't have any problems." Another person said, "I'm happy, I couldn't be happier, you've got everything you want." One relative told us, "The atmosphere when you come in is lovely." Staff were happy working there and one told us, "I really love these people, they are like my family."

On the first day of our visit people had been due to go out for the day but this had been cancelled due to poor weather. Other activities were arranged instead. On the day of our second visit there was a music therapy session going on. Staff really got involved in supporting people to take part in this, helping those that could to get up and dance. People were singing along and those that were sleepy were approached throughout the session to see if they wanted to join in. One person was very sleepy as their days and nights were in reverse due to their dementia and staff held their hand and checked on them. Staff made sure that they gave some individual time to each person in the room. One person went for a walk in the garden during the music therapy session and a member of staff noticed this and went outside with them for company. They returned later and re-joined the activities. Other people had gone out for the day with support from staff and relatives.

We spoke with a visiting hairdresser who told us, "The staff are excellent, it is like a family feeling here. When the girls start a shift they go round to every resident and say hallo. I would recommend it."

We saw that staff knew people well and were compassionate and sensitive in their approach. They encouraged people to do what they could rather than just wait for care. Relatives were welcomed and encouraged to stay involved as much as possible with their loved ones. Thought and sensitivity was given to partners of people who were living with dementia in the service.

Staff did not seem rushed in their interactions with people and one person told us that they observed that staff were always calm and respectful even when people needed help to calm them.

People were encouraged to form friendships and converse with each other as they were able. One person told us, "We have each other, we sit here and have a good old chat most days." Another person said, "I sit about and listen to everyone talking and having a gas. Walk about and talk to one another, that's what we do here."

People told us they could have privacy when they wanted it. One person told us, "When our friends come we go into a separate room but we can sit out here if we want." Another person told us, "If you want privacy you can get it." The communal bathrooms had reminders for staff to stop and think about dignity and privacy for people when they were assisting them to use the toilet and bath.

People were encouraged to do things that maintained their independence. We saw that one person liked to help sweep up after lunchtime and that staff validated how useful this was. One relative told us, "When [my relative] first came in she used to fold up the laundry."

Care plans included sections on knowing me, my past, my life history, my present and my preference for how I like things done. The service had used the Alzheimers Society "This is Me" template to facilitate people's involvement in planning their care. People told us they knew they had a care plan. One relative told us, "We know [my relative] has a care plan and it has been reviewed at least twice." Care plans included spirituality and emotional wellbeing. People's spiritual needs were respected and there was a regular Christian service for those who wanted to take part. One person told us, "They do have services here." One relative told us, " They have prayers here [my relative] is religious so it's good they have a service here."

Staff had been trained in how to support people in end of life care. The staff spoke with people and their families about their choices and wishes for end of life care. We saw that people's care plans included information about this. The service had developed a pictorial image to use in people's rooms when they were nearing the end of their lives. This gave staff a visual cue to remind them about quietness around the person if this was needed. People had plans to allow a natural death in their care folders, with do not attempt to resuscitate forms when this had been agreed with them, their families and their GP. The service used a six step process and advanced care planning and made referrals to a local hospice when appropriate. Some staff had attended the local hospice for training in how to support people using the "Namaste" end of life care programme for people with dementia.

Good

Is the service responsive?

Our findings

One relative told us, "The staff are very good at noticing things, one day [my relative] wouldn't come out of their room and they thought they might have a urine infection and did a test and called the GP." Another relative told us, "We looked at quite a lot of homes, this one came across as more friendly and [my relative] settled in almost straight away. The staff know how to calm them."

Relatives were actively encouraged to visit and attended the activities at the service. One relative told us, "The staff are very friendly, they always make a point of speaking to me. I visit any time I want, I just turn up. They always make me a drink and they never forget about you." Another relative told us, "I am quite involved, I take them out to singing for the brain. The staff are very friendly towards me and you could talk to them about any concerns. I really do recommend it."

We were told, "They changed [my relative's] room, they had an en-suite which they weren't using so now they are in a room with a toilet opposite which is like it was at home."

People told us they could complain to the interim manager, deputy manager or the staff if they needed to. There were signs about how to make a complaint for people to see. People told us they hadn't had to complain about anything. One person told us, "I've never had a problem here." Another person told us, "Couldn't find anything to find fault with them." We saw that the previous registered manager had carried out an audit of complaints that had been made during 2015 and the action they had taken and outcome of the complaint. We saw that action was taken by the management team to learn from complaints and improvements where necessary. One relative said, "I haven't got any complaints. I'm up here every day."

Relatives had made suggestions about the décor and one relative had painted some murals on the walls. We were told, "We've had a lot of contact with the dementia lead here, my sister painted the walls recently to make them more dementia friendly." Relatives had also made suggestions about the garden as there was an austere looking gate at the back and they had suggested putting a trellis over it. Staff had put thought and sensitivity into plans for partners of the people who used the service. They had invited partners to a valentines day lunch and arranged roses and chocolates for them. There were trips out for people who wanted and relatives were invited to join in. Some families who were able, took their relatives out so they did things outside of the service.

The staff were working to improve the quality of life for people with dementia. There were two different rooms used for people with different needs. People who were quite active and able, used the conservatory room for much of the day where staff planned activities that were stimulating and encouraged people to carry out tasks, have conversations and express their views. People who had more advanced dementia were supported in the lounge by staff who planned activities that were more sensory. One relative told us, "They do sensory activities with [my relative] to keep them busy." Some activities were arranged for all the people to join in such as the music therapy session we observed. Staff tried to encourage people to take part as much as they were able. One person told us, " We do some reminiscence things too, like what my wedding day was like, it's nice to remember the past." Another person told us, "We did some cake making, a madeira

cake and we made jelly once. I don't get lonely here." The service invited entertainers to celebrate people's birthdays and other special occasions and relatives were encouraged to join in. Entertainment was arranged at the service and there were trips out throughout the year.

We viewed people's care plans and saw they had been developed from the information provided during the assessment process. They had been reviewed and updated as people's needs changed. Care plans included information about people's backgrounds and life histories. Care plans gave staff guidance about how to best support people, for example one person's care plan described how they tended to walk when they were distressed and how staff should use talking therapy and reassurance to calm them. The care plan had detailed when medicines could be used to help calm the person if diversion didn't help. Staff followed the advice of specialists in helping to support people through use of medication. Another care plan gave staff guidance on using disengagement techniques with a person who may become aggressive and how to allow the person to have space and time to settle with the aim of understanding what had caused the behaviour. The staff were guided to implement a person centred approach to reduce the person's agitation and anxiety. Another care plan identified that one person had bouts of low mood but would be unable to express why and guidance was given about giving reassurance through singing to the person to make them feel safe. Care plans contained information about different types of dementia such as Picks disease in order to help staff understand how best to support people with different types of dementia.

Staff told us that if someone new was thinking about moving into the service they were invited to visit and come to lunch to help them make their decision.

Good

Is the service well-led?

Our findings

People and relatives made positive comments about the management of the service. They were only just getting to know the interim manager who hadn't been at the service for very long. One relative told us, "I think it's well run and we have meetings." A visiting hairdresser told us, "The new manager is very pleasant, very helpful." One person told us, "We get on alright with the staff, the manager is a very nice man always comes and asks if we are alright. If there is anything wrong we could tell him, he is always there if you want him." One member of staff told us, "I would go to him if I had a problem." Another staff member told us, "I do feel supported. The new manager seems very nice." Another member of staff told us that the management were friendly and the proprietor visited every week.

At the time of our visit the interim manager had only just taken over responsibility for the day to day running of the service. There had been a six week handover period with the registered manager who was taking on new responsibilities within the organisation. The interim manager was being supported by the deputy manager who understood the running of the service very well and whose approach inspired the staff to provide a quality service. The deputy manager played a fundamental role in the consistency of the service during the management change. The interim manager was also supported by the proprietor who visited the service regularly and the registered manager still visited the service as part of their new role. The registered manager was in the process of cancelling their registered manager status to enable the interim manager to apply to take up the role.

There was a clear management structure in place and the system of staff having lead responsibilities seemed to be working well and gave staff an opportunity to develop their own learning and confidence. The seniors met regularly with the interim manager and staff were aware of their responsibilities. Staff told us they reported all incidents and accidents and relatives were kept informed of these. Relatives confirmed that they were informed immediately about anything concerning their family members. The support provided by the staff was personal to each individual and designed to enhance people's lives and staff clearly knew each person well.

Staff told us they felt supported and suggestions they had made had been taken onboard by the previous registered manager. For example, staff had noticed that people didn't always want tea and cake so a wider choice was provided of yoghurt, fruit and crisps. Staff were motivated to treat people with compassion, dignity and respect and we saw reminders about the vision and values of the service on walls throughout the service. The member of staff with the lead for activities told us that when they had asked for equipment, such as a foot spa, this had been provided. The staff had developed the pictorial images used throughout the service including the symbol used to identify when someone was nearing the end of their life.

The service met the requirements of their registration with CQC and submitted notifications of events that affected the service as required.

The service had a system of regular audits to both monitor the quality of care and the safety of the service. The regular audit of accidents and incidents had enabled the staff to identify patterns and resolve these by

involving other professionals appropriately. For example, identifying falls risks and seeking support from a specialist falls team to address these. The provider arranged for external auditors to visit the service regularly and suggestions had been made for physical improvements to the premises. Work had started on this and a new lobby arrangement had been made to make a welcoming entrance to the service as the front door was very close to the main road.

The local authority had made recommendations for some improvements at a quality assurance visit they had made in February 2016. The quality officer had made a follow up visit in July 2016 and found that most of the requirements had been met but not all. For example, the fitting of a call alarm in an upstairs bathroom was still outstanding. The quality officer had asked the service to provide a brief action plan to ensure that the outstanding issues were addressed and the interim manager was working on this at the time of our inspection. The absence of annual appraisal systems had been identified by the interim manager who was planning to implement these.

The service sought and received feedback from people who used the service and from their relatives. There was a suggestions box for people to use and relatives were asked to complete a survey. We looked at a sample of the surveys returned and saw comments such as, "Nice smell when coming through the front door. It would be good to see a list of carers' names with their photograph." The previous registered manager had contacted the family and explained that the board had been temporarily removed for decorating and would be returned once this was complete. Another comment made was, "We are very pleased to see [our relative] looking and feeling so well and happy. All staff members today are kind and caring." One relative told us, "I completed the questionnaire and I know staff would listen, I speak to them all the time." Another relative told us, "They do meetings, yes. I don't always attend but they ask you if you have any comments to make." Another relative said, "We have satisfaction surveys after the meeting usually." People were involved in residents meetings and told us they were asked for their views. One person said, "Sometimes there are meetings." Another told us, "They talk about what we want and all that. It's nice here I like it." Another person said, "I haven't had any suggestions to put forward but if I did I would."