Grove Care Limited

Oriel Lodge

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

Oriel Lodge is a care home for up to 22 older people living with dementia. At the time of our inspection there were 17 people living at the service

At the last inspection, the service was rated Good. At this inspection we found the service had met all relevant fundamental standards and continued to be rated Good..

The provider had signed up for the dignity and dementia pledge. The service and staff demonstrated their commitment to care for people with dignity, to further improve and to follow best practice for the care of people living with dementia. They ensured they kept up to date with current practice and linked with care provider forums and support groups. They ensured people had access to the local community facilities. The community was invited to enter the home and participate in social activities.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were systems in place to assess, monitor and improve the quality and safety of the service. The provider continually looked to make things work better so that people benefitted from an improved service. Any planned improvement actions were followed up to ensure they were implemented.

Staff described the registered manager as supportive and approachable. Comments from surveys and compliments received by the service confirmed that people were happy with the service and the support received.

People were kept safe. Any risks to people's health and welfare were well managed. The premises were well maintained and staff were trained in how to move people requiring assistance from one place to another safely. Staff received safeguarding adults training and were knowledgeable about safeguarding issues. They knew what to do if concerns were raised and who to report the concerns to.

Pre-employment checks were robust and ensured that unsuitable staff could not be employed to work in the service. The management of medicines was in line with good and safe practice.

Staffing levels for each shift were calculated to ensure each person's care and support needs could be met. The numbers were adjusted as and when people's needs changed. All staff were provided with the training they needed to carry out their roles and responsibilities effectively. The provider placed great emphasis on giving those staff who had proved themselves, extra responsibility. These staff members had taken lead roles in key areas. New staff to the service were well supported and completed an induction training programme. They were supported by a buddy and a mentor until they had settled in to their role. All other

staff had a programme of refresher training to complete. Care staff were encouraged to complete nationally recognised qualifications in health and social care.

People were supported to make their own choices and decisions where possible. Staff understood the need for consent and what to do where people lacked the capacity to make decisions. We found the home to be meeting the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were provided with the food and drink they liked to eat. There was a real commitment by the catering staff and the care team to ensure that people enjoyed their food and received a balanced diet. Where there were risks of malnutrition or dehydration there were plans in place to reduce that risk.

Arrangements were made for people to see their GP and other healthcare professionals as and when they needed to do so.

People received a service that was caring and met their individual care and support needs. The staff were aware of the need for good working relationships with the people they looked after. People said they were well looked after. There were many examples of where the staff had gone that extra mile to meet people's social and emotional needs which had resulted in improved well-being.

Care planning processes ensured that each person was provided with person-centred care and where possible had been involved in drawing up their care plans. Care plans were well written and provided detailed information about how the person wanted to be looked after and how their care was to be delivered. People were encouraged to have a say about things that mattered to them and to raise any concerns they may have.

Further information is in the detailed findings below

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 received care from staff who kept them safe. Any risks to people's health and welfare were well managed.

Staff received safeguarding training and knew what to do if concerns regarding a person's safety were raised.

Robust recruitment procedures ensured that only suitable staff were employed.

Staffing levels were appropriate and enabled them to meet people's care and support needs. The numbers of staff were adjusted when people's needs changed.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff received the training they needed. Staff were well supported and regularly supervised.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005. The principles of the Deprivation of Liberty Safeguards were understood and applied correctly.

People were provided with food and drink that met their individual requirements and where risks of weight loss were identified this was managed well. People were supported to see other health and social care professionals as needed.

Is the service caring?

Good

The service was caring.

People were treated with dignity, respect and compassion.

Staff supported people in a way that promoted their well-being.

Staff recognised people's individual care and support needs and knew the value of positive working relationships

Is the service responsive?

Good

The service was responsive.

People were able to participate in a range of meaningful social activities and emphasis was placed on what people enjoyed most. They were involved in community activities and enabled to live as full a life as possible. The community was also invited in to their home.

People received the care and support they needed and were looked after in the way they liked. People were listened to and staff supported them if they had any concerns or were unhappy.

Is the service well-led?

Good

The service was well-led.

The provider and registered manager had a clear vision about the service. looked to how further improvements could be made to the service to benefit people.

There was good leadership and management of the service and feedback from people and their families was encouraged.

People were looked after by staff who all shared the provider's commitment to running a well-led service.

Oriel Lodge

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 checked 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 comprehensive inspection took place on 20 and 22 May 2017. The inspection was unannounced and carried out by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. Before our inspection, we reviewed the information in the PIR along with information we held about the home, which included incident notifications they had sent us.

On the days of the inspection we spoke with the registered manager, a director of the service, six people and three members of staff. We looked at three people's care and support records. We also looked at records relating to the management of the service such as the daily records, policies, audits and training records.

We observed how people were supported and we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People who were able to talk with us told us they felt quite safe at the service. People said, "I feel very safe here, no complaints at all they've made me feel at home here from the very start. "Absolutely safe here, you can see for yourself everybody is happy."

Medicines were stored safely. All medicines were stored in locked medicines trolleys or in locked cupboards. One of the senior staff had taken a lead role on medicines and completed weekly audits. They ensured the repeat prescriptions were filled and delivered, stored correctly and administered as prescribed. Accurate records were kept of all medicines received in to the home and of those returned to the chemist for disposal. Medicine administration records (MAR) were up to date and gaps in recording accounted for. There were medicines profiles for each person that provided staff with guidance as to people's diagnosed medical conditions and the medicines that had been prescribed. The reasons for the medicines being prescribed was stated and any potential side-effects or problems. The service also reviewed the use of anti-psychotic medicines for people who used them every 12 weeks to ensure that people were not being 'over medicated' unnecessarily

Only staff who had completed medicines training administered medicines and records demonstrated the training and planning for this.

People were protected from the risk of abuse. The service had provided staff with safeguarding adults training and had a policy and procedure which advised staff what to do in the event of any concerns. Staff were able to explain the correct action to take if they were concerned about a person being at risk and which external authorities they could report to. Staff told us they would not tolerate any bad practice from their colleagues and referred to the provider's whistle blowing policy. Staff said they were confident that the registered manager and provider would act on their concerns.

A director of the service was a member of the local authority safeguarding board. This ensured that the provider had up to date information to ensure safeguarding practice was evidence based and well informed. This link had also enabled the provider to deliver safeguarding training in house which was designed and led by the local authority.

The service held weekly safeguarding meetings. Significant events which may have had a safeguarding impact were discussed. Practice which had been good or could have been better was reviewed to look at ways of improving care .For example moving and handling had been discussed as an area for improvement. The provider had purchased a 'dementia suit' which they planned to use for training staff in moving and handling. The 'dementia suit' when worn simulates ageing and impairs the movement, sight and hearing of those wearing it. This enables the wearer to experience some of the typical difficulties that people experience in older age. The 'dementia suit' makes it difficult to see or hear very well, feel or move your legs, hands and fingers and grip things. Staff were to take turns in wearing the suit whilst their colleagues assisted them to mobilise using safe moving and handling techniques. The use of this suit was an innovative way of staff being able to understand the feelings of vulnerability that older people experience whilst being assisted

to mobilise and recognising safe and effective practice.

At this inspection we found the service had safe and effective recruitment systems in place. There was a robust selection procedure in place. Staff recruitment files showed us that the service operated a safe and effective recruitment system. An enhanced Disclosure and Barring Service (DBS) check had been completed. The DBS check ensured that people barred from working with certain groups such as vulnerable adults would be identified. We saw that the recruitment process also included completion of an application form, an interview and previous employer references to assess the candidate's suitability for the role.

The provider also involved people who use the service in the recruitment process; people and their families were asked what they wished to see from prospective employees. People were asked to develop interview questions to be used in recruiting staff for the home . We saw evidence of this in resident meeting minutes. This enabled people to have input into the qualities they wished for in staff who delivered their care.

There were sufficient staff to meet people's needs. Staffing levels were assessed and organised in a flexible way to support people for their daily needs and for additional activities and appointments outside of the home. The registered manager used a dependency tool to calculate the number needed for duty each shift and reviewed this on at least a monthly basis. Staff said they were listened to if they reported that people's care needs or behaviours impacted upon their work load and adjustments were made; we saw records which evidenced this. Staff told us there were enough staff to meet people's needs. Staff told us that on occasion when there was a shortage of staff that this was covered by the regular staff at the service or by staff from one of the provider's other homes.

People told us there were sufficient staff on duty to meet their needs. People's comments included; "There are enough staff for me I think the care I get is very good." "They've always got time to listen to me and make sure I'm fine."

There were completed assessments of people's risks and recorded guidance on how to manage identified risks. The risk assessments showed that assessments had been completed for areas such as mobility, continence, food and diet. Risk assessments had been regularly reviewed with people to ensure that they continued to reflect people's needs. Staff were able to describe the guidelines for people to keep them safe.

Accidents and incidents were recorded, they were analysed by the registered manager or senior staff. The analysis was discussed with staff and subsequent action plans were put in place to reduce the likelihood of reoccurrence and to keep people safe. The records we viewed showed a system which recorded timescales for response to concerns, outcomes and actions taken. All near misses were also recorded and reviewed to learn from and prevent occurrences.

The service had developed systems to spot potential risks. An example of this was in relation to managing and preventing falls. The service had allocated a member of staff as 'falls champion' responsible to prevent falls at the service. The falls champion analysed any falls a person had and having looked into triggers or causes developed measures to put in place to prevent falls. The falls champion also worked closely with other professionals to keep up to date with best practice and work alongside them to reduce the number of falls in the home. For example the falls champion had met with the local ambulance service to look at falls trends and to assess when it is appropriate to call the ambulance service, the appropriate way to handle falls and preventing falls in care homes . This had enabled changes in practice such as foot wear audits being undertaken as a proactive measure to ensure falls did not occur. Measures undertaken by staff when people experienced a fall included a number a checks such as a check of the person's footwear, their sight and a check of any underlying conditions such as urinary tract infections.

Another example of the service looking to reduce falls was in relation to peoples' Zimmer frames or walkers. It had been recognised that some people had inadvertently used other peoples' equipment and that this could have attributed to falls. The provider had created an activity for people to decorate their own Zimmer frames and walkers to make them easily identifiable. This prevented people from using equipment that was inappropriate or unsafe. One person told us how they had decorated their Zimmer frame and said "I can see it's mine now."

The service had undertaken a 'Falls Reduction Campaign'. The service had worked with people and external resources to come up with a system that worked to help prevent falls. As well as using the analysis of the falls champion the provider had approached hospitals to find new approaches to monitor and support those at high risk of falls such as intentional rounding. Intentional rounding involves checking a person regularly for example half hourly for their comfort needs in relation to continence, pain, hydration and seating position. Since using intentional rounding the service had seen a reduction in falls .

People were cared for in a safe environment. The maintenance team had a programme of checks to complete on a daily, weekly and monthly basis in order to keep the premises safe. A walk-a-round of the whole home was made every day and staff recorded any requests for maintenance tasks. The records showed all checks had been completed when due and that servicing contracts were in place for all equipment. The catering staff recorded fridge and freezer temperatures and hot food temperatures before serving meals. The last visit by an environmental health officer had resulted in the service being awarded the full five stars. Catering staff had daily, weekly and monthly cleaning schedules to complete.

The service had emergency procedures in place which included the actions to be taken in the case of fire. People also had personal evacuation plans which clearly identified their needs if evacuation was required. For some people this was more about reassurance rather than physical assistance to leave, we saw that each plan was individual to every person and had considered their physical and emotional needs.

Good

Is the service effective?

Our findings

People received the care and support they needed and met their specific requirements. People said "They know me so well, they help with whatever I need they know I don't like being on my own so always stop and have a chat with me." "The staff are brilliant. We are always laughing and joking they know me and what I like I never have to ask for anything and they know how to pull my leg."

Staff knew the people they looked after well. Each person had a named keyworker. The keyworker role is to provide a link between the service and their family and focuses on liaising with different professionals or disciplines in order to ensure the services work in a coordinated way. This role enabled people to express their views and for their views to be listened to and acted upon. One member of the care staff said, "I'm the keyworker for [person's name] I make sure that all their needs are met and make sure they keep a relationship with their family ."

Staff had the knowledge and skills to carry out their role. New staff received training provided by the service when they joined as part of their induction programme; the induction training was aligned with the Care Certificate. The Care Certificate was introduced for all health and social care providers on 1 April 2015 and consists of 15 modules to complete. The provider explained the provider induction programme also had seven other sections to be completed. New staff were supported by a buddy and a mentor until they had settled in to their role. Through the mentorship and buddy system, staff were able to gain on the job knowledge and support through peer to peer training. On completion of their induction they also received refresher training. Training subjects included first aid, infection control and food hygiene. Staff said they had received training that the provider deemed as mandatory to their roles and also had access to further training if they wanted it. Additional training specific to the needs of people who used the service had also been provided for staff.

The service had also signed up and pledged to prevent pressure ulcers with a scheme set up by a social enterprise funded by the NHS and local authority. All care staff had received training in pressure area care, had been encouraged to watch a DVD about a person's experience of a pressure ulcer and carried pocket guides on how to identify and how to minimise the risks of pressure ulcers. The people using the service had no current pressure ulcers.

Staff said they received supervision sessions regularly. The supervision records we looked at supported this. Supervision is dedicated time for staff to discuss their role and personal development needs with a senior member of staff. Staff we spoke with said they were well supported and were encouraged and mentored into promotional opportunities. The registered manager explained that they had originally started as a member of care staff at the service. Over a period of years the registered manager had undertaken additional training and mentoring into the position of manager. Other members of staff told us they had in turn also been encouraged and supported by the registered manager to develop to their full potential. One staff member said "You're valued here and if you have the desire to do better they will develop you."

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. People's capacity to make decisions had been assessed and we saw examples of appropriate best interest decisions documented.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We saw information in people's support plans about mental capacity and Deprivation of Liberty Safeguards (DoLS). DoLS applications had been applied for appropriately. Staff demonstrated a variable understanding when they were asked about the principles of the MCA and DoLS.

The service had good administrative systems in place to record where DoLS authorisations were in place, when these authorisations were due to expire and who the person's representative was. The registered manager had a system of checking DoLS applications which were waiting to be processed by the local authority; they regularly checked with the local authority to ensure they were still on the waiting list. Staff we spoke with knew where DoLS restrictions were in place.

People's nutrition and hydration needs were met. People's nutritional assessments had been completed and reviewed. Where concerns had been noted, external guidance had been sought. Staff asked people about their food and drink likes and dislikes and ensured information was relayed to the kitchen staff. The kitchen staff were advised if a person's body weight decreased and fortified foods were supplied. Where needed, people would be provided with a diabetic diet, soft foods or pureed diets.

The service had also undertaken a review of salt and had consequently lowered the amount that was added to meals. This was in order to reduce the risk of raised blood pressure and water retention in people which may lead to other health complications .

We observed breakfast during our inspection. People were asked what they wanted to eat and staff monitored that people enjoyed their breakfast. We saw that one person did not appear content with their original choice of meal. A staff member gently asked them if there was anything wrong and the person told them they "Didn't fancy it anymore." The staff member offered them an alternative which the person accepted and enjoyed. We observed that when meals were served staff explained what the meals were and when a person needed support with their meal support was offered by staff in a calm and unhurried manner. We saw that a relative had complimented the quality of food; 'Fantastic to hear about the home made food [staff name] is preparing made with love and care- including using home picked blackberries for pies.'

Tea and coffee was served with biscuits and home made cakes, mid morning and afternoon and people had jugs of water or squash in their bedrooms. People were supported to remain well hydrated and where necessary the staff monitored how much people had eaten or drank each day. This meant they could take action if the risks of malnutrition or dehydration increased.

People were supported to maintain their well-being and good health. We saw from records that people had regularly accessed health care services. When a person required additional regular clinical support this was provided. There was also evidence of input from the community psychiatric team and GPs in people's records. We saw within everyone's care plan that regular visits or appointments with dentists, opticians and dentists had happened when required and that staff had then acted upon the actions agreed at the

respective appointments.

Good

Is the service caring?

Our findings

The registered manager and staff knew people exceptionally well and were able to explain people's individual likes and preferences in relation to the way they were provided with care and support. One member of staff told us about the very particular likes of one person who used the service and how they enjoyed spending one to one time with them. People confirmed that staff knew them well and often stopped to spend time with them talking about their individual interests and hobbies. One person said "Yes they know me very well; they even help me get into bed even though I don't need help, they know I like the routine of having them there as I don't like being on my own."

We saw that staff at the service went out of their way to try and make people as happy as possible. For example one person particularly likes a pet that visited the home. A member of staff had taken photos of the person and the pet at the person's request. The same member of staff had commissioned a photo canvas of one of the photos for the person to keep in their room . We saw feedback from a relative that stated this gesture had made the person immeasurably happy.

We observed that staff universally demonstrated a kind, caring and compassionate attitude towards people using the service. Staff crouched down when speaking to people so that they were at eye level. They spoke kindly and provided gentle reassurance to people. When we saw staff walking around the building with people, they didn't rush them. They encouraged independence whilst also offering support when it was needed.

Some people we spoke with during our inspection were unable to tell us whether they received the exact care and support they needed or whether the service was responsive. We observed how staff responded to those people's needs. Staff spent time with people and were very vigilant and reacted quickly when a person needed support. For example a member of care staff recognising the signs a person needed the toilet; discreetly asking the person if they needed to go to the toilet and escorting them there. We also saw a person falling asleep; a staff member offered to help the person move to a more comfortable chair. The person declined however they continued to fall asleep in an awkward position. The staff member fetched a cushion and offered to make them comfortable in their seat. The person accepted the assistance and was made more comfortable and less at risk of hurting themselves.

We observed that for people living with dementia who became distressed staff calmed and distracted them from their distress. We observed this in practice; a person was seen frequently asking repetitive questions and walking around the home in a distressed manner, unsure of where they were, or why. Staff quietly gave them the reason, using the same words each time, as if it were the first time, and escorted them back to the sitting room where they engaged them in an activity. We saw that staff remained patient and compassionate .

People told us they were treated with dignity and respected by the staff. People said "The staff, yes they are very respectful of me especially when giving me care." "Yes the staff are very respectful, they know my habits and how I like to be treated and that to me gives me respect." Some of the care staff were dignity

champions. The service described a dignity champion is someone who believes passionately that being treated with dignity is a basic human right, not an optional extra. They believe that care services must be compassionate, person centred, as well as efficient, and are willing to try to do something to achieve this. Staff told us they were only able to be dignity champion if they could demonstrate that they fully adhered to the principles of being a dignity champion .

People told us that staff were respectful when undertaking their personal care. We saw staff knocking on people's bedroom doors and waiting for a response before entering the room. Care staff always ensured that bathroom, toilet and bedroom doors were closed when personal care was being delivered. We heard staff seeking consent before any intervention and waiting for a response before proceeding. People said their dignity was maintained, for example one person said "They're very good they take their time and are gentle; you don't feel rushed at all and they cover you up as soon as they can."

Staff told us they enjoyed working at the home and the relationships they had formed with people. Staff said "I wouldn't want to work anywhere else, we are like a family" and "It's not like coming to work, it's coming in to see your friends."

We heard people being offered choices in respect of activities, food and drink and staff respected the decisions they made. People were treated with kindness and were responded to promptly. It was evident that the staff really cared for the people they looked after and wanted them to have the best possible time.

Relatives were actively encouraged to visit regularly and people were encouraged to invite their friends and relatives to attend the activities in the home .

People's expressed wishes in relation to end of life care were documented. We saw that the service went out of their way to ensure that people received the care of their choice before their death. A person had become ill and required end of life care; this included treatment which staff were not qualified to give. The option of moving into a nursing home was discussed with the person and their family however the person wanted to remain at the home until the end of their life. The provider arranged for staff to receive additional training delivered by nurses from the provider's other homes. This enabled the staff to support the person at the service until their death rather than move them to an unfamiliar setting.

Good

Is the service responsive?

Our findings

Pre-admission assessments were completed for people who were considering moving into the service. People or their relatives were invited to visit the home, to look at the facilities on offer and to meet the staff. The service used a tablet computer to people and their families a video of the service, and the facilities. The service also used a number of meal cards and activity photographs to show people what choice s would be available to them. The use of the tablet computer was an innovative way of ensuring people were able to visualise the service and it's facilities.

Pre - assessment records demonstrated the service had a complete overview of the person's care and support needs was gathered. The document covered the person's cognitive and physical abilities, their physical health and well-being, their prescribed medicines and dietary requirements. It also included the person's lifestyle choices and preferences. People's needs continued to be monitored after admission to ensure that any changes in their needs due to the change in environment were assessed and any care plan changed accordingly.

Each person had an individual care plan which contained information about the care and support people needed. We saw detailed information about people's routines and how people's personal care was to be delivered clearly specifying people's preferences and individual needs. We found that people and their relatives also had input into the care plans and choice in the care and support they received. For example in one person's care plan it explained that the person's soft toy should be placed on the bed, chair or chest in their room as it was a familiar point of reference for them.

Care plans also contained information such as people's medical history, mobility, communication and care needs including areas such as: sleep, continence, diet and nutrition. These plans provided staff with information so they could respond to people positively and in accordance with their needs. For example we saw that in one care plan the service had recognised that a person had difficulty sleeping. Having assessed the person they had found that the person was able to sleep if the lamp in their room was left on and if they could hear the sound of a clock ticking. These small details had an important significance for the person and ensured they were able to have a restful sleep.

Staff recorded the care that had been given to people in care notes. Staff recorded information regarding daily care tasks, including the support that had been provided and personal care tasks that had been carried out. This information provided evidence of care delivery and how staff had responded to people's needs.

People and their relatives said they had access to activities they wanted to take part in. We saw that activities staff stimulated people's interests in different ways. We were shown an array of games, quizzes, reminiscence memorabilia and art and craft materials used during activity sessions. Staff organised an activity each morning and afternoon and encourage all people to participate.

Examples of other activities that regularly took place include singing for the brain, writing club, cookery

classes, and flower arranging. People were encouraged to take part in activities which were advertised on the notice boards sited in several places throughout the home. For those people who were either room or bed bound, or did not like group activities, individual person-centred sessions were arranged . The registered manager had also booked onto a meaningful activities course to gain some insight into new activities that could be developed for people living with dementia .

The service maintained links with local facilities to ensure that people remained part of the community. For example the service negotiated concessionary breakfast meals at a local café for staff and people who use the service. This café was within walking distance of the home. The café also opened outside of their usual hours for booked evening meals for people who use the service. This had encouraged some people to go out into the community . We spoke with one person who did not socialise with other people living in the home. The person had however built a friendship with the people who ran the café and visited regularly with a member of staff.

A local festival had taken place recently not far from the service. The registered manager had arranged for part of the festival to visit the home to involve people who could not travel to the event. Other special days were arranged outside of regular activities for example Llamas visited the service and people spent a great deal of time petting and spending time with them. Photos of this event demonstrated how well received this event had been for people.

A daily newspaper 'The Daily Sparkle ' was available for people to look at. This had a reminiscence items such as 'On this day in…..' , a, 'do you remember' story, general knowledge quizzes and the words of a well known song. We spoke with one person who told us they looked forward to reading 'The Daily Sparkle' and in particular the quizzes.

The service had received written compliments via email, letter and thank you cards. The registered manager ensured that all comments were shared with the staff team and some cards were seen posted on the notice board in the staff room and in the meeting room. A supply of service user/relative feedback questionnaire forms were kept in the main entrance along with a suggestion box where feedback could be posted.

People said if they were unhappy they would ask to speak to a member of staff or the registered manager. People said they felt able to complain or raise issues within the home. People said "I've never had reason to complain but I would, no problem", another person said "I know they wouldn't take it personally because they are so nice here, like family." The home had a complaints policy and procedure available for people and their relatives. People we spoke with said they knew how to complain, and all said they had never had cause to. The registered manager explained that any complaints were welcomed to be used as a tool to improve the service for everyone; complaints that had occurred in the last 12 months had been dealt with as per the provider's complaint policy.

Good

Is the service well-led?

Our findings

The provider and registered manager strove to continually improve the service provided for people and motivated the staff team to provide kind, compassionate care. Staff said they were proud to work in the service and told us of the high standard of person centred care and support the provider and registered manager expected. Staff said "[Registered manager's name] knows what she wants and that's for us to be the best. She's passionate and wants the best for the residents." Another staff member said "[Registered manager's name] is very hands on she knows what's going on in the home and is very person centred."

People who were able to converse with us told us the name of the registered manager and said they saw the registered manager frequently. People said "Oh yes I know her, she always says hello", "Yes she's a lovely girl."

It was the provider's ethos to involve all staff in meeting the high standard of quality expected They had delegated responsibility for some areas to key staff. To ensure continuous improvement the registered manager, provider and named members of staff conducted regular audits to monitor and check the quality and safety of the service. They used a quality management system to ensure they complied with regulations and the fundamental standards. They audited and reviewed areas such as; medicines, care plans and training, their observations identified good practice and areas where improvements were required. There also were systems in place to ensure regular maintenance was completed and audits to ensure that the premises, equipment and health and safety related areas such as fire risk were monitored and that equipment tests were also completed. We saw that where actions were required to improve the service there were action plans in place which were also monitored.

The registered manager told us they operated an open door policy and welcomed feedback on any aspect of the service. Staff also said they felt confident people and relatives would talk with them if they had any concerns. One person said "They always listen to what you have to say, I never have to worry about anything."

We saw records that demonstrated that relatives and other people important to people living in the home were communicated with through planned meetings and also on the phone if there was anything urgent that they needed to know. The provider also produced a monthly newsletter. This included photos of events, people and staff's birthdays and other celebrations. There was also information about the employee of the month and what feedback they had received from people and their families.

People were encouraged to provide feedback on their experience of the service to monitor the quality of service provided. People who used the service and their relatives were given questionnaires for their views about the quality of the service they had received. We saw the results of surveys had been analysed and comments fell within the 'outstanding' and 'good' rating across all domains surveyed. Despite a good result the provider had developed an action a plan to try and ensure the service was outstanding in every area.

The registered manager or the deputy attended weekly managers' meetings with the managers from the

other services run by the provider. During these meetings they looked at current issues and agreed any actions to be implemented and also discussed any events that had occurred to look for lessons learnt. People's views and also the views of relatives and staff were discussed in these meetings.

A range of other regular meetings were held with all staff to ensure staff were regularly consulted and involved in making plans to improve the service with the focus always on the needs of people who lived there. We saw records that demonstrated that staff had opportunities to give their views through regular staff meetings. There were also effective communication systems in place regarding staff handovers to ensure that staff were kept up to date with any changes within the home. Staff told us they felt well supported by the registered manager and their colleagues. One staff member said "[Registered manager's name] never panics whatever the situation, she is very supportive; when you're stuck she helps you to think through a solution, rather than just telling you what to do."

The provider regularly attended the local authority care home providers forum and was linked with the care and support west group. The service was signed up to the national dignity pledge and the dementia pledge and subscribed to a care home management resource. The providers regularly attended training courses and seminars provider by the local authority and shared the achievements of their service.

The registered manager also attended the local registered managers' network. This is a network run by Skills for Care which focuses on embedding best practice. The network approach is about providing information, increasing confidence, sharing skills and having access to peer support.

All services registered with the Commission must notify the Commission about certain changes, events and incidents affecting their service or the people who use it. Notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been handled. We found that the registered manager had made appropriate notifications.