

Havenmere Health Care Limited

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Inspection report

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Ratings

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

Summary of findings

Overall summary

Havenmere is a care home that provides nursing and residential care to younger adults. The home is registered to accommodate 40 people. The service is purpose built and provides easy access for people with mobility problems. Havenmere aims to provide a service for people with complex physical and/or mental health needs who may need permanent, rehabilitation or respite care. This may include people living with dementia related impairments, Huntington's disease, acquired brain injury, learning disability or other mental or physical illnesses requiring support. At the time of this inspection there were 29 people using the service.

Havenmere is located in Immingham, in North East Lincolnshire. There are shops close by and the home is close to transport routes. There is car parking available for visitors and staff.

At the last inspection in October 2014 we issued a compliance action in relation to a breach of regulation 9 Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2010 and relates to regulation 9 of the HSCA 2008 (Regulated Activities) Regulations 2014, which came into force on 1st April 2015. This was because care and support plans had not always been developed to ensure people were protected against the risks of receiving care or treatment that is inappropriate or unsafe. We also made a recommendation that assessments of people's consent to making decisions were in line with the principles underlying the Mental Capacity Act 2005 (MCA).

Following the last inspection the registered provider sent us an action plan that demonstrated how they would become compliant with regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 and regulation 9 HSCA 2008 (Regulated Activities) Regulations 2014 and ensure people's care and welfare needs were supported. At this inspection we found the service was now compliant with these regulations and that improvements had been made to people's care plans and that a range of these had been developed to ensure their individual needs were appropriately met in a safe way. Assessments had now been appropriately carried out to ensure that where they were unable to make informed decisions, best interests meetings were held involving people who were involved in the care and support.

There was a registered manager for the service. 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.

Staff had received training on how to keep people safe from harm. Staff were employed following an appropriate recruitment and selection process. This helped the service to make safer recruitment decisions, to ensure staff were safe to work with vulnerable people and did not pose a risk to them.

Staffing levels were assessed according to the individual needs and dependencies of the people who used the service. People were involved in making decisions and choices about their lives and staff held a positive regard for the promotion of their personal dignity and privacy. Staff demonstrated compassion and consideration for people, many of whom experience difficulties in expressing their needs and adapting to their medical conditions. Staff responded to people's differing and complex needs with kindness and sensitivity, providing positive encouragement and explanations to help them understand what was said. People's personal care records were securely held and information about them was maintained in a confidential manner.

The registered manager and staff followed the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and ensured people were not being deprived of their liberty in an unlawful way.

People told us the quality of their food was good and their nutritional status was monitored to ensure risks from malnourishment and dehydration were acted on with involvement of specialist health care professionals when required.

People told us staff were caring and kind and were happy with the way their support was delivered. People were provided with opportunities for social stimulation and their independence was promoted. People were involved in the planning of their support, which was reviewed on a regular basis. A complaints policy was available to ensure people could raise concerns and have these investigated when required.

People told us that management were approachable and supportive. People told us they were encouraged to express their views and opinions to enable the service to continually improve. Auditing systems were in place to ensure the quality of the service could be effectively assessed. The registered manager promoted an open and transparent culture that supported staff through regular training, supervision, team meetings and annual appraisals to help them develop their careers.

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.

Training had been provided to staff about how to recognise abuse and understood how to keep people safe from harm. Risk assessments were available to help staff support people safely.

Safe recruitment procedures ensured people who used the service were not exposed to staff who were barred from working with vulnerable adults. Staff were deployed in sufficient numbers to make sure they were able to support people's needs.

The building was safely maintained to ensure people's health and wellbeing was promoted.

Is the service effective?

Good ●

The service was effective.

Regular training was provided to enable staff to have the skills needed to carry out their roles.

Assessments of people's capacity to consent to making specific informed decisions had been appropriately carried out to ensure their legal and human rights were protected.

People who used the service were provided with a wholesome and nutritious diet.

Is the service caring?

Good ●

The service was caring.

Staff demonstrated compassion and consideration for people's needs and respected their right to make choices about their lives.

Staff responded to people's differing individual needs with kindness and sensitivity.

Staff respected people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People were involved in decisions about their care and treatment to ensure their differing and individual needs were appropriately supported.

Staff provided positive encouragement to people and provided them with explanations to help them understand what was said.

A range of care and support plans had been developed to enable people to receive a service that met their needs in a personalised and safe way.

People were able to raise a complaint and have these investigated and where possible resolved.

Is the service well-led?

Good ●

The service was well led.

People were able to share their views about the service and how it was run.

Regular checks were carried out to make sure the health and wellbeing of people who used the service were safely protected. The service was monitored by the registered manager to enable it to continually improve.

There was an open and positive culture in the service.

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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 unannounced inspection was carried out by one adult social care inspector over two days on 2 and 3 August 2016.

The registered provider had not yet been asked to complete a Provider Information Return (PIR). 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. However, we checked our systems for any notifications that had been sent in as these would tell us how the registered provider managed incidents and accidents that affected the welfare of people who used the service. The local authority safeguarding and quality performance teams were contacted as part of the inspection process, in order to obtain their views about the service.

At the time of our inspection visit there were 29 people using the service. During our inspection we observed how staff interacted with people who used the service and their relatives. We used the Short Observational Framework for Inspection (SOFI) in the communal areas of the service. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We spoke directly with five people who used the service and four of their relatives. We spoke with 10 staff, including three nurses who were on duty, two members of care staff, a team leader, an activity life skills coordinator, members of ancillary staff including kitchen, laundry and maintenance team members. We also spoke with the clinical nurse manager, the registered manager, the registered provider's operations

manager and a specialist nurse who was visiting the service. Following the inspection we spoke with a community speech and language specialist, a member of staff from of the Huntington's disease association and a specialist social worker for this condition.

We looked at the case files belonging to four people who used the service, three staff records and a selection of documentation relating to the management and running of the service. We also undertook a tour of the building.

Is the service safe?

Our findings

People who used the service told us they felt safe and they and their visiting relatives said they trusted the staff. One person told us, "Oh yes, I trust the staff ever so much. It's a smashing place and they treat me very well." Another person confirmed this and said they had lived in a number of residential services previously and had not always felt safe. They commented, "I have only been here a short while but the staff here are very good and professional."

There was evidence the service maintained procedures for the reporting of incidents and accidents, to enable these to be monitored and action to be taken to minimise them from reoccurring again and protect people from potential harm. We saw a number of recent incidents involving the challenging behaviour of a person which had led to a series of meetings with mental health professionals, to enable their support to be reviewed. We saw two of these incidents had involved episodes of aggressive behaviour with other people. Whilst these had been correctly reported to the local authority safeguarding team for investigation, notifications about them had not been submitted to the Care Quality Commission as required. The registered manager advised these incidents had been of a low level nature, but would take action in the future to ensure this shortfall was appropriately addressed.

We found the service had adopted a positive approach to risks and saw a range of assessments were contained in people's files, in order to provide staff with information about how to effectively manage risks and keep people safe. Whilst we saw these assessments were regularly reviewed to ensure they were kept up to date, there was evidence some people's risk assessments had not always been fully updated. One of the four people's case files we looked at contained inaccurate details in relation to risks of falls, which had in fact decreased over the past three months.

We were told that accredited Non Abusive Physical & Psychological Intervention (NAPPI) training was provided to staff to enable them to safely manage the complex and challenging behaviours of people who used the service. We saw evidence this was initially delivered to staff as part of their induction and then on a bi-yearly basis. Staff told us this involved the safe use of techniques such as de-escalation, dignified holds and staff positioning. We saw a refresher NAPPI training course for a member of staff was scheduled to take place on the first day of our inspection, but found this was subsequently cancelled due to staff sickness.

Regular safeguarding training was provided to staff to ensure they were familiar with their professional roles and responsibilities to protect people from potential abuse. Policies and procedures were available for staff to follow which were aligned with the local authority's guidance for reporting safeguarding concerns. Staff confirmed they were aware of their duty to report potential concerns and 'blow the whistle' about issues of poor care when this was required. Staff demonstrated a positive understanding about different types of abuse and were confident that management would appropriately follow up safeguarding issues when this was required. A member of staff commented, "I have total confidence in the management, [registered managers name] is very good and will sort things when needed." The registered manager told us about occasions where they had instigated disciplinary measures in relation to allegations of poor staff practice.

Since the last inspection a whistleblowing concern had been raised about staffing levels in the service. We found the registered provider had appropriately investigated this issue and taken action to ensure people were kept safe from harm. At the time of this inspection one safeguarding investigation was underway, however we were told the outcome for this had not yet been determined.

Staff told us that staffing levels were sufficient to carry out their roles and we found these were assessed according to the individual needs and dependencies of people who used the service. We found requests had been made to the commissioners of the service for additional funding, when people needed 1:1 support in order to manage their behaviours. We saw that staff worked well together as a team and were enthusiastic about their work. We observed staff demonstrated compassion and consideration for people, many of whom experienced difficulties in expressing their needs and adapting to their medical conditions. We saw staff responded with patience and warmth to people's differing individual needs, providing positive encouragement and giving explanations to help them understand what was being said.

Safe recruitment procedures were followed by the service. Staff files contained evidence that potential job applicants were screened before they were able to start work. This enabled the registered provider to minimise risks and ensure new staff did not pose a risk to people who used the service. We looked at the files of three members of staff. We saw these contained appropriate clearances from the Disclosure and Barring Service (DBS) that demonstrated they were not included on an official list which barred them from working with vulnerable adults. There was evidence employment and character references were followed up before offers of employment were made. We found that checks of job applicants previous employment experience had been made, to enable gaps in their work histories to be explored. We saw that whilst checks had been carried out of potential employee's personal identity, documents relating to this were not available. The registered manager advised these would in the future be maintained.

We saw that checks were regularly carried out with regulators such as The Nursing and Midwifery Council (NMC) to ensure nursing staff professional skills were maintained.

People told us they received their medicines regularly and when they were prescribed. One person told us, "I get the right medicines at the right time from a nurse." We saw evidence that staff responsible for this element of practice had received training about the safe use and handling of medication which was updated on a regular basis. We were told bi annual checks of staff competencies and skills in this regard were in the process of being introduced by the service. We observed people received their medicines in a sensitive way and were provided with explanations about these. We saw people's medicines were securely stored, together with good practice information in relation to their individual medical needs. There was evidence that temperature levels of the medication room and fridges were monitored to ensure people's medicines were stored within safe temperature levels. We reviewed a sample of people's medication administration records (MARs) and found that overall people's medicines had been administered at the advised time, correctly recorded and disposed of in an appropriate way. We found one person had not received a particular medicine on one occasion because a new prescription supply for this had not been delivered by the pharmacy, when a request for it had been previously made by staff to the surgery. The registered manager told us this was due to a recent change in the way people's prescriptions were sent to the pharmacy by the surgery. The registered manager told us they had asked for a meeting about this with the pharmacy and the surgery and were currently awaiting a date for this.

We found the building was clean and well maintained. A member of staff with a background in health and safety was employed to ensure the building and equipment was kept safe for people to use. We saw evidence a range of checks were regularly carried out, including those for the maintenance of systems for control of fire, water and electricity. A contingency plan was in place for the service for use in emergency

situations and people's care records contained personal evacuation plans in case of outbreaks of fire.

Is the service effective?

Our findings

People who used the service and their relatives were positive about the care and support they received and said that staff promoted their quality of life. A speech and language therapist who provided support to people who had difficulties with swallowing told us, "I have always found staff excellent and practical. They follow my advice and nurses phone up and ask and are willing to try out different approaches in relation to changes in people's conditions."

A visiting specialist nurse told us staff worked with them well and commented positively about the progress a member of staff had made in relation to the development of their skills and carrying out specialist clinical interventions.

A specialist worker from the Huntington's disease association told us about training they had delivered to staff recently. They said staff showed a good level of understanding and insight into the effects of people's complex conditions and demonstrated a positive commitment to meeting their needs. The specialist worker commented, "Staff were knowledgeable and wanting to do more and check they were doing the right thing."

Staff were positive about the quality of the training they received in order to ensure they had the skills needed to meet people's needs. One told us, "I originally came as a carer but they supported me to do a return to practice nursing course, we work well as a team."

Staff told us they had undertaken a comprehensive 10 day induction programme which included shadowing more experienced staff before they were allowed to work on their own. We found the staff induction programme was based around the requirements of the Care Certificate. The Care Certificate is a nationally recognised qualification that ensures workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care. The registered manager told us they were hoping to sign up to the Social Care Commitment which incorporates promises and pledges for employees and new recruits. (The Social Care Commitment is the adult social care sector's promise to provide people who need care and support with high quality services and is made up of seven 'I will' statements and associated tasks). There was evidence in staff files of regular supervision meetings with senior staff, to enable their performance to be monitored and their skills to be formally appraised. Members of staff told us they were encouraged to undertake additional accredited external qualifications such as, the Qualifications and Credit Framework (QCF) to enable them to develop their careers.

We saw evidence that staff completed a range of mandatory training, including courses on fire safety, food hygiene, first aid, safeguarding, equality and diversity, infection control and the management of behaviours which challenged the service, including physical interventions. We saw statistics for the uptake of some specialist courses on topics such as mental health and brain injury were low and needed further development. We spoke to the registered manager about this and were provided with assurances this issue would be dealt with as a priority.

Case files for people who used the service contained information about their individual medical needs, together with evidence of on-going monitoring and involvement from a range of health professionals, such as GPs and Consultants, district nurses and other specialists to ensure their wellbeing was fully promoted. We saw evidence of regular evaluations of people's support, together with updates and details where changes in their health status had been noted. People's case files were organised to enable information to be easily found. Information about the promotion of people's human rights was included in people's case files, together with documentation about consent to Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) where this had been agreed.

At the previous inspection in October 2014 we made a recommendation to ensure people's capacity to make informed decisions were properly assessed under the Mental Capacity Act 2005 (MCA). At this inspection we saw the registered provider had undertaken a range of assessments relating to people's individual health and wellbeing needs and that best interest meetings had been held when this was required. We saw these meetings had involved people and professionals with an interest in their support, to ensure their legal rights were protected and upheld

People and visiting relatives told us that staff consulted them about their care and treatment. We observed care staff engaging with people in a friendly way and speaking with them about care interventions that were required. This helped ensure people who used the service had consented and were in agreement with how their support was delivered.

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. We found that training on the Mental Capacity Act 2005 had been provided to ensure staff were aware of their professional responsibilities in this regard.

People can only be deprived of their liberty to 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. We found the registered manager understood their responsibilities in relation to DoLS and had made appropriate applications for authorisations to the local supervisory body to ensure people were only deprived of their liberty lawfully and in line with current legislation.

People who used the service told us they enjoyed the food that was provided. We observed food served was nutritious and well-presented, and saw staff engaging with people, offering choices to them about their individual preferences. We saw people's nutritional needs were assessed and kept under review. We saw people's weight was regularly monitored and that appropriate action was taken when there were concerns. Where people were at risk of choking or malnutrition we found that staff liaised and worked closely with community specialists, such as speech and language therapists and dieticians. We found that guidance and direction about this was provided for staff to follow.

Is the service caring?

Our findings

People who used the service said staff involved them in making choices about their support. They and their relatives told us that staff were professional and supportive. People told us staff were friendly and kind and treated them with respect. One person told us, "The people who work here are really excellent, they treat me like I should be and have very good hearts."

We observed people were at ease with the staff and had developed good relationships with them. Staff demonstrated a good understanding and knowledge of people's individual strengths and needs together with level of support each person needed. We observed staff interacted and talked with people empathically, demonstrating patience and warmth, giving time for people to respond. We saw staff spending individual time with people, providing reassurance and support to enable their individual needs to be met in a calm and dignified way. We observed staff effectively supported people when their behaviour became agitated or they were upset, with use of de-escalation techniques and moving them to a quieter area.

We found the service focussed on people's individual physical, cognitive, emotional, behavioural, social and personal needs. We were told people were allocated a named nurse and a key worker, to enable positive relationships to be developed and ensure they were appropriately supported. Information about people's personal likes and preferences was available, together with details about their identified goals and aspirations. We saw evidence of the use of advocacy services in people's care records to ensure their legal rights were upheld. Programmes were developed to enable people's life skills to be promoted with use of physiotherapy from a community specialist in order to ensure their independence was maximised. We found that staff had actively supported one person's rights in relation to their sexual orientation, by arranging them to attend meetings about this aspect of their lives.

There was evidence people were involved and encouraged in making decisions and choices about their lives. People told us they were able to get up and go to bed when they liked and able to make decisions about things like what clothing they wanted to wear. We saw people were clean and looked well cared for. We found meetings were held with people who used the service to enable their involvement in decisions about the service. Relatives told us they were encouraged and able to freely visit. We saw people were provided with information about the service and details about this were on display in the entrance and corridor areas of the service. Information in relation to the fundamental standards of care were displayed on staff notice boards in the service to enable them to have information about what was expected of them.

People told us their wishes for privacy were upheld and were able to spend time in their own rooms when required. We observed staff knocked on people's doors before entering their rooms to ensure their wishes for privacy were respected. We found people were able to personalise their rooms to help them feel at home.

Throughout our inspection, we observed staff were patient and kind. We observed staff respected the need

to maintain people's confidentiality and did not disclose information to people who did not need to know. We saw information about people's needs was securely stored and that details that needed to be communicated about them was passed on in private.

Is the service responsive?

Our findings

People told us their care and support was personalised to meet their needs. They told us they had no concerns and were happy with the service provided. Visiting relatives told us they were happy with the way the service was delivered. Relatives told us they knew how to raise a concern and were confident these would be appropriately dealt with. One person who used the service told us, "I have no complaints. I've never known a place like this, I was only here a few days when they registered me with a new GP and they booked me in with the local dentist to get my teeth done."

A speech and language therapist told us staff followed their advice and worked sensitively with people. They commented, "Staff have really positive relationships with people and know their individual likes and preferences very well."

At the previous inspection in October 2014 we found a breach of regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 which relates to regulation 9 of the HSCA 2008 (Regulated Activities) Regulations 2014 and we made a compliance action about this. This was because people's care and support plans had not always been developed to ensure they were protected against the risks of receiving care or treatment that is inappropriate or unsafe.

At this inspection we found the service was now compliant with these regulations, because the registered provider had improved and developed people's care and support plans. We looked at the care records for four people who used the service and these all contained a range of individual care and support plans that were updated and evaluated in a regular way and provided staff with information about how to safely meet their needs. We saw a range of assessments of people's needs had been carried out and there was evidence of their involvement in these, together with those with an interest in their support. We saw that assessments of people had been undertaken prior to them moving in to the service to ensure it was able to meet their needs.

We found people's support plans documented action required to ensure people's individual strengths and needs were safely supported and enable staff to deliver a personalised service. There was evidence in people's personal care records of their participation and involvement in decisions about their support to ensure their wishes and feelings were met. We saw people's care records included details about their personal life histories, individual preferences and interests to enable them to have as much choice and control over their lives as was possible. We saw assessments about known risks to people were completed on issues such as risk of infections, skin integrity, falls, and nutrition. There was evidence that people's risk assessments were reviewed with involvement from a range of health and social care professionals, to ensure people's changing and specialist needs could be responsively met in a multi-disciplinary way. Community specialist staff who we spoke with commented positively about their involvement with the service and said that staff were proactive in contacting them when this was required.

There was evidence of a person centred approach to enable people's individual and differing wishes and

needs to be appropriately supported. We found the building was equipped to meet people's specialist and changing needs and observed use of aids and equipment, such as picture boards and signage to enable people to recognise and orientate themselves around and to help them to feel in control of their lives.

We saw a range of individual and group activities were provided to ensure people had opportunities for social interaction and their independence to be promoted. We saw these were carried out in an encouraging and friendly way and since our last inspection we found these had been developed and improved with the creation of a staff life skills team and a van driver. We saw groups of people going out to activities such as bowling in the local community. One person told us they went out to a local pub on their own and were considering joining in a visit to see a film that had been arranged.

There was a complaints policy and procedure in place to ensure the concerns of people were listened to and followed up. We observed details of this were displayed in the service. People and their relatives told us they knew how to raise a complaint and were confident any concerns would be addressed and resolved wherever this was possible. We found evidence that complaints were followed up by the registered manager and that people were informed of the outcome of issues that were raised. The registered manager told us they maintained an open door policy and welcomed feedback as an opportunity for learning and improving the service delivered.

Is the service well-led?

Our findings

People who used the service told us they felt the home was well run. They told us the registered manager was approachable and accessible and listened to their concerns.

A specialist worker from the Huntington's disease association told us they had visited the service in the past and had recently been impressed at improvements that had recently been made. They told us they found staff were keen to learn more about the condition and asked "Lots of sensible questions."

Staff comments were very positive about the service and management. A registered nurse told us they had worked at the service for the past 15 months. They said, "I'm so happy here, I've never known such a supportive atmosphere and management lead by example."

Since our last inspection we found the service had been developed. There was evidence that assessments and care planning for people had been improved and to ensure they received care and treatment that was safe. We found appropriate action had been taken to enable the service to be fully compliant with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which replaced the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and met with our requirements.

There was evidence the registered manager had a wealth of knowledge and experience in health and social care services. The registered manager was supported by a management team consisting of a clinical nurse manager, unit managers and a dedicated administrator. The registered manager is a qualified nurse and had an open and inclusive style of management, whilst recognising the need for accountability.

There was evidence of regular monthly visits to the service from an operations manager from the registered provider, together with a variety of audits and checks that regularly took place to ensure people's health and wellbeing was safely managed and monitored. We found additional checks were carried out by specialist staff employed by the registered provider to ensure the service was compliant in issues such as quality and health and safety.

Administrative systems were organised well to support the effective running of the service. There were governance systems to enable the registered manager to monitor the service and take action to resolve issues when this was required. We saw evidence that on-going action plans were produced to address issues that were identified and ensure the service could continually improve.

People who used the service, their relatives and staff told us the registered manager maintained an open door policy and welcomed feedback to enable the service to learn and develop. We found the registered manager had a 'hands on' style of approach and completed daily walk rounds of the building to ensure they were aware of issues affecting the service.

There was evidence people who used the service and their relatives were consulted about the service and

that regular meetings were held to enable them to contribute and share their views. An annual maintenance programme was in place for the service including regular checks of the building and equipment, to ensure people's health and safety was effectively maintained.

The registered manager was readily available throughout our inspection visits, providing guidance and support to people when this was needed. Care staff told us the registered manager was very supportive. They told us they had confidence in the registered manager and were able to approach them with suggestions, issues or concerns about the service. Talking about management member of staff stated, "They are really approachable and very supportive and share information with us." This member of staff told us daily nurse meetings had recently been introduced to help improve communication across the service, the person commented, "It's so useful to have these to help us work as a team."

We saw evidence of regular staff meetings that were held to enable clear direction and leadership to be provided by the registered manager. This ensured staff understood what was expected of them and were clear about their professional roles and responsibilities. Minutes of staff meetings contained evidence of issues that were discussed to make sure people received the support and treatment that was appropriate for meeting their needs.

Staff files contained evidence of individual meetings with senior staff to enable their attitudes and behaviours to be monitored and appraised. Care staff told us they received feedback about their work in a constructive way and the registered manager listened to their ideas to help the service develop. Care staff told us they felt valued and their skills were respected and were encouraged to develop their skills and question practice and that communication was open. Staff recognition award schemes were in place such as the 'Making a difference award' together with nominations for national care awards.

We found the registered provider carried out annual surveys of people's views about the service. Results from the most recent survey carried out in 2015 included comments from professionals which stated, "The staff at Havenmere are professional and supportive to myself and clients." Relative comments included, "The care staff and facilities are excellent. The staff are always polite, friendly and helpful. Having worked as a senior staff nurse in the NHS for 23 years the staff at Havenmere are the best I have encountered."