St Philips Care Limited

Barrow Hall Care Centre

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We carried out this unannounced 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 registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Barrow Hall is a Grade 1 listed building and retains many of its period features. The home is set in extensive grounds in the village of Barrow, providing easy access to local shops and facilities. Barrow Hall offers personal and nursing care for up to 37 people with mental health needs. The service is owned by St Phillips Care Limited, which is a large national organisation. A choice of

Summary of findings

single and shared accommodation is available.

We previously visited the service on 28 and 31 of July 2014. We found the registered provided did not meet the regulations that we assessed in respect of infection control. Following the inspection the registered provider sent us an action plan telling us about the improvements they were going to make. At this inspection we found that appropriate action had been taken to make the identified improvements.

We found the service had been cleaned effectively and all areas with the exception of the smoking lounge to be odour free. New work schedules were in place which showed the daily cleaning routines and deep clean schedules. These were seen to be signed and commented on by staff as work was completed.

Improvements had been made to the environment including the refurbishment of bathrooms and shower rooms and the provision of new sluices on each floor of the service. A step had been removed and replaced with a slope to support easier access to those people with mobility problems. The clinical room had been extended to provide a separate clinical room and work area.

The registered provider is required to have a registered manager in post and on the day of the inspection there was a manager registered with the Care Quality Commission (CQC); they had been registered since 9 December 2010. 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 who used the service told us they thought the staff were caring and would be able to answer their questions and help them if needed. They told us they felt staff treated them with respect, never spoke down to them and spoke in a calm manner. All of the interactions we observed supported this statement.

We found people who used the service were provided with a balanced diet. People told us they enjoyed the food and the choices available. At our last inspection staff told us the budget was tight and they fund raised to provide 'extras' for example birthday cakes. At this inspection we found the budget had been increased.

Staff involved people in choices about their daily living and treated them with kindness and respect. With the exception of two people, everyone looked well-presented and cared for.

People who used the service were seen to have the opportunity to engage in a variety of activities both within the service and the local community.

We found the home was meeting the requirements of the Deprivation of Liberties Safeguards (DoLS). These safeguards provide a legal framework to ensure that people are only deprived of their liberty when there is no other way to care for them or safely provide treatment.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005 and knew how to ensure the rights of people who lacked capacity to make decisions for themselves were respected.

People had their health and social care needs assessed and plans of care were developed to guide staff in how to support people. The plans of care were individualised to include preferences, likes and dislikes. People who used the service received additional care and treatment from health based professionals in the community.

Medicines were stored, administered and disposed of safely. Training records showed the staff had received training in the safe handling and administration of medicines.

People lived in a safe environment. Staff knew how to protect people from abuse and equipment used in the service was checked and maintained. Staff made sure risk assessments were carried out and took steps to minimise risks without taking away people's rights to make decisions.

Staff received regular supervision and had access to a range of training. Where people's needs changed additional training was provided to staff to support them to meet their changing needs People told us there were enough staff on duty to give them the support they needed and our observations confirmed this.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe and had made improvements to its infection prevention and control systems. A schedule was in place for the deep cleaning of people's rooms and communal areas and additional cleaning hours had been recruited to.

Staff displayed a good understanding of the different types of abuse and had received training in how to recognise abuse and keep people safe from harm.

Risk assessments were in place which were reviewed regularly so that people were kept safe.

People's medicines were stored securely and staff had been trained to administer and handle medicines safely.

Is the service effective?

Good

The service was effective. Staff received appropriate up to date training and support.

Systems were in place to ensure people who lacked capacity were protected under the Mental Capacity Act 2005.

People's nutritional needs were assessed and met and people told us they were happy with the meals provided.

People had access to healthcare professionals when required.

Is the service caring?

Good

The service was caring. People told us they felt supported and well cared for.

We observed positive interactions between people who used the service and staff on both days of the inspection.

People were encouraged to be as independent as possible, with support from staff. Their individual needs were understood by staff.

Is the service responsive?

Good

The service was responsive to people's needs and a range of planned activities were available to people who used the service.

People's care plans recorded information about their previous lifestyles and the people who were important to them. Their preferences and wishes for their care were recorded and known by staff.

People were supported to visit their families and visitors were made welcome.

There was a complaints procedure in place and people were informed about how to make a complaint if they were dissatisfied with the service provided.

Is the service well-led?

Good

The service was well led.

Summary of findings

The service was well organised which enabled staff to respond to people's needs in a planned and proactive way.

There were sufficient opportunities for people who used the service and their relatives to express their views about the care and the quality of the service provided.

Regular staff meetings took place and were used to discuss and learn from accidents and incidents.

Barrow Hall Care Centre

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. The inspection was planned to check whether the registered 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 24 February and 6 March 2015 and was unannounced. The inspection team consisted of one adult social are inspector and an expert by experience on the first day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

We did not request a Provider Information Return (PIR) on this occasion. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at notifications sent to us by the registered provider, which gave us information about how incidents and accidents were managed.

We spoke to the local safeguarding and local authority contracts and commissioning team about their views of the service.

During the inspection we observed how staff interacted with people who used the service. We looked at all areas of the premises including bedrooms (with people's permission) and office accommodation. The care records of five people who used the service were reviewed in order to track their care. We also spent time looking at records, which included handover records, the accident book, supervision and training records, staff rotas and quality assurance audits and action plans. We spoke with twelve people who used the service, the registered manager, five nurses, six care staff and the cook.

Good

Is the service safe?

Our findings

The twelve people we spoke with told us they felt safe. One person told us, "It's nice to live here, I have good friends here, and I help people. I feel safe, sometimes there are arguments which is to be expected when so many people live together but the staff step in and calm things down.

Another person told us "I feel safe here; there are enough staff to look after me." and "It's alright here, I always feel safe and there are plenty of staff about if you need them." Another person said "It's fine living here, you've got space, you are not restricted I come and go as I want. The staff are very good at calming things down, I used to get anxious but I don't anymore because I know they will sort it." Another commented "I can call the nurse on the bell at night and they will always come across."

One person told us they weren't happy that on occasions another person who used the service wandered into their room. When we spoke to registered manager about this they told us that they had requested an alternative placement for a service user whose needs they were no longer able to meet. Another person told us that occasionally there was not enough staff for them to go shopping to Hull, they said,"The rota doesn't always allow for two staff to take us (him and a friend) into Hull. It can vary if there is sickness."

At our inspection of 28 and 31 July 2014 we had identified that some improvements were required to improve prevention and control of infection risks within the service. Areas of the home had been found to be dirty, bathrooms had dirty light pull cords and dirty extractor fans. Layers of dust and urine stains were found behind two toilets on the ground floor. The central stone staircase area exhibited numerous cigarette butts and the window sills had a culmination of dead flies on it.

At this inspection we found all of the areas to be clean and odour free with the exception of the smoking lounge and the corridor approaching it. When we spoke to the registered manager about this, they told us the room was re decorated every six months and cleaned every night by the night staff, with a further deep clean schedule in place which was implemented at set timescales. Records seen confirmed this.

The registered manager told us they had contacted their new cleaning products supplier and requested a visit from them to look at this area and review the current cleaning materials in use, in order to establish if there were better products available to control the cigarette odour.

When we spoke to people who used the service they told us they were unconcerned about the odour and hadn't noticed it.

We were shown the cleaning schedules that had been developed for all areas of the service. An additional staff member had been recruited to the cleaning team to provide additional cleaning hours at weekends.

In addition to this the registered manager had introduced an environmental check completed by qualified staff at the beginning and end of each shift, to ensure all areas were clean and tidy and work schedules had been carried out as identified.

Since our last visit new sluices have been installed on each floor. Bathrooms, shower rooms and the laundry had also been refurbished and further provision made for two new downstairs wet rooms.

The five care plans we looked at contained assessments of people's capacity to make decisions for themselves. When people had been assessed as being unable to make complex decisions there were records of meetings with the person's family, external health and social work professionals and senior members of staff. This showed any decisions made on the person's behalf were done so after consideration of what would be in their best interests.

During the second day of our inspection we were told by a person who used the service, they had requested a meeting with their advocate and this had been arranged for them. We later observed their advocate arrive and meet with them.

We found the service had policies and procedures in place to guide staff in safeguarding people from abuse. In discussions with staff it was clear they were aware of the safeguarding policies and procedures. The staff confirmed they had completed safeguarding training and could describe the different types of abuse, what signs to look for and the actions they would take should they become aware of poor practice. Staff said they would take action to protect the person at risk, report concerns to their line

Good

Is the service safe?

manager and make a record of the concern. They said "We have had a lot of training in this area and we have information to guide us in our responsibilities and numbers of who we should contact in such situations."

Documentation showed us that staff completed safeguarding awareness training in the induction process and a further training course on adult abuse on an annual basis. We saw that one staff members update had lapsed by a month but their training had been booked for them for later in March 2015.

We saw that some people had additional health conditions that put them at greater risk. Staff were aware of people's individual risks and what was required of them to manage these risks.

Risk assessments clearly identified what action staff were expected to take in each situation and were based on least restrictive practice and positive and proactive care reducing the need for restrictive interventions. These were seen to have been updated monthly to ensure they reflected any changes in people's needs. We saw that when risk assessments had been changed amendments had been made to the care plans also.

There were enough staff on duty to meet people's individual needs. Duty rotas for the previous month showed the required number of staff had been on duty. Staff spoken with told us the staffing levels were sufficient.

The registered provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed, the registered provider requested criminal records checks through the Government Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making their recruitment decisions. We looked at the recruitment files for three staff. These showed all relevant police checks and references had been obtained prior to staff employment and were satisfactory.

Records showed people's medicines were reviewed regularly by either their GP or a specialist doctor, such as a psychiatrist, to make sure they remained effective for the person. We observed nurses administering medicines and saw they followed safe practice and did so in line with the person's wishes. A person who used the service told us "medicines are always on time. I go to get them myself; sometimes I need a reminder though."

Good

Is the service effective?

Our findings

People who used the service told us they thought the staff were well trained to carry out their roles. Comments included, "The staff are very good and they know what they are doing." Another person told us "I know the staff and they know me, they know how to help me."

We observed people being assisted by staff with their mobility aids and supporting people with daily activities. Staff appeared confident and comfortable in their roles.

On the second day of our inspection we observed a person who used a mobility aid going up the steps at the end of the corridor, having completed reached the top of the stairs we found the person to be breathless and resting against the wall. When we approached them and enquired if they were alright or needed assistance, they told us they were fine. We discussed this with the registered manager who told us they had had an occupational therapy assessment in the last six months and at that time their mobility aid was provided. The registered manager and area manager for the service told us the organisation had recognised the ageing population within the service and were looking into providing a stair lift on these stairs for easier access for people who used the service. They also told us that the heating system was being changed in April and planning permission had been approved for three new apartments and an adjoining extension to the main building to provide ten ground level bedrooms with en suite facilities.

We observed the lunch time experience of people who used the service and saw people had been given a choice of food, which had been pre ordered and arrived plated. People who took longer to eat than others were afforded the time to do so. Lunch was seen to be a relaxed and sociable experience. Tables were seen to be set out at various sizes and the room appeared quite cluttered and busy once everyone was in the room. We saw there were no napkins or table cloths in place on the first day of our inspection and observed one person get up from their meal in order to obtain a napkin to mop up a spillage. When we spoke to the registered manager about this they told us napkins and table cloths were available in the service, but some people who used the service did not particularly like them. They told us they would speak to the people who used the service and ask them to agree to a trial of these being introduced again. On the second day of our inspection we observed tables were covered with tablecloths and napkins in napkin holders and matching glasses on each of the tables. The dining room was less busy and we were told that another area had been set up at meal times for a quieter mealtime experience; this also gave people the opportunity for more choices of where they wished to eat. We were shown this area and found two tables set for lunch with tablecloths, napkins and glasses. A more casual breakfast bar type provision could also be used.

We spoke to the people who used the service who were delighted with the changes and asked them why they had not thought of suggesting them sooner. They told us "The changes are great, but I didn't think there was anything wrong before, sometimes you need to see what changes are like before you can really understand them."

At our last inspection there were comments made by staff about the lack of treats and availability of fresh fruit for people who used the service. The registered manager told us that following this the food budget had been increased and the catering staff had attended a course in nutrition.

All but one of the twelve people we spoke with were happy with the food although there were comments that things had deteriorated over the years. One person told us "Food used to be better we used to get more choice, things like biscuits at coffee time and cake in the afternoon. I suppose it is the cost of things now." Another person told us "The food is not very good; I think it's the cut backs again. I have a condition and they insist on giving me peas and beans although I tell them it upsets my stomach."

The other people we spoke with were happy with the quality of the meals provided and comments included,"It is nice food, its sausages and liver today. Then there will be a pudding and you can have fruit and yoghurt if you want. They bring a bowl of fruit around every day."

We saw that menus were displayed throughout the service and people we spoke with were able to tell us what the choices available were. The menus did not identify which choices were suitable for different dietary needs for example, diabetes or gluten free meals. We spoke to the registered manager and area manager about this and they acknowledged the shortfalls within the menu and told us this would be looked at and acted on, as would the comments made by people who used the service; to ensure they were happy with the food and menu choices available.

Good

Is the service effective?

An additional budget had also been provided since our last inspection, to enable people to plan, shop for ingredients and prepare food in the newly refurbished activity area, in order to develop their independence skills.

We saw that theme nights were also in place in the service where meals people may not have had the opportunity to try previously were prepared and sampled by the people who used the service and then decide whether these new dishes should be included on the menu. Staff told us there had been a recent Mexican themed night and this was confirmed by people we spoke with

People who used the service were regularly consulted about menus and food provided within the service through house meetings. People's likes, dislikes and dietary needs were identified within their care plans and the catering staff were fully aware of their individual preferences and needs. We saw that where required people had been referred to a dietician and had input from these in relation to their diet and nutrition.

We reviewed written training records after experiencing difficulties accessing the computerised records. The records for three staff members including one who had been recently recruited and found their training to be up to date. We saw the registered provider considered training in moving and handling, food hygiene, fire safety, health and safety, mental health first aid and safeguarding adults all to be essential. In addition staff had received training in the Mental Capacity Act 2005, pressure care, catheter care, dementia, equality and diversity and end of life care. This showed that staff had received the training needed to provide good quality care.

Staff we spoke with were able to demonstrate their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This is legislation that protects people who are not able to consent to care and support and ensures people are not unlawfully restricted of their freedom or liberty. The registered manager told us they worked closely with the local authority to identify any potential deprivation of people's liberty.

The Care Quality Commission (CQC) is required by law to monitor the use of the Deprivation of Liberty Safeguards (DoLS). DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. At the time of our inspection no person was subject to a DoLS authorisation.

Newly recruited members of staff told us they had undertaken the skills for care common induction standards and were required to complete this within three months of their appointment. They told us the induction covered safeguarding and whistleblowing. Staff confirmed they had received training in moving and handling before being permitted to support people using mobility aids. When we asked staff about training they told us, "I have never been asked to do anything I haven't been trained to do." and, "If someone's needs change and a need arises for further training, it will be put in place quickly." This showed people were protected from the risk of receiving care from untrained staff.

Staff told us they received regular supervision from their line manager and an annual review of their personal development. Records of meetings showed staff were given the opportunity to share and discuss any concerns they may have. Staff told us there were meetings for care staff each month. Records showed people's care was discussed in detail so that all staff had up to date information about people's needs.

People's care plans were reviewed monthly. This allowed the service to identify changes in people's needs effectively. Referrals were seen to have been made to external health professionals and social care professionals when necessary. We saw referrals had been made to tissue viability nurses, GP's, dieticians, occupational therapists and psychiatrists. Records showed people had been supported to attend outpatient hospital appointments, GP's dentists and opticians.

Good

Is the service caring?

Our findings

Each of the twelve people we spoke with who used the service told us they thought the staff were caring and would be able to help them and answer questions if needed. One person told us, "the staff speak nicely to me. They are very patient with me." We observed the same person interact with one of the carers after we mentioned to the person, their fingernails were in need of a trim. The carer used this opportunity in just the right way in order for this to be completed. The carer later told us they had made several unsuccessful attempts to support this over the weekend and explained they often needed to use different opportunities with this individual to ensure that care was delivered with their consent and cooperation.

Another person told us, "The staff are alright, they never get angry. If I did something wrong they would talk to me about it but never shout at me." and "The staff are very caring, they do their job well. They are very patient."

Everyone we spoke with told us they felt the staff treated them with respect, never spoke down to them and spoke to them in a calm manner. All of the interactions we observed between staff and people who used the service supported this. Staff were seen to manage different scenarios and approach each individual in a manner that was responsive to their individual needs. For example, one person who used the service became anxious when another person crossed their path as they had just got themselves a drink. The member of staff diffused the situation immediately supporting both parties to calm down. They were seen later chatting to both parties and offering further reassurance, which was responded to by a hug from the person.

We saw staff supporting people with their hair and nails and having make up applied. Another person was being supported to have their nails and beard trimmed. The members of staff were focussed on the person they were supporting ensuring they were comfortable. Other staff were seen interacting with people who used the service prompting them to attend to their personal care needs. This was seen to be done in a caring and respectful manner ensuring other people were not alerted to what was happening.

People who used the service told us they kept in touch with their relatives. One person told us they visited their sister each week and another told us they spoke to their sister regularly. They said, "The staff will ring for me and I get to talk to my sister." Some of the people who used the service had their own mobile phones which they used to call family and friends. One person told us staff had helped them to top up their phone that morning.

Throughout the two days of our inspection there was a calm and comfortable atmosphere within the service. We observed staff interact positively with the people who used the service showing a genuine interest in what they had to say and respond to their queries and questions patiently, providing them with the appropriate information or explanation. We saw people who used the service approach staff with confidence; they indicated when they wanted their company and when they wanted to be on their own and staff respected these choices.

People were supported to be as independent as they were able to be. A new activities area had been provided with a kitchen and laundry facilities. People who used the service were able to do their own washing and ironing with support from staff. A budget had been made available to allow people the opportunity to plan and shop for ingredients and then prepare their own meals, snack or do some baking. This supported people to develop their independent living skills they previously did not have the opportunity to engage in.

Records showed annual reviews were held with commissioners, social workers, named nurses, keyworkers and in most cases the individual. Where people had declined to attend their review we saw that records were in place to show why they had declined and meetings following the review to explain what discussions had taken place.

People who used the service were encouraged to express their views about the care they received. People we spoke with told us they would not hesitate in talking to someone if they felt unhappy about anything and gave examples of the registered manager, named nurses and keyworkers of people they would go to for support.

Records showed that people were supported to access and use advocacy services to support them to make decisions about their life choices.

Good

Is the service responsive?

Our findings

We asked people who used the service about complaints and concerns. They told us they would have no reason to complain about things currently, but would talk to the staff if they were worried or concerned about anything. People we spoke with gave us examples of situations they had found difficult where they had been supported by staff.

People who used the service told us, "I don't need much just help cleaning my room, if I need to speak to someone it would be XXXX she is the one I would talk to." and, "If I need to see the doctor I just ask and the staff will sort it for me."

People described to us how they had been supported with recent health interventions and how staff had prepared and supported them throughout these. The registered manager told us of the arrangements that had been made to ensure these people were supported by their preferred staff during their appointments and procedures.

Individual assessments were seen to have been carried out to identify people's support needs and care plans were developed following this, outlining how these needs were to be met.

We saw assessments had been used to identify the person's level of risk. These included those for pressure care, tissue viability and nutrition. Where risks had been identified, risk assessments had been completed and contained detailed information for staff on how the risk could be reduced or minimised. We saw that risk assessments were reviewed monthly and updated to reflect changes where this was required.

People we spoke with were aware of the content of their care plan and told us they had been involved in discussions about this. They told us, "The staff are very good I work with them around my drinking habits. I like a beer but we have agreed a plan as to how often and how many I can have."

We looked at the care files of five people who used the service. We found these to be well organised, easy to follow and person centred. People's care plans focused on them as an individual and the support they required to maintain and develop their independence. They described the holistic needs of people and how they were to be supported within the service and the broader community. They also included what was important to people such as their likes, dislikes, preferences, what made them laugh, what embarrassed them, health and communication needs. For example, their preferred daily routines and what they enjoyed doing. We saw each care record contained a photograph of the person and we saw that the care plans had been signed by the individual.

Within the care records sampled we looked at those for the people we had observed as not being as well presented in their personal hygiene as others. We saw from the information included that they were both very reluctant to accept direction in this area and required an identified approach in the support of this. We saw from records maintained within the care plan that this approach had been implemented and was being followed as directed. Staff we spoke with also confirmed the process was in place to support these people and at what point further action would be considered.

Records showed people had visits from health professionals such as GP's, dieticians, speech and language therapists and occupational therapists where required.

We saw that where there had been changes to the person's needs, these had been identified quickly and changes made to reflect this in both the care records and risk assessments where this was needed. People's care plans were reviewed monthly, this ensured their choices and views were recorded and remained relevant to the person.

When we spoke to staff we found they were able to provide a thorough account of people's individual needs and knew about people's likes and dislikes and the level of support they required whilst they were in the service and the community. Staff members told us they felt there was more than enough detailed information in people's care records to describe their care needs and how they wished to be supported.

During the two days of our inspection we observed a number of activities in progress both within the service and the local community. An activities coordinator was in place and personal files had been developed with people who used the service about the activities they were interested in or they felt they may benefit from.

We observed individual people being supported with laundry and cooking and others with bingo, skittles, shopping, makeup sessions, and badminton. People told us about trips they had been on to watch football matches, concerts, holidays, day trips and forthcoming events including rugby matches, a trip to a nature reserve and a

Good

Is the service responsive?

music event. Other activities described to us included; food theme nights going to church, art and crafts, visiting entertainers and the food club. We saw that activities participated in were recorded and were a regular topic on the residents meeting agenda for discussion. Written and pictorial activities were available and seen to be displayed throughout the service.

We looked at the electronic complaints system for the service and saw the number of complaints were recorded and were investigated in accordance with the service complaints policy and followed up with appropriate actions and responses and acknowledgements to complainants. This was monitored by the registered provider at their head office. Records showed the service had not received any complaints since our last inspection in July 2015.

Good

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager who had been registered with the Care Quality Commission since December 2010. The service was well organised and enabled staff to respond to people's needs in a planned and proactive way.

We spoke with the registered manager about the culture of the organisation and how they ensured people who used the service and staff were able to discuss issues openly. They told us there were regular residents meetings and keyworker meetings in place for people who used the service. They explained that while some people were quite happy to contribute in a larger meeting, others were more reserved and preferred a less formal, one to one setting in order to express their views and opinions. Examples were also given where advocates had been obtained for people to support them with decision making.

We saw records of residents and keyworker meetings were in place and showed people were consulted about the service for example; changes within the service, menu planning and activities.

We saw people where people had made suggestions for example activities; suggested activities had been considered and introduced.

In addition to this their views were obtained through regular surveys about the service. People who used the service knew the registered managers name and told us they had the opportunity to speak to them each day. People told us, "XXXX comes around every day and chats to us to see if everything is okay." During our inspection we observed the registered manager's interactions with people who used the service. They knew people's names and stopped and spoke with them about their plans for the day and forthcoming events.

The area manager also visited the service monthly in order to carry out an audit of all areas of the service. During these visits they chatted to people who used the service in order to obtain their views and experiences.

The registered manager told us that in addition to this the registered provider required the home to be regularly audited by a senior manager (not connected with the home itself) to identify any shortcomings in care, the environment or the management of the service.

We looked at the electronic complaints system for the service and saw the number of complaints were recorded and were investigated in accordance with the service complaints policy and followed up with appropriate actions and responses and acknowledgements to complainants. This was monitored by the registered provider at their head office. Records showed the service had not received any complaints since our last inspection in July 2015.

We saw records which showed accidents and incidents were recorded and appropriate and immediate actions were taken. An analysis of the cause, time and place of accidents and incidents was undertaken to identify patterns and trends in order to reduce the risk of any further incidents.

Staff received regular supervision. Records showed monthly meetings were held for staff and the registered manager openly discussed issues and concerns. We saw further meetings were held with qualified staff.

Staff we spoke with told us the registered manger was approachable and had an open door policy. They also said they could go to the deputy manager and would be able to raise any concerns if required. Comments included, "The management are very approachable, they are always around the home so they know what is going on, on a day to day basis." and, "Residents are always in and out of the office chatting to him." During our inspection we observed a number of people who used the service come into the office and have a chat with the registered manager.

There was a quality monitoring system in place that consisted of an annual care and quality audit programme. This included monthly audit tasks, meetings, questionnaires and analysis of the information collated from these, followed by action plans being produced to address any areas identified as requiring improvement.

Results from a survey sent out in January 2015 to professionals contained the following comments, 'xxxx and his team are open, approachable, helpful and professional.' and 'Staff are very caring, person centred and strive to promote as much dignity for their residents as possible.' Feedback from a relatives survey in February 2015 were all positive and included, 'I am very satisfied with my

Good

Is the service well-led?

daughters care,' and carers are extremely co-operative and helpful, my son continues to thrive and improve under their care.' Another stated,' The staff are marvellous. We could not get as good anywhere else.'

We looked at the quality audits completed and these covered areas including care plans, medication, training supervision and environment. We saw that action was taken when issues were identified and were closed by the area manager once they were satisfied the actions had been completed.