

Sharob Care Homes Ltd

Eldon House Residential Home

Inspection report

Downgate
Upton Cross
Liskeard
Cornwall
PL14 5AJ

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Tel: 01579362686

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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

Eldon house is a residential care home which predominately provides care for older people, some of whom have a form of dementia. The home can accommodate up to a maximum of 20 people. On the day of the inspection 20 people were living at the service. Some of the people at the time of our inspection had physical health needs and some mental frailty due to a diagnosis of dementia.

The service is required to have a registered manager and at the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

We carried out this unannounced inspection of Eldon house on 30 January 2016. We saw people were happy living at Eldon house. The atmosphere was friendly and relaxed and we observed staff and people using the service enjoying each other's company. People's comments included; "Staff are good, they take care of me", and "The staff are very kind and very understanding." People told us they were completely satisfied with the care provided and the manner in which it was given.

When we arrived at Eldon House we had difficulty gaining entry to the service. When we phoned the service there was no reply and the call went to voicemail. Three relatives said that contacting the service by phone could be difficult. However when they physically visited the service they had the key code so that they could enter the property themselves. We discussed with the area manager the difficulty in gaining access and our concern that if there was an emergency situation services might face similar problems. The area manager reassured us that this would be addressed immediately. Following the inspection we were told by the area manager that the service had already obtained quotes to connect the gate intercom to the call bell system.

People looked well cared for and their needs were met quickly and appropriately. People who used the service and their relatives were complimentary about the care they received from staff who they felt were knowledgeable and competent to meet their individual needs. Relatives comments included; "Staff are so attentive and "I couldn't ask for a better home, staff go that step beyond." Relatives told us they were always made welcome and were able to visit their family members at any time

People told us "I feel safe here they take care of me." They told us they were completely satisfied with the care provided and the manner in which it was given. Relatives felt their family member was cared for safely. Staff were aware of how to report any suspicions of abuse and had confidence that appropriate action would be taken.

People's care and health needs were assessed prior to admission to the service. Staff ensured they found out as much information about the person as possible so that they could get to know the persons wishes and preferences. Relatives felt this gave staff a very good understanding of their family member and how

they could care for them.

People were supported to live their lives in the way they chose. People's preferences in how they wanted to spend their day were sought, listened to and respected. Activities were provided by the service individually and in a group format. Activities available included arts and crafts and outside entertainers coming into the service. Visitors told us they were always made welcome and were able to visit at any time.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. Where people did not have the capacity to make certain decisions the service involved family and relevant professionals to help ensure decisions were made in the person's best interests.

People's care plans identified the person's care and health needs in depth and laid out how the person wished to be supported by the service. They were written in a manner that informed, guided and directed staff in how to approach and care for a person's physical and emotional needs. Records showed staff had made referrals to relevant healthcare services quickly when changes to people's health or wellbeing had been identified. Staff felt the care plans allowed a consistent approach when providing care so the person received effective care from all the staff. People that used the service and their relatives told us they were invited and attended care plan review meetings and found these meetings really helpful.

People told us staff were very caring and looked after them well. From our observations and discussion with staff it was evident that staff genuinely cared for the people they supported. The registered manager told us "They are not residents, they are my family." We saw many examples of staff providing physical reassurance to people. People responded positively to this physical reassurance from staff. This demonstrated the strong relationships which had formed between people who lived at the service and staff.

We saw staff providing care to people in a calm and sensitive manner and at the person's pace. When staff talked with us about individuals in the service they spoke about them in a caring and compassionate manner. Staff demonstrated a really good knowledge of the people they supported.

Peoples' privacy, dignity and independence were respected by staff. We saw many examples of kindness, patience and empathy from staff to people who lived at the service.

There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs. We saw staff respond to peoples requests for assistance promptly. Relatives commented staff were always available if they had any queries at any time.

Staff told us they attended meetings (called supervision) with their line managers. Staff attended 'group supervisions' which allowed staff to discuss new and current guidance. Staff had an annual appraisal to review their work performance over the year.

Staff attended regular training to ensure that their skills remained up to date with recent guidance. They all received a thorough induction when they started work at the service and fully understood their roles and responsibilities, as well as the values and philosophy of the home. People and relatives felt staff were skilled and competent to undertake their job.

We saw the service's complaints procedure which provided people with information on how to make a complaint. People and relatives told us they had no concerns at the time of the inspection and if they had any issues they felt able to address them with the management team.

The registered manager promoted a culture that was well led and centred on people's needs. People told us how they were involved in decisions about their care and how the service was run. The management and running of the service was 'person centred' with people being consulted and involved in decision making. People were actively involved in decision making so the service was run to reflect their needs and preferences.

The service was keen to gain the views of people's relatives and health and social care professionals. The provider had an effective system to regularly assess and monitor the quality of service that people received and was continuously trying to further improve the quality of the service.

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 felt safe living in the home and relatives told us they thought people were safe.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Is the service effective?

Good ●

The service was effective. People were positive about the staff's ability to meet their needs. Staff received on-going training so they had the skills and knowledge to provide effective care to people.

The registered manager and staff had an understanding of the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

People were able to see appropriate health and social care professionals when needed to meet their healthcare needs

Is the service caring?

Good ●

The service was caring. Staff were kind and compassionate and treated people with dignity and respect.

Staff respected people's wishes and provided care and support in line with their wishes.

Positive relationships had been formed between people and supportive staff.

Is the service responsive?

Good ●

The service was responsive. People's care needs had been thoroughly and appropriately assessed. This meant people received support in the way they needed it.

People had access to activities that met their individual social

and emotional needs.

People and visitors told us they knew how to complain and would be happy to speak with managers if they had any concerns.

Is the service well-led?

The service was well-led. Staff said they worked together as a team, putting the needs of the people who used the service first.

The registered manager had a clear vision for the service and encouraged people, relatives and staff to express their views and opinions.

There was an ethos of continual development within the service where improvements were made to enhance the care and support provided and the lives of people who lived there.

Good ●

Eldon House Residential Home

Detailed findings

Background to this inspection

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

This inspection took place on 30 January 2016. This was an unannounced inspection which meant the registered manager, staff and provider did not know we would be visiting. The inspection team consisted of one inspector.

Before visiting the service we reviewed the Provider Information Return (PIR) and previous inspection reports before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This enabled us to ensure we were addressing potential areas of concern. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with eight people who were able to express their views of living at Eldon house. We looked around the premises and observed care practices. We used the Short Observational Framework Inspection (SOFI) over the visit which included observations at meal times. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with four relatives following our visit.

We also spoke with three care staff, catering staff, the area manager and the registered manager. We looked at three records relating to the care of individuals, three staff recruitment files, staff duty rosters, staff training records and records relating to the running of the service.

Is the service safe?

Our findings

People told us they felt safe living at Eldon House. They told us; "I feel safe here" another commented; "They look after me as well as they can." Relatives told us they felt their family member was cared for safely. People and their relatives were complimentary about how staff approached them in a thoughtful and caring manner. We saw people approaching staff freely without hesitation and that positive relationships between people and staff had been developed.

When we arrived at Eldon House we had difficulty gaining entry. When we phoned the service there was no reply and the call went to voicemail. Three relatives said that contacting the service by telephone could be difficult. However when they physically visited the service they had the key code so that they could enter the property themselves. Relatives told us the key code was changed regularly for security purposes. We discussed with the area manager the difficulty we had experienced gaining access to the premises and our concerns that 999 services might have similar problems in an emergency situation. The area manager said that staff would look out for the emergency service as usually they called them. However she accepted there were potential problems and said this would be addressed immediately.

People told us they felt there were sufficient staff on duty. They acknowledged that there were times of the day, such as mornings, when staff were "very busy" but appreciated that staff were supporting other people in the service to get up and therefore they may have to "wait a little longer, but that's fine." Relatives commented staff were always available if they had any queries at any time when they visited the service.

On the day of inspection there were two care staff, plus the registered manager (who was also providing care) a catering member of staff and one domestic worker on duty. At night one carer was awake to support people if they need assistance in the night. The waking night carer has the support of a carer who sleeps in the service if additional help is needed during the night hours. Rotas reflected this. Staff said they felt there were sufficient staff levels at the home when the rota was adhered to, for example no staff sickness. Staffing rotas showed this level of staffing was on duty throughout the week.

The registered manager regularly reviewed people's dependency needs to see if additional staffing was needed to help ensure the correct level of support was available to meet people's changing needs. For example it was noted that the time people wished to receive care in the mornings had changed. Therefore the sleeping in carer started their shift at 6.30am to support the waking night staff member to enable people to get up at the time of their choosing. This tool was also used with each new admission to help ensure that staffing levels could meet the person's needs.

Staff were aware of the service's safeguarding and whistle blowing policy. This policy encouraged staff to raise any concerns in respect of work practices. Staff said they felt able to use the policy, had received training on safeguarding adults and had a good understanding of what may constitute abuse and how to report it. All were confident that any allegations would be fully investigated and action would be taken to make sure people were safe. The registered manager was aware of and had followed the Local Authority reporting procedure in line with local reporting arrangements. This showed the service worked openly with

other professionals to help ensure that safeguarding concerns were recognised, addressed and actions taken to improve the future safety and care of people living at the home.

Staff had worked with other professionals to develop different ways of working so appropriate measures could be put in place to minimise risks to people. Risks were identified and assessments of how any risks could be minimised were recorded. For example, how staff should support people when using equipment, reducing the risks of falls, the use of bed rails and reducing the risk of pressure ulcers. We saw that equipment such as hoisting equipment was serviced and was in working order. From our conversations with staff it was clear they were knowledgeable about the care needs of people living at the service.

Staff supported people with mobility difficulties. We observed staff support people as they mobilised around the service. As they supported the person staff spoke to them telling them what they were going to do and helped ensure the person felt comfortable and safe at all times. Staff had received training in this area of care.

Staff had completed a thorough recruitment process to help ensure they had the appropriate skills and knowledge required to meet people's needs. The recruitment files contained all the relevant recruitment checks to show people were suitable and safe to work in a care environment.

The service did not hold money for people at the service. If a person wanted to purchase items such as toiletries, hairdressing or newspapers etc, the service would purchase them on their behalf. A monthly invoice would then be produced which the person or their representative would pay. People and relatives we spoke with were happy with this arrangement. Some people chose to hold a small amount of money in their room and this was kept securely.

The service had adopted the Assisted Living medicines dispensary. This meant that the person's medicines were kept in their own bedrooms. Medicines were stored in a locked cabinet and the key was kept safely. We saw Medicines Administration Records (MAR), were completed as required. The medicines in stock tallied with those recorded on the MAR. Controlled medicines which have stricter guidelines in respect of the storage, administration and recording of medicines, were kept in separate vicinity. We saw some people took medicines 'as required' (PRN). Care plans provided direction to staff in how people would like to receive their medicines and this guidance was followed.

There were appropriate fire safety records and maintenance certificates for the premises and equipment in place. There was a system of health and safety risk assessment of the environment in place, which was annually reviewed.

Is the service effective?

Our findings

People were able to make choices about what they did in their day to day lives. For example, when they went to bed and got up, who they spent time with and where, and what they ate. A person told us, "It is good here", "I like my room I have it just as I want it." People felt staff responded to their needs promptly and were "Fantastic" and "Marvellous."

We used our Short Observational Framework for Inspection tool (SOFI) in communal areas during our visit over the lunchtime period. This helped us record how people spent their time, the type of support they received and whether they had positive experiences. People were able to choose where they wanted to eat their meals, and ate in the lounge, dining room or in their bedroom. The dining room was used by eleven people. A radio played in the background and we saw that lunch was leisurely and people enjoyed their food. Some people needed assistance from staff with eating. Staff sat next to the person and explained to them what food was on the plate and asked what they would like, for example pasty or beans before placing it on the fork to give to the person. Staff were patient and joined in conversation with the person and others around them. There was a lot of laughter from people and staff which made the dining experience pleasurable to all there.

Staff also provided sensitive prompting and encouragement to other people in the dining area to help ensure they ate their meal. Staff responded to people's request for assistance, for example one person asked staff to cut their pasty for them, which staff did immediately. Staff checked with people that the food choices were to their liking and we heard one person request an alternative meal which was subsequently provided. Staff offered people regular drinks. Fresh fruit snacks and drinks were available at all times.

People told us they had discussed with the registered manager and staff their likes and dislikes so they were provided with meals they liked. From this a list of people's preferences were recorded and shared with catering staff. People told us the food was "Lovely" and "Really good, it's cooked very well." The cook said the menus were discussed with people so that they chose their main meal and also what they would like for tea. The catering staff had a good knowledge of people's dietary needs and catered for them appropriately, for example soft, diabetic and vegetarian diets. The cook prepared all foods, brought stock locally, and did not have a budget to keep to when buying all foods needed. Catering staff had attended relevant training. A recent environmental health inspection had awarded the service a four star rating. Some recommendations were made, such as to complete food records daily, which we saw were completed, and a new window had been fitted. This showed that the service responded to recommendations from the environmental health agency promptly.

People were complimentary about the staff, stating they were "lovely." Relatives were involved in the admission of their family member to the home and staff ensured they found out as much information about their family member so that they could get to know them, their likes, dislikes, interests they wanted to know all about their life. This gave staff a better understanding of people new to the service and how they could care for them.

New staff completed an induction when they started to work at the service. An induction checklist was filled out by the staff member and their supervisor. The induction programme had been reviewed to fit in line with the Care Certificate framework which replaced the Common Induction Standards with effect from 1 April 2015. New employees would be required to go through an induction which included training identified as necessary for the service and familiarisation with the service and the organisation's policies and procedures. There was also a period of working alongside more experienced staff, until such a time as the worker felt confident to work alone. This helped ensure that staff met people's needs in a consistent manner and delivered good quality care. Eight staff had completed the Care Certificate.

Staff told us they attended monthly meetings (called supervision) with their line managers. Staff discussed how they provided support to people to ensure they met people's needs. It also provided an opportunity to review their aims, objectives and any professional development plans. Staff had an annual appraisal to review their work performance over the year.

Staff attended training relevant to their role and found it to be beneficial. Some of the courses attended included: safeguarding, equality and diversity and manual handling. Staff said that the registered manager supported them to attend specialist courses, such as dementia awareness. This increased staff knowledge and skills so that people received good quality care.

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. The registered manager and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

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 that the service acted in accordance with legal requirements and had made applications when it was evident there were current restrictions on a person's liberty.

Staff made referrals to relevant healthcare services quickly when changes to health or wellbeing had been identified, such as GP's dentists and opticians. Relatives told us staff always informed them if their family member was ill or needed to be seen by a health professional. Specific care plans, for example, diet and nutrition, informed directed and guided staff in how to provide care to a person. These had been reviewed to help ensure they remained up to date and reflected people's current care needs.

Is the service caring?

Our findings

We received positive comments from people who lived at Eldon House. Comments included "Staff are really good, they are great" and "I am happy here." People told us they were completely satisfied with the care provided and the manner in which it was given.

We received positive comments from relatives about the care their family member received. Comments included: "Staff are so attentive," "It's homely, not the smartest of places but they have the atmosphere right" and "I couldn't ask for a better home, staff go that step beyond." Relatives told us they were always made welcome and were able to visit their family members at any time. People could choose where they met with their visitors, either in their room or different communal areas.

From our observations and discussion with staff it was evident that staff genuinely cared for the people they supported. The registered manager told us "They are not residents, they are my family." We saw many examples of staff providing physical reassurance to people. For example when staff assisted a person with their meal, they tucked their hair behind the person's ear in a sensitive manner, saying "That's better" and the person smiled in reply. Another person wanted a hug from a staff member, and they responded affectionately. People responded positively to this physical reassurance from staff. This demonstrated the strong relationships formed between people who lived at the service and staff.

The registered manager told us, where a person did not have a family member to represent them, they had contacted advocacy services to help ensure the person's voice was heard. Some people had solicitors or family members to act on their behalf.

Some staff had worked at the service for many years, and told us "It's home from home" and "The people are lovely here I wouldn't want to work anywhere else." All staff showed a genuine interest in their work and a desire to offer a good service to people. Staff were seen providing care and support in a calm, caring and relaxed manner. Interactions between staff and people at the service were caring with conversations being held in a gentle and understanding way. Staff interacted with people respectfully.

People's privacy was respected. Staff told us how they maintained people's privacy and dignity. For example, by knocking on bedroom doors before entering, gaining consent before providing care and ensuring curtains and doors were closed. Staff told us they felt it was important people were supported to retain their dignity and independence. As we were shown around the premises staff knocked on people's doors and asked if they would like to speak with us. Where people had requested, their bedrooms had been personalised with their belongings, such as furniture, photographs and ornaments. Bedrooms, bathrooms and toilet doors were always kept closed when people were being supported with personal care.

There were opportunities for staff to have one to one time with people and we saw this occur throughout our inspection. Where possible people were involved in decisions about their daily living. Staff were clear about the backgrounds of the people who lived at the service and knew their individual preferences regarding how they wished their care to be provided.

We saw that some people had completed, with their families, a life story which covered the person's life history. Relatives told us they had been asked to share life history information and had provided photographs and memorabilia. This gave staff the opportunity to understand a person's past and how it could impact on who they are today.

Is the service responsive?

Our findings

People and relatives told us that staff were skilled to meet their needs. People who wished to move into the service met with the registered manager prior to admission and had their needs assessed to help ensure they could be met. Their relative was also consulted to ensure their views on what support the person needed were obtained. The registered manager was knowledgeable about what support people needed and made decisions about any new admissions by balancing the needs of any new person with those of the people already living in the service.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the service. Daily staff handovers provided each new shift with a clear picture of each person at the service and enabled good two way communication between care staff. This helped ensure staff were aware of the current needs of each individual.

Care plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. Care plans were reviewed monthly or as people's needs changed. Care plans were informative, easy to follow and accurately reflected the needs of people. People, who were able, were involved in planning and reviewing their own care. Where people lacked the capacity to make a decision for themselves, staff involved family members in the review of care. People and their family members were given the opportunity to sign in agreement with the content of care plans.

Care plans provided specific guidance and direction about how to meet a person's health needs. For example a care plan stated that a person's fluid intake needed to be monitored. Advice from health professionals had been sought to ensure the staff had relevant information to meet the person's health needs. Fluid charts were completed by staff to monitor the person's daily intake and this information was then shared with health agencies. This demonstrated that staff took on board advice provided by other health professionals and continued to liaise with them to ensure the correct treatment would be provided to the person.

Care plans guided staff on how to manage a person's behaviour when they became anxious or distressed. This guided staff in how to offer appropriate reassurance so that staff responded in a consistent manner. For example one person's care plan stated, if the person remained anxious to support the person to move to a quieter area of the home that enabled them to look out over the garden. Staff told us they felt the care plans were individualised and provided them with clear instructions in how to provide care consistently for the person

Care records reflected people's needs and wishes in relation to their social and emotional needs. Activities were provided every day of the week. In our conversations throughout the inspection with people all said they felt there was enough to participate in during the day if they wished. Peoples care plans recorded their interests and from this staff identified what activities people would like provided. One person told us they went to church each week with support from a family friend.

Activities to be provided were discussed at residents meetings. We saw a poster on display advertising what activities were to be held and at what time, so that people could choose if they wanted to participate or not. This demonstrated staff were pro-active in encouraging people to participate in activities.

The service's complaints procedure provided people with information on how to make a complaint. The policy outlined the timescales within which complaints would be acknowledged, investigated and responded to. It also included contact details for the Care Quality Commission, the local social services department, the police and the ombudsman so people were able to take their grievance further if they wished.

We asked people who lived at the service, and their relatives, if they would be comfortable making a complaint. People told us they would have no hesitation in raising issues with the registered manager or staff. All told us they felt the registered manager was available and felt able to approach her, or staff with any concerns. We received several comments from people stating that they had no need to make a complaint as they felt the service provided was "Brilliant" and "There is nothing to improve."

Is the service well-led?

Our findings

The registered manager promoted a culture that was well led and was centred on meeting people's needs. People told us how they were involved in decisions about their care and how the service was run. The management and running of the service was 'person centred' with people being consulted and involved at all levels of decision making. People were empowered by being actively involved in decision making so the service was run to reflect their needs and preferences. Residents meetings were planned so that people had the opportunity to share their views on how the service was run, for example decisions about their activities and meal choices. In addition people had regular meetings with the manager.

Relatives told us they felt the service was managed well and if they had any suggestions these would be listened too. The registered manager had arranged relatives meetings in the past but attendance had not been good. Therefore they ensured they were available to speak with relatives to gain their views on the service, for example when they visited, phoned or attended care plan reviews.

There was a clear ethos at the service which was communicated to all staff. It was important to all the staff and management at the service that people who lived there were supported to be as independent as possible and live their life as they chose. We saw this being carried out in the delivery of care that was personalised and specific to each individual.

The registered manager worked in the service every day providing care and supporting staff. There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager had overall responsibility for the service, supported by the assistant manager. They were accessible to staff at all times which included a manager always being available on call to support the service. The area manager supported the registered manager and monitored the service.

Staff said there was effective communication between them and the service's management in respect of the care of people who lived at Eldon House. Staff were able to contribute to decision making and were kept informed of people's changing needs. Staff had a good understanding of the people they cared for and they felt able to raise any issues with their managers if the person's care needed further interventions.

The registered manager told us they felt the atmosphere of the service had improved. Staff were motivated, worked well, together as a team and communication had improved. Eldon House had introduced a 'carer of the quarter award' 18 months ago where staff would nominate a colleague for the award. The winning staff member was presented with a fifty pound gift voucher and runner ups with bottle of wines. Staff also received massages last Christmas and a gift voucher this Christmas. A bonus scheme was introduced in October where staff receive a quarterly bonus for training and attendance. Staff told us they liked this as it made them feel valued as well as appreciating each other. Staff also gave us examples of when the area manager had sent staff home following an emergency situation at the service. This allowed staff time to have time away after a stressful incident and they felt more refreshed when they returned to work. Staff had high standards for their own personal behaviour and how they interacted with people

The area manager was keen to ensure that the service was up to date and was following current best practice. For example the area and registered manager updated staff on policy developments such as changes to the mental capacity act and safeguarding procedures. The registered manager and provider had attended Skills For Training seminars so that they were aware of the new legislative changes to the induction of new staff, which they then implemented.

The registered manager made sure they were aware of any worries or concerns people or their relatives might have and regularly sought out their views of the service. The registered manager spoke daily with people and visitors to gain their views in order to support the constant development and improvement of the service provided to people.

The organisation sought the views of people's relatives and health and social care professionals in a questionnaire. The results of these were compiled in a report which identified what the service was doing well as well as areas for potential improvement.

The registered manager investigated and reviewed incidents and accidents in the home. This included incidents regarding the number of falls a person had. We saw that care plans were reviewed to reflect any changes in the way people were supported and supervised.

The registered manager and staff were committed to continuous improvement of the service by the use of its quality assurance processes and its support to staff in the provision of training. The views of people and their relatives were sought and the focus of the evaluation was on the experiences of people who lived at the service. The service had just received the Bronze Investors In People accreditation which is the level above the standard accreditation. Following a thorough assessment of the practices within the service and anonymous interviews with staff, the service was assessed as meeting the standards of best practice and management without having any further requirements.

There were effective systems to monitor and check the performance of the service. These included monthly health and safety checks to identify both that the service was safe for staff and people, and if any improvements were needed. There was regular monitoring of the service to help ensure it was operating effectively and that people's needs were safely met. This involved the managers completing a monthly audit of care records, staff working hours, the maintenance of equipment in the home and staff training. There were corresponding action plans detailing how any improvements were to be made. Follow up checks were made to monitor the effectiveness of the changes.

Services that provided health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The provider and manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.