

# National Society For Epilepsy(The) Greene House

## Inspection report

The National Society for Epilepsy  
Chesham Lane, Chalfont St Peter  
Gerrards Cross  
Buckinghamshire  
SL9 0RJ

Tel: 01494601374

Website: [www.epilepsysociety.org.uk](http://www.epilepsysociety.org.uk)

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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 21 and 23 February 2017. It was an unannounced visit to the service. This meant the service did not know we were coming.

Greene house is a care home which provides accommodation and personal care for up to fourteen people with epilepsy and other associated conditions. At the time of our inspection there were eleven people living in the home.

Greene house is a listed building. People's bedrooms and communal areas are on the ground floor. The registered manager and administration offices are situated on the first floor.

There was a registered manager in post. 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 home was previously inspected in January 2016. At that inspection it received an overall "Requires Improvement" rating and recommendations were made to improve some areas of practice.

At this inspection we found the recommendations made at the previous inspection had been actioned and the service was safe, effective, caring, responsive and well-led. People and their relatives were happy with the care provided. A relative told us the home offered a personalised service. They commented "The keyworker knows how to motivate, encourage but also knows how to avoid behaviours that challenge". People and their relatives described staff as kind, caring, friendly and tolerant. People were unhappy with the regular use of bank and agency staff but recognised that was necessary to maintain the required staffing levels.

Systems were in place to safeguard people. Risks to people were identified and managed which promoted people's independence. People had care plans in place which provided clear guidance to staff on the support individuals required. Care plans were updated and reviewed as people's needs changed.

Medicines were safely managed and people's health and nutritional needs were met. People had access to activities of their choice.

People's privacy and dignity was promoted. We observed staff were kind, caring and had a good knowledge of the people they were supporting. Staff were aware of people's needs, risks and the support required to promote their safety.

Staff were suitably recruited, inducted, trained, supervised and supported. They were able to relate their training to their practice to support people effectively. The home had a number of staff on maternity leave

and had staff vacancies. Staff worked well together as a team in an attempt to provide consistent care to people.

People and their relatives knew who to contact to raise a concern or complaint. Systems were in place to get feedback on the service. Resident meetings took place and annual surveys were sent to people who used the service, relatives, staff and professionals involved with the service. Actions were taken

The registered manager was new in role. They had worked with their senior team in implementing changes. They had introduced person centred reviews and was keen for those to be carried out for all people living at the home. They had a visible presence in the home, assisted on shift and supported staff in their day to day work.

People who used the service, relatives, staff and professionals were happy with the way the home was managed. They described the registered manager as kind, pleasant, focused, accessible and approachable.

Systems were in place to audit aspects of care and practice. The provider carried out quarterly monitoring visits of the service to satisfy themselves the service was being effectively managed and monitored.

People's records and other records relating to health and safety and the running of the home were organised, accessible and well maintained which made access to the required information easy.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were safeguarded and risks were managed.

People's medicines were appropriately managed.

People were supported by staff who were suitably recruited. The home had a high number of staff vacancies. Bank and agency staff were used to cover the vacancies which the provider recognised did not always provide continuity of care to people.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who were inducted, trained and supervised in their roles.

People were supported and enabled to make decisions about their day to day care within the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) was complied with.

People had access to health professionals and their nutritional needs were met.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and caring.

People's privacy, dignity, independence and respect was upheld.

### Is the service responsive?

Good ●

People had care plans were in place which outlined the care they required to promote consistent care.

People were supported to pursue their hobbies and interests and activities were organised and available.

People were provided with information on how to raise a concern or complaint.

### **Is the service well-led?**

The service was well led.

People were supported by a service which had a cohesive management team who worked well together to benefit people and staff.

People were given the opportunity to feedback on the service. Systems were in place to monitor practices to safeguard people and make improvements to the service.

People's records and other records required for the running of the service were well organised and suitably maintained.

**Good** ●

# Greene 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.

At our previous inspection in January 2016 the service was rated as "Requires Improvement". This inspection took place on 21 and 23 February 2017 and was to review the rating. It was an unannounced inspection which meant staff and the provider did not know we would be visiting. The inspection was undertaken by one inspector.

Prior to the inspection we requested and received a Provider Information Record (PIR) on the service. The PIR is a form that the provider submits to the Commission which gives us key information about the service, what it does well and what improvements they plan to make. We reviewed other information we held about the service such as notifications and safeguarding alerts. We contacted health care professionals involved with the service to obtain their views about the care provided. We have included their written feedback within the report.

During the inspection we walked around the home to review the environment people lived in. We spoke with four people who used the service, the registered manager, administrator, deputy manager, two team leaders and three support staff. We spoke with three relatives by telephone after the inspection. We looked at a number of records relating to individuals care and the running of the home. These included three care plans, medicine records for three people, shift planners, duty rotas, three staff recruitment files, staff training and six staff supervision records.

## Is the service safe?

### Our findings

At the previous inspection in January 2016 we had made a recommendation that risk assessments should reflect all areas of risk and be updated promptly as needs changed. At this inspection we saw risks to people's personal safety had been assessed and plans were in place to minimise these risks. People's support plans included a range of risk assessments. These were in relation to risks associated with people's epilepsy, behaviours, mobility, personal care, finances, communication, activities, community access, physical and mental health, pressure sores and nutrition. They were detailed and informative as to the level of risk and action to take to minimise the risk. Pictorial guidance was provided on how to move and handle people and how to support them with their meals. These provided visual prompts for staff to promote people's safety. Risk assessments were kept under review and updated as new risks were identified or the level of risk changed. Staff had a good knowledge of the risks people presented. We saw staff used aids and equipment to manage risks in line with risk management plans for individuals.

Environmental risk assessments were in place which outlined risks to people, relatives and staff. These were up to date and reviewed. A fire risk assessment was in place and people's files included a Personal Emergency Evacuation Plan (PEEP) which provided guidance on how individuals were to be evacuated in the event of a fire. Quarterly fire drills took place to ensure staff and people who used the service responded appropriately to a fire alarm.

Health and safety checks took place daily, weekly and monthly. Staff carried out regular checks of the fire equipment, bed rails, window restrictors, hoists and shower chairs. Water temperature and legionella checks were carried out and issues arising from the check were reported and acted on. Gas safety, portable appliances, the fixed lighting, fire equipment and hoists were serviced and deemed safe. A contingency plan was in place which provided guidance for staff on what to do in the event of an emergency such as a fire, flood, gas leak or power cut. The home had an emergency folder which provided key information to staff in the event of an emergency at the home. Staff were aware of its existence and knew to take it with them if they had to evacuate the building.

The home had a cleaner. They were responsible for cleaning the communal areas of the home. A cleaning schedule was in place which was signed off when tasks were completed. Staff supported people to clean their bedrooms. A record was maintained to indicate when bedrooms were cleaned or if the person refused support to clean it. The home was homely, bright, clean and welcoming. The bathrooms and showers had been refurbished in recent years. A refurbishment plan was in place which outlined planned refurbishment of the home, including external areas. We were told a new kitchen was budgeted for in the 2017/2018 budget. It was not included in the refurbishment plan. Some flooring in hallways was split and had come away from the doors. The nominated individual agreed to look into it and consider what action was required.

People told us they felt safe. One person commented "I feel safe now that [name of a person who had left the service] has moved on". People told us they would talk to staff if they had any worries or concerns. People had access to information about safeguarding and how to stay safe. Safeguarding was discussed in

residents meetings and information on safeguarding was displayed on communal notice boards. This provided people with the information they needed to raise concerns.

Relatives told us they felt confident their family members were safe. A health professional involved with the home commented "It is my impression that support staff provide care which is safe". Another professional told us "The safety of the residents was highlighted as of paramount importance with all staff I met with during my involvement with the home".

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Staff were trained in safeguarding. Policies and guidance on safeguarding were made available to staff to support them in their day to day roles. Appropriate safeguarding alerts were made. Records of accidents, incidents and safeguarding alerts were maintained and reported to the organisation on a monthly basis. This ensured trends in accident, incidents and safeguarding referrals were picked up and addressed.

People told us staff were generally available when they needed them. One person told us "It can sometimes take a while for staff to come especially at busy times of the day". People were dissatisfied with the use of bank and agency staff as they felt it impacted on their care. One person told us "Bank and agency staff do not know what care I require. We have new/different staff every week".

Staff felt the vacancies in the team were having an impact on the permanent staff and the people they supported. Some staff worked overtime and senior staff were not able to get regular administration time. The home had three staff on maternity leave and one full time vacancy. They had recruited two staff but were waiting on start dates for them. The required staffing levels was four staff on each day time shift. Staff doing overtime, bank and agency staff were used to maintain the required staffing levels. The registered manager also regularly assisted on shift to cover gaps in the rota. The provider was actively looking for maternity cover to assist the team and provide continuity of care for people. Staff told us there were occasions when there was only three staff on shift. This was in circumstances where no cover could be provided. There was a staffing risk assessment in place which indicated a safe service could still be provided with three staff on a shift. The registered manager confirmed this was the exception to the rule and not something that routinely happened. One person had allocated one to one time each week. A staff member was provided for this. The provider had a back-up on call system. Staff were aware of how to access on call support when required.

Peoples' medicines were managed and administered safely. One person who used the service was self-medicating. A risk assessment and spot checks were in place to manage risks associated with self-administration of their medicines. Peoples' care plans included detailed guidance on the support they required to take their medicine. Medicines were stored appropriately, ordered monthly and records maintained of medicines received into the home and returned to the pharmacy. Guidance was in place for the use of as required medicines and signed by the persons GP. Medicine administration records viewed were well completed and showed no gaps in administration.

The home had systems in place to promote safe administrations of medicines. Staff were trained, assessed and deemed competent to administer medicines. Detailed medicine policies and procedures were in place to support staff in the management and administration of medicines. Daily stock checks of medicines took place and a monthly audit of medicines was carried out to promote safe practice.

The service followed safe recruitment practices. Staff confirmed they had completed an application form and had attended for interview. Staff files contained a photo, application form, medical questionnaire and



evidence of an interview and written assessment. Records showed checks had been made with the Disclosure and Barring Service (criminal records check) and appropriate references were obtained to make sure staff were suitable to work with the people they supported.

## Is the service effective?

### Our findings

At the previous inspection in January 2016 a recommendation was made that the provider put a system in place to assess staff practice following training to ensure they have understood and implement the training they had received. At this inspection we found staff were able to relate their training to their working practice. During discussion with us they demonstrated a good understanding of the training they had received. Staff told us they were aware of their roles and responsibilities. They felt suitably skilled and trained to do their job.

People told us staff, especially the permanent staff knew their job well. One person commented "Staff do a great job but the agency staff don't always know how to support me"

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. New staff we spoke to told us they had been inducted into their role. They confirmed they had attended induction training and worked in a shadowing capacity alongside other more experienced staff in supporting people. Staff had completed an induction checklist and all new staff were registered on the Care Certificate training. The Care Certificate is a recognised set of standards that health and social care workers adhere to in their daily work. This involves observations of staff performance and tests of their knowledge and skills.

The provider had recently introduced role specific inductions. This was being worked through for staff new in post who had already received the basic induction. This was to ensure they were inducted to all aspects of their role.

Staff had access to training the provider considered mandatory such as epilepsy awareness, fire safety, food hygiene, first aid, health and safety, safeguarding of vulnerable adults, moving and handling, infection control and fire. Alongside this staff had specialist training in learning disability, mental health, care planning and Non-Abusive Psychological and Physical Interventions. A training matrix was in place which showed the training that had taken place and what training was booked. Role specific training was provided for staff for example shift leader and dignity champions training.

People were supported by staff who had one to one supervision meetings with their line manager. Staff told us supervisions were carried out every six to eight weeks. They confirmed they felt supported in their roles. We looked at a sample of supervision records. We saw there had been some gaps in supervision but that had been addressed and regular supervision was now taking place. The registered manager had also introduced group supervisions which enabled them to discuss role specific issues with staff. Minutes were maintained of the meeting and actions agreed. New staff had probationary reviews and existing staff had annual appraisals and review of their performance. A matrix was in place to highlight when supervisions and appraisals were due and had taken place.

At the previous inspection in January 2016 a recommendation was made that the provider considers improvements to ensure effective communication within the team to ensure key information on people is

made known and handed over. Systems were in place to promote good communication within the team. A communication book was in use to inform staff of important issues. Shift planners and daily handovers sheets were in use which ensured tasks were delegated and key information on people was handed over. Weekly clinical review meetings and monthly team meetings took place. These enabled changes in people to be discussed and staff to be kept informed of issues that were relevant to them. Staff signed to say they had read and understood people's care plans, risk assessments, policies, procedures, team meeting minutes and the communication book. Staff felt they worked well as a team despite the vacancies in the team. Staff seemed to work well together during the inspection. They were all aware of their roles and responsibilities for the shift and the shift seemed to run smoothly.

We were informed of an incident prior to the inspection. Some staff were aware of the incident whilst others were not. The registered manager had taken the appropriate action in relation to the incident but had not followed it through to ensure that was communicated to all staff. During discussion with us they recognised that they should have made a record in the communication book to ensure all staff were aware and not just the staff on duty that day.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff were trained in the Mental Capacity Act 2005 (MCA) and demonstrated they had a good understanding of the act. People were supported to make decisions on their day to day care. Care plans outlined whether people had capacity or not to make decisions on their care. Best interest meetings took place when required for people who lacked capacity to make decisions on their care.

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 checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff had been trained in DoLS. They had a good understanding of how it related to the people they supported and who had a DoLS in place and why.

People told us staff would take them to a see a doctor if they needed it and that other professionals visited them at home. People's care plans outlined the support and intervention people required with their health needs. People had access to a GP, dentists, opticians and other relevant health professionals such as a psychiatrist, consultant neurologist, dietician, physiotherapists, speech and language therapist and occupational therapists. Records were maintained of appointments, action required and follow up appointments were scheduled. Each person had a hospital passport in place. This outlined people's medical needs, medications, allergies, communication needs and key people involved with individuals. Staff were aware to take this with them when a person required hospital treatment.

Relatives felt confident their family members health needs were met. They confirmed they were informed if their family member was unwell, involved in an accident or required hospital admission. One relative commented "[Person's name] had difficulties with their health and staff were unbelievably brilliant at supporting [person's name]. Staff went beyond what was expected from them". Another relative staff told us staff were very supportive of their family member when they were in hospital. They commented "Staff visited [person's name] in hospital, some on their days off and also took [person's name] for appointments. I cannot fault them".

A health professional involved with the home told us they believed the care provided to people was effective. They gave an example of a person who challenges care due to their psychological and emotional needs. They told us staff had worked as a team in bringing about positive changes for the person. They commented "The change in this individual has been remarkable and it is mostly due to the gentle care, respect and perseverance of the support team in building positive, trusting relationships with this individual".

Another health professional told us they had met with members of the team and some residents at various times due to staff concerns arising from a bereavement, a resident with threatening and physically challenging behaviour, a change in house manager and obsessional behaviours. They commented "These requests for support I have taken as indicators of the teams desire to maximise the physical safety and psychological well-being of the residents. I felt the staff team coped remarkably well with residents who challenged and a change in manager. "

Some people were happy with the meals provided whilst others said they would prefer more homemade dishes. The home used an external company to provide the meals. They had already discussed and agreed with people to appoint a cook and have meals prepared and cooked at the home. The process of recruiting a cook was underway.

People's care plans outlined the support they required with their meal. People were involved in menu planning and the weekly menu was displayed. People told us they could have alternatives to what was on the menu if they wanted it. During the inspection we saw this was the case. Records were maintained of the meals eaten. People's weight was monitored and recorded to enable changes to be addressed. People who were deemed at risk of malnutrition had care plans and risk assessments in place. These were kept updated as people's needs changed. People who required it had their food and fluid monitored. Action was taken when people consistently had below the required intake.

We observed lunch being prepared and served. Staff took responsibility for cooking, serving and supporting people with their meals.

## Is the service caring?

### Our findings

People told us they were happy with the care they received. They were very complimentary of the permanent staff and the relationships they had built with them. People described staff as "Very nice, helpful, kind and caring".

Relatives told us the majority of staff were caring although some temporary staff such as agency staff did not always present as being interested. Relatives described staff as smiley, tolerant, approachable and supportive.

One relative commented "Staff are naturally caring". Another relative commented "Staff deal with difficult situations with great understanding and they treat people with dignity. They know residents really well and there is a fondness and warmth between residents and staff".

At the previous inspection in January 2016 we made a recommendation for the provider to review mealtimes to ensure continuity of care for individuals and positive staff engagement to promote people's dignity. At this inspection mealtimes were calm, organised and people who required it had one staff member delegated to support them with their meal. We observed positive interactions between staff and the people they supported throughout the inspection. Staff had a good knowledge of the people they supported and had a positive relationship with them. They understood people's needs, likes and had a good awareness of people's mood and behaviours. They were kind and gentle in their approach with people and gave people time, good eye contact and used appropriate touch when engaging with people. People were called by their preferred names and staff showed a genuine concern and respect for people.

At the previous inspection in January 2016 we had made a recommendation that the provider considers how aids were better utilised to promote communication with people who had limited verbal communication. People's care plans outlined their communication needs. A person with limited verbal communication had a detailed communication passport in place. The regular permanent staff routinely used pictures and objects to promote the person's involvement in making decisions. These were accessible to staff. An agency staff member did not use the pictures to promote the person's involvement in making a decision on their breakfast. In discussion with us the agency staff member confirmed they were aware they should use picture cards to enable the person to make choices and showed them to us. However they told us they had not used them as the person always had a certain thing for breakfast. This was fed back to senior staff on duty to ensure they observe that agency staff work in accordance with people's care plans.

A health professional involved with the home told us they had witnessed staff had made greater efforts in supporting communication with residents who have significant difficulties with expressive communication. They told us "Staff are making the effort to incorporate the communication strategies in the resident's day-to-day care". They told us "The team had created an excellent communication passport for one of their residents with an accompanying video to help new staff get used to the person's unique speech patterns".

The home had two staff who acted as dignity champions. They had recently taken part in a competition with

other homes on site where they did role play in positive and negative examples of promoting people's dignity. Two people who used the service were involved in the role play. Staff and people involved in the event talked positively about it and were very proud as they won first place.

A health professional involved with the home told us they observe interactions which are caring and person-centred each time they visit the house. They commented "I am always happy to witness cheerful banter between residents and staff. It seems the majority of staff know their residents well and have developed good rapport with each other".

Another health professional commented "My communications with Greene House staff last year supports a generally caring approach and a desire to act in the best interests of the residents and to strive to make Greene House a homely environment".

People were encouraged and enabled to be involved in their care and their independence was promoted. People who required support with their meals were encouraged to feed themselves with staff support. Other people were able to make drinks, went out for walks and shopping.

People told us their privacy was respected. They said staff knocked on their bedroom doors prior to going into their bedrooms. During the inspection we saw this was the case. People's bedrooms were personalised and decorated to their taste. One person was reluctant to let staff into their bedroom. All staff were aware of this and their wishes were respected. Health and safety checks took place in agreement with the person to promote their safety.

The registered manager told us they were able to access advocates for people when it was required.

Some people's care plans included an end of life plan of care. Other people had refused to discuss their end of life wishes.

## Is the service responsive?

### Our findings

People and their relatives told us staff were responsive to their needs. One person said "Staff are always around and they check with me regularly if I want anything". Relatives were happy with the care provided. One relative commented "Staff are very good at interpreting what care [person's name] needs".

Another relative told us the home offered a personalised service. They commented "The keyworker knows how to motivate, encourage but also knows how to avoid behaviours that challenge".

A health professional involved with the home told us "The team are responsive to the needs of their residents. They make referrals and ask for help or clarification in a timely fashion". Another health professional commented "I do not have experience of the day to day running of the unit but currently I have no evidence to indicate that it is not well led".

Throughout the inspection we saw staff respond to people's request for assistance and intervened quickly to safeguard a person who had a seizure.

People were aware they had care plans in place. They were consulted and involved in them. For people who were not able to be involved in their care plan a record was on file to say why. Care plans viewed clearly explained how people would like to receive their care, treatment and support. They included a pen picture of the person which provided a summary of the person's daily routine and what was important for the person. Care plans were detailed and specific as to the care required. They included guidelines that supported staff to provide consistent care to people. They also made reference to guidance from other professionals which ensured continuity of care for people. Care plans included detailed descriptions of individual's seizures and outlined the protocol for managing their seizures. Care plans were kept up to date and reviewed monthly and in response to changes in people's needs.

People had reviews of their care which family and professionals were invited to. A relative confirmed they were involved in their family members care and invited to reviews. The registered manager had just introduced person centred reviews and had recently facilitated the first one. Feedback from the person's family was very positive about this approach and the benefit to them and their family member.

People had a keyworker. A key worker is a named member of staff who supported the person to coordinate their care. People were aware who their keyworker was. Staff were clear of the role and responsibilities of a keyworker. Relatives told us keyworkers had just changed and they were getting to know those staff. One relative told us their family member had the same key worker for many years. They were very positive about the knowledge the staff member had of [person's name] and the relationship they had.

People told us they had access to activities at the home, on site and in the community. One person told us how they were supported to go to rugby matches. Activities were managed centrally and the home had two named activity coordinators allocated to them. This meant they were able to provide an activity programme over seven days a week. People had been asked what activities they wanted and individual programmes of

activities were in place. During the inspection some people took part in house activities which included making and tasting juices. Relatives felt people had good access to activities. Some felt their family member did not always want to get involved in activities whilst others told us their family member had lots of involvement in activities and enjoyed them.

People told us they felt involved in their care. They were able to make choices in relation to their care and treatment. Throughout the inspection we saw people were offered choices of food, drinks and had the option to be involved in activities or not. Some people got up late and told us they could go to bed when they wanted.

People told us they would talk to staff if they had any concerns or complaints. Relatives felt able to raise any issues and felt confident they would be dealt with. They confirmed they had been given a copy of the complaints procedure. Staff were aware what they needed to do if a person or a relative raised concerns with them.

The home had a complaints procedure in place. A user friendly version of the complaints procedure was visible on communal notice boards. Systems were in place to log complaints. The home had no recent complaints logged. The providers January 2017 quality monitoring visit report made reference to two pieces of negative feedback. They had been acted on and addressed but should have been logged as complaints to ensure accurate reporting and learning from feedback. The provider was in agreement with this. There was a number of compliments recorded and shared with staff.



## Is the service well-led?

### Our findings

People told us they liked the new manager. They said "[manager name] is always around and helps out on shift". "[Managers name] always makes a point of coming in and saying good morning to us and asking if we are ok". Some relatives were complimentary of the registered manager whilst others felt it was too soon to have a view on him. Relatives described the registered manager as "Pleasant, personable, charming, great, attentive, means well and supportive of people".

A health professional involved with the home commented "I am particularly impressed with the individuals who work as Team Leaders. They seem to be approachable and organised. I find their attitudes to be positive and I feel they take on board any suggestions or recommendations made to them. They seem to have a good working relationship with their team. The house manager seems to have a greater presence on the floor than his predecessors".

Staff told us they felt the home was well managed. They described the registered manager as kind, focused, accessible, approachable and that they had an open door policy which meant they could talk to them at any time. The senior team felt empowered by the registered manager and felt actively involved in decision making. Staff felt listened to and felt the registered manager acted on issues raised by them. All of the staff told us the registered manager had a visible presence in the home. They regularly assisted on shift and helped to cover shortfalls in the rota which staff were very appreciative of.

The registered manager had been in post since May 2016. They had worked on getting to know their staff team and people they supported. They had introduced person centred reviews, group supervisions and was keen to have more contact and involvement with families.

The provider is required to notify CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe. The registered manager had made the required notifications to the Commission in a timely manner. They were clear of the duty of candour to be open and transparent with people who use the service and relatives in relation to their care and treatment.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. Audits of practice took place. These included audits of care plans, medicines, catering, infection control and health and safety. Systems were in place to monitor staff hours and to ensure staff did not work over the maximum hours as outlined by the provider. The registered manager completed monthly returns to the provider on audits undertaken and results, accidents, incidents, complaints, safeguarding and percentage of staff with the required training, supervision and appraisals.

Alongside this the quality compliance manager carried out quarterly monitoring visits of the service. The last monitoring visit had taken place in January 2017. There was a comprehensive report of their findings. This demonstrated the provider had made improvements to their monitoring of the service to enable them to pick up on current issues in a timely manner. Actions from all of the audits were transferred onto the homes

development plan and signed off when completed. These were reviewed by the nominated individual.

People, staff and relatives were empowered to contribute to improve the service. Staff and resident meetings took place monthly. Annual surveys were sent out to people who used the service, relatives, staff and other professionals to gain feedback on their experience of the service provided. Surveys were sent out in November 2016 and the responses were being collated. Actions from the survey would be added to the homes development plan.

Records required for regulation were well maintained, up to date and fit for purpose. They were well organised, regularly archived, accessible and kept secure.