

Magnolia House Care Home Limited

Magnolia House Care Home

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

Magnolia House is registered with the Care Quality Commission (CQC) to provide accommodation and personal care for up to 20 older people who may have a physical disability.

This inspection took place on 26 & 27 April 2016 and was unannounced. There were 19 people living at the home at the time of the inspection.

We last inspected this service on the 11 November 2013 and we found the service was meeting the requirements of the regulations we inspected at that time.

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

People said they felt safe. They were protected against the risk of abuse. Staff had been trained to recognise what to look for. The registered manager and staff understood their responsibilities to report any concerns.

Staff were recruited using robust procedures intended to protect people from unsuitable staff. There were sufficient numbers of staff on duty to meet people's needs. People said staff were available throughout the day and night, and responded quickly to their requests for support.

Assessments identified people's specific needs or risks, and showed how risks could be reduced. There were systems in place to review accidents and incidents and the registered manager ensured action was taken where necessary to reduce future risks. Medicines were managed safely and people were supported to take their medicines as prescribed and in a dignified manner.

Staff had the knowledge and skills to meet people's needs and had undertaken a range of training suitable to their role. Staff received support and supervision from the registered manager to discuss work issues, training needs and performance.

People were offered a diet that met their needs and wishes. Menus offered variety and choice. People said they liked the food. People had access to a variety of health professionals for specialist advice and support when appropriate.

People were protected by good practice in relation to decision making. The registered manager and staff had an understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

People said the staff were respectful, friendly and kind. Staff supported people to take part activities and supported them to retain their independence. We observed staff spending time engaging people in

conversations, and speaking to them in a friendly, warm and politely way.

People knew how to raise concerns and were confident the registered manager would deal with them appropriately and resolved them where possible.

There were systems in place to obtain people's views about the service. The provider and registered manager regularly assessed and monitored the quality of the service to ensure standards were met and maintained.

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.

Staff understood their role to protect people from abuse.

There were sufficient staff to meet people's needs. Recruitment processes were safe and ensured only suitable staff were employed.

Risks to people's safety and welfare were assessed and measures were in place to reduce risks. Incidents and accidents were investigated and appropriate action taken where necessary.

People received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff were appropriately trained and skilled to be able to promote people's safety and well-being.

Referrals were made to health professionals where necessary to ensure people received the care and treatment they required.

The menus offered a varied and balanced diet for people to choose from. People were supported to have enough to eat and drink to maintain their health and wellbeing.

The Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) was understood by the registered manager and staff. If people lacked capacity, the correct processes were in place so decisions could be made in a person's best interests.

Is the service caring?

Good ●

The service was caring.

Staff treated people in a kind and caring way. People were treated with respect and their privacy and dignity were maintained. Staff were attentive to people's needs.

Staff took account of people's individual needs and preferences. People were involved in making decisions about their care.

People were supported to maintain relationships that were important to them. Relatives and friends could visit at any time and were made welcome and offered refreshments.

Is the service responsive?

Good ●

The service was responsive.

People and/or their relatives were involved in planning their care and the records reflected individual's needs and preferences.

People's choices and preferences were respected and taken into account when staff provided care and support.

A range of activities was offered on a regular basis and staff supported people to participate.

People were given information about how to make a complaint and all said they were confident the registered manager would act on any concerns.

Is the service well-led?

Good ●

The service was well-led.

The service was led by a registered manager who had an open and approachable style. People and staff spoke highly of the registered manager.

There were systems in place to monitor and improve the quality of the service provided. People using the service were asked for their views and where necessary action was taken to improve people's experience of the service.

Magnolia House Care 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.

The inspection took place on the 26 and 27 April 2016 and was undertaken by one adult social care inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

We reviewed all information about the service before the inspection. This included all contacts about the home, previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to tell us about by law. We also reviewed the Provider Information Return (PIR). This is a form in which we ask the provider to give us some key information about the service, what the service does well and any improvements they plan to make.

We met most of the people who lived at the service and received feedback from 13 people who told us about their experiences. During the inspection we used different methods to help us understand people's experiences. These methods included informal observation throughout the inspection. We also spoke with a visitor to ask their views about the service.

We spoke with eight staff, including the registered manager; care staff; ancillary staff and the training co-ordinator. We also met with the provider's representative during the feedback session about the outcome of the inspection. We received feedback from a community nurse and GP who visited the service regularly. Prior to the inspection we spoke with Devon County Council's safeguarding team.

We reviewed the care records of three people and a range of other documents, including medicine records, three staff recruitment files and staff training records and records relating to the management of the service.

Is the service safe?

Our findings

People said they felt safe at Magnolia House. One person said, "Knowing staff are there makes me feel safe." Another person said, "I feel safe. The staff are good, very nice..." A third person said, "I feel secure here..." Visiting health professionals said the service was safe. One said, "We have no concerns. I have been really impressed with the service. People are well looked after."

Individual risk assessments had been completed to identify and reduce risks. For example risks associated with falls; nutrition and pressure damage to skin. Staff were knowledgeable of the measures in place to reduce risks and we observed they followed these to ensure peoples' safety was maintained. For example, ensuring people had the necessary walking aids to support them. Where necessary people had pressure relieving equipment to reduce the risk of skin damage. A community nurse said, "Risks are managed and pressure area care is good. This is one of the better homes..." One person had fallen the week before the inspection and medical attention had been sought although no serious injury had been sustained. This person's risk assessment and care plan had not been reviewed since the fall although the registered manager had put measures in place to reduce the risk. The person told us the registered manager had spoken with them about using their call bell and other equipment, such as a frame, to reduce their risk. The registered manager took immediate steps during the inspection to up-date the person's records.

On the first day of the inspection the temperature of secure storage space for medicines was over the recommended temperature. The provider was looking at air conditioning units for the storage space. However, the registered manager took immediate steps to address this by removing the medicines fridge, which was causing the problem. On the second day of the inspection the storage space was within the recommended temperature for medicines. All medicines were stored securely.

Medicines were managed safely. People received their medicines as prescribed. One person said, "They (staff) always make sure I have my pills...I would forget if it wasn't for them..." One person was managing their own medicines; their ability to do this had been assessed and secure storage was provided in their bedroom. There were systems in place for the safe ordering, receipt and disposal of medicines. Staff involved in the management of medicines had received training to ensure practice was safe. The PIR showed there had been no serious medicines errors in the past 12 months. Where minor errors had been made, these were reviewed and staff were supported to ensure improvements were made. For example, where staff had forgotten to sign the medicine administration records. Where medicines had an expiry time once opened, for example creams, the date of opening had been recorded to ensure it was used within the appropriate time scale. We found one cream which had not been dated on opening; however the cream had been dispensed in March 2016 and had not reached its expiry date. The registered manager took action to ensure this was labelled correctly.

There were policies and procedures in place to guide staff to ensure people were protected from abuse. Staff had received training to help them understand the issues associated with safeguarding. All said they would have no hesitation to report any concerns they may have. The registered manager used the local authority's safeguarding tool to decide when they needed to inform the safeguarding team of an allegation

of abuse. Safeguarding concerns were recorded and submitted to both the local authority's safeguarding team and the Care Quality Commission (CQC). Two safeguarding alerts had been made since the last inspection. Where necessary the registered manager had taken disciplinary action as a result of safeguarding issues. We contacted the local authority safeguarding team prior to the inspection who confirmed there were no current concerns about the service. The CQC data showed there was no evidence of risk in relation to the number of safeguarding alerts for the service.

Incidents and accidents were reviewed and investigated by the registered manager to assess if any changes were needed to prevent them happening again. For example, people who fell were checked for any underlying health issues that may have caused the fall, such as an infection.

People said staff were always available when needed. One person said, "The staff are good here, they check me at night every three hours as I used to fall from bed, they answer the bell reasonably quickly when I need the toilet." Another person commented, "I never wait more than five minutes when I ring my bell..." The manager used a tool to identify people's dependency needs, which helped to determine the number of staff required on each shift. No-one at the service needed to be supported to mobilise with the use of equipment. The majority of people were relatively independent, with one person requiring support from two staff when mobilising.

The staff rota showed the provider's assessed staffing levels had been maintained, with three care staff on duty from 07.00am until 19.00pm. The registered manager worked at the service daily (Monday to Friday) from 09.00 until 17.00pm and was available to provide additional support where needed. Ancillary staff were also employed, for example a cook, an activities co-ordinator and cleaning staff. The registered manager said staffing levels were reviewed regularly to ensure sufficient staff were on duty to meet people's needs. As a result of recent dementia care training, a post had been created to provide more one to one support and activities. The registered manager was in the process of recruiting to this post.

People were protected by safe recruitment practices. Records showed staff had completed an application form, along with details of their qualifications, experience and employment history.

The necessary checks had been completed prior to staff starting employment at the service. Two references had been obtained, including a reference from the staff member's previous employer. A Disclosure and Barring Service (DBS) identity check was undertaken. This check is undertaken to ensure that staff are not included on the barring list and that they are suitable to work within the service. The provider had a disciplinary procedure in place to respond to any poor practice and we found this process had been used effectively.

People were cared for in an environment which was generally safe. We found two wash hand basins where the water temperature was above that recommended by the Health and Safety Executive (HSE). This posed a low risk of scalding to people, as people at the service had capacity to recognise if the water was hot. The water temperatures in emersion baths was satisfactory and did not pose a risk of scalding. The provider took immediate action to call the maintenance person to regulate the water temperatures in the hand basins.

The premises were clean, odour free and well maintained. Equipment, such as assisted baths, the stair-lifts and fire safety equipment had been serviced by an external contractor. There were adaptations within the premises, for example handrails to reduce the risk of people falling or tripping.

The registered manager had procedures in place to protect people from foreseeable emergencies, such as fire. There were personal emergency evacuation plans in place, which provided staff and emergency services staff with information about what to do for each person in case of an emergency evacuation of the building.

There was an out of hours on call system, which enabled staff to contact a senior member of staff with any concerns. Following a food hygiene inspection in January 2016, the service was awarded a rating of five. This is the highest rating and shows good standards were maintained in relation to food hygiene.

Is the service effective?

Our findings

People were complimentary about the care and support they received. They said staff were aware of their needs and preferences and provided support to them in the way they wanted. Their comments included, "Well I can't speak highly enough of the girls (staff). I have had very good care since arriving here"; "The staff are wonderful; kind and gentle. I like it here" and "I am very happy here. It is one of the best..." Two visiting professionals said they had no concerns about the service. One said staff were well trained, skilled and competent. They added "I would be happy to have a loved one here."

Records showed staff received training and support to enable them to do their job safely and effectively. Staff confirmed that they had access to a range of training. One said, "The training and support is really good." Another said, "Training and support here is brilliant..."

The provider employed a qualified training co-ordinator who designed and delivered much of the comprehensive training programme throughout the year. Training was recorded on a database to ensure core training was kept up to date. Records showed training included topics to help staff work safely, such as safeguarding; moving and handling; health and safety; fire safety and infection control. Other training related to the specific needs of the people using the service was also undertaken, for example, managing challenging behaviours and diet and nutrition. Twenty per cent of staff had completed pressure area care; another session was planned in June 2016 for those who needed to attend. The records made it easy to see which training staff required. As the training programme ran throughout the year the registered manager could ensure staff had access to timely training and up-dates.

The PIR showed that 50% of staff had achieved a national vocation qualification. Other staff were being supported to obtain formal care qualifications, including three staff who were working towards a level 5 qualification in health and social care.

Staff said they received regular supervision and support from the registered manager. There was schedule in place which meant staff met every three months with the registered manager to discuss work issues, training and their performance. Appraisals were undertaken annually with staff.

New and inexperienced staff undertook the Care Certificate when first in post. The Care Certificate sets out competencies and standards of care that are expected, which enables them to develop the skills they need to carry out their roles and responsibilities. They were also supported through shadowing more experienced staff. One staff member said, "The induction I had was really helpful."

The service stated their aims were to provide "a secure, caring and happy environment, which encourage people's freedom of choice and upheld their entitlements associated with citizenship." Throughout the inspection we observed staff respected this ethos. They involved people in decisions about their care and support, and people confirmed staff always sought their consent before care was delivered. One person said, "They (staff) do things the way I like them done. They always ask if there is anything I need. They try to make me comfortable..." Another said, "I can do as I like, pretty much..."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who 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 said all of the people currently living at the service had capacity to make decisions about where they lived and the care and treatment they received. The people we met had capacity to make these types of decisions. One person was physically frail and at risk of falling, especially in their room. A pressure sensor mat was used to alert staff to their movements. This had been discussed with the person and their relative in a best interest process to ensure the person and their family agreed with the use of this equipment.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under MCA. The application procedures for this in care home are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager confirmed that no DoLS applications had been submitted to the local authority as no-one currently living at the service was deprived of their liberty. During the inspection we did not identify any practice that would require the need for a DoLS authorisation. Conversations with people confirmed this. People were not prevented from leaving the service, although a number of people may require staff support to do so due to physical disabilities. The registered manager was aware that if someone was being deprived of their liberty, an appropriate authorisation would be necessary.

Staff had received training relating to the MCA 2005 and DoLS and they demonstrated an understanding and how these applied to their practice. One staff member said, "We try not to take away people rights; everyone here has capacity to make decisions." Another said, "We are not restricting people's freedom..."

People were supported to have a varied and balanced diet. The main meals, served at lunchtime, were provided by an external catering company. They were delivered frozen and the service had special ovens to re-heat the food safely. People's dietary needs were recorded and discussed with the cook. A variety of special diets were provided, including diabetic and vegetarian meals, and soft or pureed meals if required.

People's likes and dislikes had been taken into account when the meals were planned. People and their relatives had been invited to a tasting session when the new catering provider had been appointed. The vast majority of people were very happy with the food offered to them. Comments included, "The food is good, I have no complaints"; "I like the food, there is a good choice" and "They feed us very well here. I am a vegetarian and I have up to four choices a day for my meal." On the menu the first day of the inspection there two choices; pork in apple sauce or salmon, served with potatoes and a selection of vegetables. The food smelt appetising and appeared fresh and inviting. One person said, "The food is the best I have eaten in an institution. I have no complaints about the food." The registered manager made us aware of the fact that one person had raised concerns about the food. This person told us, "Breakfast is very good; the rest is not what I am used to, too much modern food, ice cream, yogurts." The registered manager had taken steps to improve this person's experience. They had ensured special breakfast requests had been met and provided gravy boats as they liked lots of gravy on their meals.

Regular drinks, snacks, cakes and fresh fruit were offered during the morning and afternoon. Various other snacks, such as crisps, biscuits and chocolates were located around the communal areas for people to help themselves. People said they always had plenty to eat and were never hungry.

The PIR showed four people were at risk nutritionally. A health professional said if staff had any concerns about people's weight loss they sought advice and obtained nutritional supplements if necessary. They added, "People are well looked after here." The service used a recognised tool to assess people's nutritional risk. From the records we saw that no-one had lost a significant amount of weight.

Records showed people were supported to maintain their health and they had access to a variety of health care professionals. For example, GPs; community nurses; physiotherapist; speech and language therapist; chiropodist, optician and dentist. We spoke with two visiting health professionals who had no concerns with the care provided at the service. They said good professional relationships had been established; staff made appropriately referrals and always followed their advice. One said, "I have never had any problems in here at all, staff are very responsive, I have no complaints, my patients enjoy their stay."

One person told us about their risk of falling, which had been the reason for their admission. They said the registered manager had made a referral to the local 'rehabilitation team'. The person was seen by a physiotherapist and assessed for suitable equipment. The person said as a result of the assessment they were given a stick which meant they could retain some independence. They added, "Overall my condition and independence has improved since moving here."

Since the last inspection several improvements had been made to the environment. For example, a conservatory had been built onto the lounge providing a bright comfortable space for people, which led out into a well maintained and accessible garden. The registered manager explained blinds or sails were to be fitted to the conservatory to reduce the heat in the summer. The communal areas were brightly decorated and furnished with lots of colourful and comfortable armchairs and sofas, and ornaments and plants. There were familiar objects of reference displayed, items from 'yesteryear'. For example, an old sewing machine, and a shoe maker's anvil and in the dining room there was a 1950s kitchen cabinet. These objects prompted memories and conversations. People said they liked to see the 'bits and pieces' around the place.

People's private rooms were personalised with photographs, items of furniture, ornaments and plants. People said they liked their own personal space. One person said, "I am very comfortable here." The activities co-ordinator had recently supported people to make signs for their bedroom doors to help them identify their rooms.

Is the service caring?

Our findings

People confirmed that staff were kind, caring and respectful. Comments included, "It is nice here, people are nice..."; "I like it here, staff are very nice, manager very willing, there is always somebody on hand" and "I am happy, the girls are nice, I have been here three years..." A health professional said, "In the last 4 or 5 years this place has become more like a home rather than an institution." Another professional said, "I have never seen any poor practice or anything of concern...staff know people well. It is a good home."

There was a relaxed atmosphere in the service and we observed staff chatting genially with people when supporting them and addressing them by their preferred name. It was clear people had developed good relationships with staff. Staff sat with people chatting and being sociable. One person said, "Everyone is good to me. It is the best place I have been in..." Another person said, "The girls are friendly. You can have a laugh and relax with them."

Staff listened to people and respected their wishes. One person did not want to be present at a certain activity. Staff were understanding and respected the person's decision; the person was reassured and supported to avoid the activity. This put the person at ease and reduced their anxiety. Another person explained they preferred to remain in their room but that staff checked on them frequently throughout the day to make sure they were alright. During the inspection we observed staff taking time to be with the person; this reduced the risk of social isolation. Staff were attentive to people's needs and requests. They responded swiftly to people in a friendly reassuring way. For example one person required some support getting out of a chair. Without having to ask for help, staff were at their side offering support and encouragement. This produced a smile and a thank you from the person.

Staff supported people in a patient manner and treated people with respect. Staff knocked on people's doors before entering rooms. Staff ensured they did not provide personal care in the communal areas and they were discreet when assisting people. With the exception of one interaction, we observed staff consistently offering care and support in a dignified way which promoted people's privacy. On one occasion a staff member was not very discreet in their approach. The registered manager recognised who this staff might be and said they would speak with them about their practice on this occasion.

People were encouraged and supported to maintain their independence. People had the appropriate equipment to promote their independence as appropriate referrals were made to external professionals for advice.

People were involved in planning the care and support they needed and preferred. Staff ensured people were up-dated about important issues to do with their care and treatment. For example, a member of staff took time with one person to explain the change in their medicines. The staff member's approach was reassuring and caring. They answered the person's questions and gave clear information to them.

Relatives and visitors were welcome at the service, and were free to come and go as they pleased and stay as long as they liked. They were offered refreshments and staff took time to speak with them.

Is the service responsive?

Our findings

The service provided was responsive to people's needs and preferences. People said routines were flexible and their preferred routine was respected. One person said, "I do as I like. Go to bed when I like, go out with my family when I want to...I have no concerns." Another person said, "I am contented and settled here. I am friends with everyone." A relative described the positive impact being at the service had on their family member, saying the person was much healthier.

Before people moved to the service, people and their relatives (where appropriate) were involved in an initial assessment to discuss the individual's needs and preference. This helped the registered manager to determine whether the service would be suitable for the person, and provided the person with information about what to expect. One person who had moved to the service recently said, "People have been very nice to me...very welcoming."

People's care records contained information about their health and social care needs. They considered their mental capacity; and their preferences about how they wished to receive their care. Care records were written in the first person, and there was clear guidance for staff on how to support people, including how to promote people's independence. For example, the records showed what aspects of personal care people could manage and what they would like help with. Care plans were reviewed regularly, however, one had not been up-dated to show a person's changing needs in respect of their daily fluid intake. The registered manager took immediate action, contacted the GP to confirm their instructions and reviewed the care plan. The changes were also confirmed with staff.

Staff were aware of people's individual needs and preferences; they said the care records were used daily and handover provided an opportunity to be up-dated on any changes to people's care needs. One member of staff said, "The communication is very good. If you have any questions you can always ask the manager or a senior." Another said, "We (staff) work well together...I would have my Mum or Dad here."

Daily records were respectfully and sensitively written. They showed staff involved people in how and when their care was delivered, as well as showing what care and support was delivered, and reflected on the person's wellbeing.

Care records contained information about people's life history; such as past occupations and significant events and people. There was also information about people's hobbies, interests and preferred activities. These records provided staff with a valuable insight into the individual and their past life and achievements.

People were encouraged and supported with their preferred activities, which reflected their interests; whether that was sitting having a chat, reading the newspaper, or joining a planned group activity. For example, one person said they liked to stay in their room but enjoyed a visit from staff for a chat. During the inspection we saw staff take time to do this. Another person said they enjoyed colouring and the staff ensured they had access to the materials they needed to enjoy this activity.

The service employed an activities co-ordinator who was new in post but they were getting to know people; finding out about what activities they would like in the future. They ensured group activities were inclusive and supported people in a friendly and positive way. For example, there was a visit from 'Zoo Lab', which provides animal handling experiences. The activities co-ordinator ensured people got to hold the creatures they wanted and gently supported people if they became nervous of the creature. The Zoo Lab session was very successful and enjoyed by 12 people; there was lots of chatter and smiles and comments were very positive about the experience.

Other regular activities included creative art; exercise sessions, quizzes; pampering sessions including regular visits from the hairdresser; daily newspaper discussions; games and outings. Cooking activities were also undertaken; some people had made pizza at tea time; others had helped to make cakes for the local school fundraising event. Records showed people also enjoyed spending time in the garden.

One person was encouraged and supported to continue to regularly visit a local day centre. They said they enjoyed being able to do this as they met with friends. Monthly outings were planned using the local community transport. Visits to local places of interest were arranged, such as, visits to the local plant nursery. Records showed people also had one to one outings; one person was escorted to the local shops by staff. Another person was accompanied to post their letter. Some people visited the town independently. People also had regular outings with family and friends.

People's views were sought at regular meetings, held to discuss the service and obtain views about any improvements. The minutes of these meetings were displayed on a notice board for people and relatives to see if they had been unable to attend.

People using the service; a relative and visiting professionals said they did not have any concerns about the service or staff. People said they would be confident to raise any concerns with the registered manager. One person said, "I would just speak with (manager). I would trust her to do something if I was not happy about something." Another person said, "I have no complaints but if I did I would speak with the staff."

The provider had a complaints process in place. The provider information return and the registered manager confirmed no complaints had been received in the past 12 months.

The service had received several complimentary messages and thank you cards. For example a letter from a GP to thank the service for the palliative care given. An email from a community nurse to thank them for good end of life care. And emails and cards from family members to thank staff for their care and kindness.

Is the service well-led?

Our findings

The stated aims and objectives of the service were to provide a 'warm and friendly home being as much like an individuals' own home as possible which will allow each resident their independence, dignity and privacy...' The registered manager and staff team demonstrated their commitment to implementing these aims and objectives. During this inspection we found the ethos of the service was caring and inclusive. People using the service and visiting professionals said the service was well managed. One person said, "It seems to run smoothly. I am not aware of any problems..." A visiting professional said, "Yes the service is well managed. The manager is approachable, her door is always open. They are on top of things. It's very good." The staff team spoke highly of the registered manager, saying they were approachable and supportive.

The registered manager frequently sought the views of people who use the service. The registered manager completed 'walk and talk' meetings with each person monthly to ensure they were happy with the service. People knew the registered manager by name and she had a visible presence within the service. Satisfaction surveys were used annually to obtain people's feedback. The last surveys were completed in August 2015; results showed people rated most aspects of the service as 'very good' or 'good'. Where scores were lower the registered manager had an action plan in place to address this. For example four people had rated the quality of meals as fair. The company providing the chilled meals had returned to the service for another taster session. Improvements had been achieved as, with one exception, all of the people we spoke with enjoyed the meals provided.

Annual surveys were also sent to staff and external professionals. Response from professionals showed they rated all aspects of the service as 'excellent' or 'very good'. For example, professionalism of the staff; quality of the records and communication. One GP wrote, "...excellent individual care and attention to patient's needs..." A community nurse wrote, "Very impressed with the attitude and caring qualities of the staff..."

Staff responses were also generally positive, with the staff team confirming they received good training and support. There were regular staff meetings, which enabled staff to exchange ideas, discuss changes or raise concerns. Meetings also offered an opportunity for the registered manager to share news and information. Minutes of staff meetings showed staff were able to voice opinions and ideas; which demonstrated an open culture.

There were systems in place to monitor the safety of the service. The registered manager carried out regular audits, which included checks on medicines; health and safety issues and general building maintenance. Where shortfalls were identified action was taken. The provider's representative visited the service regularly and each month undertook a review of various aspects of the service. For instance, gaining people's feedback; and looking staffing and health and safety issues.

There were accident and incident reporting systems in place at the service. The registered manager reviewed all reports, which provided them with an overview of any emerging patterns or trends. If there were any trends relating to times or location, these were identified and action taken to reduce further

reoccurrences.

The records reviewed were up to date, for example staff personnel files, daily notes and audits. All records requested during the inspection were readily available. Staff personnel records and individual care records were securely stored.

People benefitted from the partnership working established with other health and social care professionals. This ensured people received appropriate support to meet their health care needs. Feedback from professionals was very positive and no concerns were raised by professionals with us during the inspection. Professionals described positive and effective working relationships with the service.

The registered manager was aware of the requirement to inform the Care Quality Commission of events or incidents which had occurred at the service. The commission had received appropriate notifications, which helped us to monitor the service.