Premiere Care Southern Limited

The Willows Care Centre

Inspection report

5-13 Second Avenue
Margate.
CT9 2LL
Tel: 01843228570

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Ratings

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

Overall summary

This was an unannounced inspection that took place on 22 and 23 October 2014.

The Willows Care Centre is a large building set over three floors near to the seafront. There are 32 single bedrooms and four shared bedrooms. Communal areas include three lounge areas and a large lounge / dining area. The service provides nursing care and accommodation for up to 40 older people who also have dementia. At the time of our visit there were 39 people using the service.

The service has a registered manager who was present on both days of the inspection. 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.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Whilst no-one living at the service was currently subject to a DoLS, the manager understood the implications of restricting people's freedom and was aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. Policies and procedures were in place relating to the Mental Capacity Act 2005 (MCA) and

Summary of findings

the Deprivation of Liberty Safeguards (DoLS). When people did not have the capacity to make more complex decisions appropriate advice was sought. Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests.

People's needs were assessed and care plans detailed the support people needed. Care plans gave staff guidance and detailed people's preferences, likes and dislikes. Some people using the service could become anxious. Care plans contained information about the most effective ways to manage people's anxiety.

Staff were kind, attentive and patient when supporting people and treated them with respect. Staff spent time with people and were present in communal areas. Staff were quick to intervene when they noticed people needed support.

Staff understood how to protect people from risk of abuse and had been trained in safeguarding people. Relatives told us they were happy with the care and support provided at The Willows Care Centre and felt that people were kept safe. They said that the staff were caring and kind and knew people well. One visitor said, "'I'm confident he's safe and well cared for when I'm not here".

The registered manager made sure there were enough staff on duty at all times to meet people's needs. Appropriate checks were carried out before new staff started working at the service. Any gaps in employment were recorded, although only ten years of employment history was requested rather than a full employment history. Staff received appropriate training relevant to their role that was on-going and so kept up to date. Nursing staff were supported with training in specific nursing interventions such as wound care management and use of specialist equipment to help people maintain their independence.

Medicines were managed safely and people received their medicines when they needed them. Any risks associated with medicines were assessed and managed in people's best interests.

There had been an accident in the home which had resulted in a serious injury. An investigation by the appropriate authorities had found that the service was not at fault. The premises were safe and well maintained. There was a clean, spacious environment which allowed people to move around freely without the risk of harm.

People's health care needs were monitored and staff sought support and advice from appropriate health care professionals. Visitors told us they had no concerns about how staff supported people and said they were made aware of any changes and always knew when the GP was involved. One visitor told us, "The staff seem to look after every person individually and they do not regard them as 'one' but as people".

People were provided with choices at meal times and relatives thought the meals always looked and smelled nice. One relative said, "There is always something different to choose from". Another said, "Since the home has had this outside catering system, the variability of meal quality has been resolved. I am more than happy with it."

People were given opportunities to take part in a range of activities. Staff worked with relatives to build up life histories for people and they used this information to spend time reminiscing with people and talking to them about different things that had happened during their lives. Visitors told us how they had been involved in bringing in information about their relative's lives. Regular church services were held for people of different denominations and people were able to take Communion in private.

There was a complaints procedure and people were able to leave comments in a suggestion book. All the relatives we spoke with told us they had no complaints and were confident any concerns were acted upon. The manager gave relatives the opportunity to give their opinions on the quality of the service and listened to what people had to say. Relatives attended regular meetings and suggestions and requests were acted upon. Relatives and staff were confident in the management of the service. They told us that the manager was available to give support.

Systems were in place to make sure that the manager and staff learned from events such as accidents, incidents, and concerns.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Relatives were confident that staff knew how to protect people.

There were enough staff on duty who understood how to protect people from harm and abuse.

Risks were assessed and any behaviour that may be challenging was monitored and managed.

People's medicines were administered safely.

Is the service effective?

Good

The service was effective. People's care and nursing needs were assessed and people received the care they needed.

Staff had an induction and received training and supervision to support them to develop their skills and knowledge.

When people lacked the capacity to make decisions, the manager followed the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests.

There was a variety of food available to meet people's nutritional needs and to provide them with sufficient choice.

Is the service caring?

Good

The service was caring. Staff were patient and caring and knew the people they cared for.

Relatives spoke positively about the caring nature of staff who worked at the service.

Staff respected people's privacy and dignity.

People and their relatives were involved in making decisions about their care, treatment and support.

Is the service responsive?

Good

The service was responsive. People's individual care needs were assessed and reviewed on a regular basis.

Most of the time people were supported with behaviours that may challenge in an appropriate manner.

Activities were varied and took people's individual abilities and preferences into account.

Relatives did not have any complaints, and felt any concerns were addressed immediately. Staff listened to what people had to say so they could address any concerns.

Is the service well-led?

Good

The service was well-led. There were clear lines of accountability and the manager was available to support staff, relatives and people using the service.

Relatives were invited to contribute by attending regular meetings and taking part in questionnaires and surveys.

Summary of findings

Systems to monitor the quality of the service were in place. Action was taken to address any issue and to improve the service.	

The Willows Care Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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 22 and 23 October 2014 and was unannounced. The inspection was carried out by two inspectors 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 care service and had specialist knowledge of people living with dementia who may have behaviours that challenge.

Before the visit we looked at previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law. We looked at information received from social care professionals and spoke with two care managers from the local authority.

During our inspection we spoke with sixteen relatives or friends who were visiting, twelve members of staff including registered nurses, care staff, activities co-ordinators, the housekeeper and kitchen staff. We also spoke with the administrator, the registered manager, the nominated individual for the organisation and the human resources manager. We spoke with eight people using the service. Some people were not able to tell us their experiences so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us.

We observed at lunch time and observed how staff spoke with people. We looked around the service including shared facilities, in people's bedrooms with their permission, the kitchen and medicine room. We looked at a variety of records including the care plans and monitoring records for six people, medicine administration records, staff records for recruitment and training, accident and incident records, records for monitoring the quality of the service provided including audits, complaints records and staff and relatives meeting minutes.

The last inspection took place on 4 August 2014. This was a responsive inspection to look at a certain area and so one regulation was inspected. There were no concerns identified. The last full inspection took place 17 March 2014. There were no concerns identified.

Good

Is the service safe?

Our findings

Some people were not able to tell us about their experiences so we observed the support provided by staff and spoke with relatives. Observations showed that staff ensured people were safe. All the relatives we spoke with told us they felt their relatives were safe. One person said, "The staff look after every individual person. They do not regard them as a group, but really get to know and respond to the individual needs. For my relative, this really has kept them safe and out of hospital". Other relatives told us, "'I have no doubts about people being kept safe at all' and, "I am confident about safety here it has exceeded all my expectations".

Staff were able to tell us how they would respond to allegations or incidents of abuse. They understood about potential abusive situations between people. Staff knew what to report and who they should report to. The registered manager notified the local authority of incidents in the service and took prompt action if any allegations of abuse were raised. The majority of staff had completed training in safeguarding people and the few staff that needed updates or refresher training were already booked onto courses.

Potential risks to people, such as moving and handling risks and those risks associated with people's anxiety and behaviours were identified, assessed and managed. Care plans had guidance and steps for staff to follow. Each person had an individualised Personal Emergency Evacuation Plan (PEEP's) so staff knew what support each person needed in case they had to move people in an emergency.

Before we visited there had been an accident which had resulted in a serious injury. A full investigation had been carried out by the appropriate authorities that concluded the service had not been at fault. Additional safeguards had been put in place and on-going environmental risk assessments and regular health and safety checks were carried out to make sure the service was safe for people to live in. Communal areas, hallways and bedrooms were free from clutter which allowed people to move around freely. Several areas had brand new flooring and people who had poor mobility had been provided with suitable footwear to prevent them from slipping.

Checks were carried out on equipment such as hoists, wheelchairs, bed rails and pressure relieving mattresses. These checks made sure that the equipment was in good order and safe for people to use.

A monthly audit was carried out of any accidents and incidents. The results were analysed and actions put into place to reduce or prevent any reoccurrences. When any one had been identified as having an increase in falls they were referred to the falls clinic and GP advice sought about their medicines.

The registered manager used a dependency assessment tool. This enabled staff to look at people's assessed care needs and adjust the number of staff on duty based on the needs of the people using the service. There was always a minimum of eight care staff on duty in the morning, seven in the afternoon and seven at night. There was always a registered nurse on duty, with two nurses during the morning when staff were busier. There were two activity co-ordinators who worked seven and eight hours a day each during the week. An administrator, housekeeping staff and kitchen staff supported the care and nursing staff so they could spend their time with people. Relatives said that in their opinion there was enough staff. One visitor said that since her relative had moved in, "The home has filled up and staff numbers have increased accordingly". One person said, "Staff always answer my bell when I use it and I don't have to wait". Staff told us they were encouraged to sit with people and felt that they had time to do this.

Care staff were allocated duties at the start of each shift which included which communal area they would spend their time in. Staff were clearly visible and available throughout our visits. There was always a member of staff available to support people in each lounge. At the time of our visits there were thirteen people who stayed in bed or in their rooms because this was where they preferred to spend their time. Staff carried out regular checks on the people in their rooms.

The human resources team for the organisation managed the recruitment of staff. The registered manager was involved in interviews and making decisions about the suitability of potential new members of staff. The provider carried out appropriate checks including obtaining a Disclosure and Barring Service (DBS) check, references and

Good

Is the service safe?

checking people's employment history by exploring and recording any gaps in employment. Trained nursing staff were required to show proof of their training qualifications and professional registration.

People who used the service were not able to manage their own medicines so medicines were administered by the nurses. Medicines were stored in a clinical room in either locked cabinets or cupboards. Controlled medicines were stored in a separate cupboard and were accurately recorded on a register. Most medicines were administered using a monitored dosage system where each person's medicines had been dispensed separately, by the pharmacist. Medicines stored outside of this system were stored on shelves in the medication trolley or in locked cupboards or fridges. Bottles of medicines, packets of tablets and eye drops were dated on opening. Each dose administered was recorded on a medicines administration record (MAR chart). The MAR charts included a photograph of each person to confirm their identity, and highlighted any allergies. The charts had been accurately completed.

Records were kept of all medicines delivered and of any medicines returned to the pharmacy. Audits were carried out on a regular basis and when any inconsistencies or concerns were picked up they were immediately addressed and corrective action taken. Some people refused to take their medicines and these needed to be administered covertly so that people's health did not deteriorate. Covert is the term used when medicines are administered in a disguised format, for example, in food or in a drink. There were clear guidelines for each person, evidence of input and advice from health care professionals such as the GP and the pharmacist and families in order to show that these decisions had been made in each person's best interest.

Good

Is the service effective?

Our findings

People were cared for by staff who understood their needs. Each person's needs had been assessed and each person had a care plan in place that gave staff the guidance they needed to support people. Relatives told us they thought staff were well trained and that they had the knowledge and skills to care for people effectively. One relative said that they were impressed with the way the manager trained staff. They said, "The patients' welfare and safety is so important, and I know if the staff don't come up to the mark and develop the skills they need, the manager will sort it out". Another relative told us, "They (staff) show good knowledge and understand people" and, "Without the home and the staff, my relative wouldn't be here now'.

All new members of staff had an induction when they first started working at The Willows Care Centre. This followed the Skills for Care Common Induction Standards (which are standards that staff working in adult social care need to meet before they can safely work unsupervised). These standards included the role of the care worker, communication, equality and inclusion and safeguarding. Staff completed a work book to test their knowledge and were signed off by the trainer for the service when they had been judged as competent. Staff received regular on-going training which included subjects such as moving and handling, infection control, safeguarding people, dementia, health and safety and food hygiene. Additional training included mental health awareness, end of life care, person centred care and managing challenging behaviours. More advanced training for 'managing challenging behaviours' had been planned to give staff further support in this area. Nurses had just completed training in the use of percutaneous endoscopic gastrostomy (PEG) feed (which is a tube that feeds directly into a person's stomach). Staff told us they felt well supported and that the training was 'good'. One member of staff said, "The training is very well delivered". Staff also received regular supervision. This helped staff identify their training needs and gave them an opportunity to discuss any support they felt they needed.

When people did not have the capacity to make decisions, the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) procedures were followed. This legislation sets out how to support people who do not have capacity to make a specific decision and protects people's rights. The training plan showed that staff had received training in both the MCA and DOLS and staff told us that they had attended training which had been, "Useful and informative".

People's capacity to consent to their care and treatment had been assessed. There were recorded decisions, risk assessments and agreements with families which recorded why decisions had been made in people's best interest. The registered manager had assessed each person with regard to any restrictions on their liberty through a check list that was reviewed on a monthly basis. She had started the process of applying for DoLS authorisations for everyone living at the service. There was no one living at the service at the time of our visit who had a DoLS authorisation in place. Staff understood about supporting people in the least restrictive way and described how they helped people to retain independence skills for longer. Assessments around eating and drinking described how a person could use their spoon independently for the first bites, but extra support must be given as they became tired. Staff followed these guidelines and this helped the person to remain more independent.

Staff supported people to make choices such as choosing what they wanted to wear, what to eat or make a decision about what they want to do during the day. There were picture menus being used with photos of the day's choices on the board in the dining room, and these were taken down to show people and taken upstairs to people who were nursed in bed so they could so they could see what meals were available. Two members of staff talked about their understanding of people's dementia care needs and how they supported people as their condition progressed. They told us, "It is important to know how people's needs change and then we can support them in a way they need ".

Some people were at risk of developing pressure sores and people had appropriate pressure relieving equipment in place which was being used correctly. All wound management was clearly documented and there were instructions for the type of dressing to be applied and the frequency for changing dressings. One relative stressed that they felt their husband had received good nursing care. They said, "The District Nurse stood here and said he'd have them (pressure sores) for the rest of his life, but he has hardly any pain and now moves his feet more. That's down to the nursing here". Additional health care support

Good

Is the service effective?

was provided by the community psychiatric nurse and people were able to access their GP when they felt unwell. If there were any concerns about people's nutritional needs, advice was taken from the dietician.

Meals were supplied by an outside catering company who supplied a range of nutritious meals. This had been implemented following feedback that people were not happy with the meals. The meals were pre-cooked and catered for people's different nutritional needs including diabetic and softer options. Sandwiches and hot snacks were prepared on site by the cook. There was a variety of lunch time meals available with people having two options to choose from each day, plus a vegetarian dish. There were different types of potato and vegetables for people to choose from to accompany their main meal. There was always a hot option available for the evening meal as well as sandwiches. A choice of desserts was on offer after each meal. Additional snacks and drinks were offered throughout the day and night.

Some people had specific dietary requirements related to their health needs such as needing a diabetic diet or needing their meals to be pureed and / or fortified. Other people had specific preferences about the foods they did or didn't like. These were recorded in their care plans and kitchen staff had a list of people's dietary needs, allergies and preferences that was kept up to date so they could make sure they catered for people's individual needs. Each person had a nutritional assessment. People were weighed regularly and any weight loss was acted on. Referrals were made to speech and language therapists and dieticians where required. Food and fluid charts monitored what people ate and drank. A visitor told us that they were happy with the way staff monitored their relative. They said, "X is eating well now. They had lost weight but they [the staff] have helped her to regain the weight she lost".

We observed the lunch time meal and saw that the majority of people were eating their lunch with apparent enjoyment. Some people sat around a big dining room table with several staff helping them, and the atmosphere was cheerful with staff talking to people appropriately and encouraging them to eat. One person preferred food they could pick up and eat with their fingers and the cook had prepared some sandwiches and sausages so they could feed themselves. One person said they didn't want their meal at lunch time and they were offered it at a later time, when they ate it. Relatives praised the meals and four relatives said they had eaten meals when they visited and they were, "Really nice", "Enjoyable", and, "Tasty".

Good

Is the service caring?

Our findings

People were looked after by staff who were kind and caring. People looked happy when staff talked to them and offered support. Staff interacted well with people taking an individual approach to different people by using facial expressions, objects and touch with people who had limited verbal communication. Relatives spoke positively about the staff and gave us examples of the caring interactions they had seen when they visited. They told us, "Staff are absolutely marvellous with the people and so friendly", "All the staff get involved, be they cleaners, handymen or nurses and my relative is well cared for at all times" and "Caring is not an easy job and they do it well here".

When people became agitated, staff responded in a calm manner and spoke with people in gentle reassuring tones. Staff spent as much time with people as they needed to, giving support and reassurance. Staff were confident to give people physical reassurance, such as hugs and hand holding, in a way that conveyed warmth. One member of staff said that it was, "As important to spend time talking as well as caring and important to make people laugh too". She was later seen doing an impromptu 'dance' and making people laugh. Staff spent time accompanying people as they walked around; when people were unsteady they walked with them at their own pace and offered reassurance. One member of staff used a magazine to keep one person engaged and they sat and talked about different articles and pictures.

People's different religious and cultural preferences were met. One person liked to have meals from their own country on occasions and staff worked with the family to arrange this. The activities co-ordinator told us that they, "Celebrated many religions". They told us a best interest meeting had been arranged in relation to a person's religious beliefs so they could be supported to respect their faith.

People's preferences, likes and dislikes were recorded in care plans and respected. When people were not able to be fully involved in their care planning because of their dementia care needs, relatives were invited to contribute. People's life histories had been explored and a life story had been set up in the form of a photo book. Staff used these to sit and reminisce with people and talked about things that had been important to people throughout their lives. A relative told us, "We contributed to information about X's life and I've seen staff use this information to support them".

One visitor told us that their relative could be very, "Aggressive and difficult". They told us that they had been, "Very rude to one nurse", and explained to us how the member of staff had been kind and patient and developed a relationship with the person. The visitor told us, "This really shows the caring nature of staff here".

Staff showed us around the building and told us about people who preferred to have their doors open so they could see what was going on. There were other people who preferred their doors shut and this choice was respected. Staff respected people's privacy, they knocked and called out people's names before entering and spoke to people in a cheerful and friendly manner.

Relatives told us they could visit when they wanted to and were always made welcome. They told us about meetings they were invited to and felt they could contribute to things that happened at the service. Relatives said, "If we want we can help out by supporting our relatives to eat, but we don't have to, but that does make us feel involved". Several staff commented that it was, "Important to care for relatives as well". One member of staff said how pleased she was when one relative asked her to do something in a particular way for their loved one; "Because then I know how he likes things done". Staff explained how they encouraged people to manage as much of their own personal care as possible. Care plans described what people could manage for themselves. During mealtimes people had cutlery that enabled them to eat independently and staff offered support if they became tired. Staff supported people to move freely around the service and made sure they had any walking aids they needed which promoted their independence.

Good

Is the service responsive?

Our findings

People's different needs were assessed and care given in a way that met their needs. Relatives told us that they thought staff responded well to any changes in people's needs. One visitor said, "I have seen when people get upset and that the staff act calmly and support people to become less anxious. The staff are amazing. This place is a hard act to follow care wise". Another relative told us how they had visited and noted that their relative had not had any personal care, but said, "Before I even said anything, staff explained that X wouldn't have personal care earlier, but they were now keeping an eye on him to know when he would be ready, and they did". Other relatives told us how any changes in people's health were acted upon straight away and felt confident that staff took the, "Right action".

Staff were responsive and able to recognise the potential for difficult situations, often before they happened and took action to diffuse situations. Staff were aware of people's different behaviours and that some people could display a behaviour that challenged. Staff knew which people might be likely to be aggressive and some good responses to difficult behaviours were observed. One person walked over to another person and staff knew that the person didn't like people near them and so diverted the person who was approaching them. One person took their jumper and tee-shirt off in a lounge and a member of staff encouraged and helped to put their tee shirt back on by talking gently about the cold. Another person was just about to wake someone up, who was asleep in their chair, when staff quickly intervened and distracted them so they did not disturb the person.

Although staff knew people well and monitored those people who might become anxious and put them or other people at risk, not all staff gave support that people responded to positively. One person attempted to hit a member of staff who was trying to support them to move. This person became more agitated towards the member of staff. Another member of staff noticed and intervened using a different approach. The registered manager told us some staff provided more positive support to particular people and so she tried to match certain staff to certain people.

Care plans contained information about people's needs. They included details about people's personal care, communication, mental health needs, health and mobility needs. Risk assessments were in place and applicable to the individual person's needs. The care plans were reviewed on a monthly basis and people's changing needs were noted and where needed the care plan re-written. A visitor told us about how staff had managed to resolve concerns about their relative's medicines. They said, "They spoke with the GP about his medication and it was sorted out".

Care plans had an end of life pathway which stated how people wanted to be cared for at the end of their life. These included a statement about resuscitation which was issued by the GP with involvement from the person, heath care professionals and families or other responsible people.

There were two activities co-ordinators who provided people with a range of different activities and pastimes. Both took a lead in different areas giving people choices and variety. They arranged for individual and group activities to take place. Some people took part in an artwork session and were making decorations. There was a music session and the music was used to good effect with people joining in and being involved with support from staff. The activities programme was flexible and different activities were arranged at short notice if people were not interested in what was on offer. Although the activities co-ordinators arranged activities, other staff also got involved. One of the domestic staff was working with one person who was helping to move things out of the way, whilst they cleaned the floor. The administrator knew people well and created an appropriate environment when one or two people wanted to 'help her' do some work. Care staff sat and talked to people on a one-to-one basis.

There were interesting and tactile objects left around to help to engage people. These included puzzle pieces, shakers, beanbag objects, magazines and sensory activities. People took an interest in them, by picking them up and using them. Relatives told us they thought there was, "Plenty of activities on offer", and said, "The activities here are good, especially the singing".

There was a complaints procedure on display. This told people how to make a complaint and who they could raise any concerns with. The registered manager told us there had been no formal complaints. Staff asked people if they were happy with different things and reported to the manager if anyone told them they were unhappy. Relatives told us that they could raise anything on behalf of their relatives. They told us that they had no complaints and said, "Any minor concerns were addressed straight away".

Good

Is the service responsive?

One visitor told us that there had been some issues with clothes going missing, but this had been written into the care plan and they were confident that, “This wouldn’t happen again”. Another visitor said, “I have only ever had to make one comment, it wasn’t even a complaint and it was sorted out straight away”. As well as the complaints procedure relatives could attend meetings and the registered manager kept the door to her office open so people could visit if they wanted to discuss anything.

Good

Is the service well-led?

Our findings

People benefitted from using a service that was well-led and managed in people's best interests. Many of the relatives we spoke with referred to the registered manager and staff at the service as a, "Big family". One relative said, "The manager leads from the centre at all times, and by example. She is demanding of her staff but understanding, she is emotionally involved, in the best possible way. It all centres on the leadership".

There were good communication processes at the service. The registered manager stated, and staff confirmed, that handover meetings were an integral part of this communication process. Staff said, "We are told about things and this means we know what is happening with people".

Regular staff meetings were held and staff opinions listened to. The meetings were used to share information and support staff. Staff praised the leadership and the support they received. A senior nurse said they supported the manager because of her, "Commitment and ideas about improving the home". Another member of staff said, "There is nothing she wouldn't do for us, nothing".

Staff spoke positively about reporting concerns to the registered manager. Staff said they were confident to use the whistleblowing policy and felt they would be protected. When the registered manager had to make decisions around staff issues, she followed procedures and took appropriate action to make sure people in the home were safe. Staff and relatives told us the manager was, "Firm but fair", and was prepared to make, "Unpopular decisions" when needed.

Relatives were encouraged to contribute their opinions and ideas about the service at monthly meetings and through surveys and questionnaires. We attended a relatives meeting. People were given time to talk about things that were important to them and how dementia affected their relatives. Issues relating to their loved ones such as changes, dehydration and loss of mobility were discussed, The relatives gained support from each other and the manager, who ran the meeting. People told us, "They always let you know what is going on and that means I don't have to worry about anything". One relative said, "I trust them completely".

People using the service needed support to contribute their ideas about how the service was run. Staff listened to what people had to say and recorded things that people didn't like doing so they could support people with their preferences. Relatives were given the opportunity to contribute through surveys and questionnaires. The most recent questionnaire sent to relatives showed that their responses were positive. Another survey had been sent out about activities. Feedback was actively promoted with a comments book available in the reception area for people to make any additional suggestions. Visitors were free to pop into the office and speak to the manager and whilst we were visiting we saw the manager make time for anyone who needed to speak to her.

The registered manager was aware of her responsibilities with regard to her registration with CQC and took her accountabilities in relation to her registered status seriously. Any untoward incidents or events at the service were reported appropriately and appropriate actions taken to prevent them from happening again. The manager had a clear vision for the service and described her plans for the on-going improvements she had planned. This included developing staff roles by allocating staff to become champions for areas such as dignity and giving nurses more responsibilities.

Staff told us about the ethos of the service. They told us that the people who used the service were at the centre of, "Everything". Staff told us how they worked together to support people and make sure people received the care they needed. Staff interactions were positive with staff speaking to people in respectful manners, asking them about what they wanted to do and giving choices.

The registered manager had developed a close working relationship with a GP surgery that had particular interest in supporting people living with dementia and similar conditions. They had worked together to reduce the admissions to hospital for people by having a fast response system in place. This allowed them to obtain more rapid support when a person had increased health risks and was aimed at helping people to avoid going to hospital.

Audits were carried out on a monthly basis. They included checks on medicines, infection control, care plans, staff training and health and safety. Accidents and incidents were appropriately recorded and formed part of the quality

Good

Is the service well-led?

assurance systems that were in place. A relative told us how the monitoring of their relative's falls had resulted in action being taken which reduced the number of falls and made, "Things safer for them".

All the records we looked at including care files and staff were in good order and kept up to date. When we asked for any information it was immediately available and records were stored safely protecting people's confidentiality.