Hampshire County Council

Green Meadows Care Home

Inspection report

Green Lane
Denmead
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Tel: 02392255328

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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?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Green Meadows is a residential care home providing care and accommodation for up to 42 older people, including those living with dementia. The service also provides short stays for people following discharge from hospital. There were 42 people using the service at the time of this inspection.

The inspection was unannounced and was carried out on 30 November and 9 December 2016.

There was a registered manager in place at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

People and their families told us they felt the home was safe. Staff and the registered manager had received safeguarding training and were able to demonstrate an understanding of the provider's safeguarding policy and explain the action they would take if they identified any concerns.

The risks relating to people's health and welfare were assessed and these were recorded along with actions identified to reduce those risks in the least restrictive way. The assessments were personalised and provided sufficient information to allow staff to protect people whilst promoting their independence.

People were supported by staff who had received an induction into the home and appropriate training, professional development and supervision to enable them to meet people's individual needs. There were enough staff to respond to and meet people's needs.

There were suitable systems in place to ensure the safe storage and administration of medicines. Medicines were administered by staff who had received appropriate training and competency assessments. Healthcare professionals, such as chiropodists, opticians, GPs and dentists were involved in people's care when necessary.

Staff followed legislation designed to protect people's rights and ensure decisions were the least restrictive and made in their best interests.

We received very positive feedback about the service, the managers and staff. People and their relatives often felt the managers and staff went out of their way to support them in a kind, caring manner and went above and beyond what was expected to meet their needs. In particular, the managers and staff were skilled at supporting people at the end of their life and worked hard to ensure both the person and their relatives were looked after well at a difficult time.

The managers and staff understood the importance of involving people and their relatives in their care and

providing care that was personalised to their individual needs.

People were supported to have enough to eat and drink. Mealtimes were a social event and staff supported people in a patient and friendly manner.

The service was responsive to people's needs and staff listened to what people said. Staff were prompt to raise issues about people's health and people were referred to health professionals when needed. People were confident they could raise concerns or complaints and that these would be dealt with.

People and, when appropriate, their families or other representatives were involved in discussions about their care planning. People were encouraged to provide feedback on the service provided both informally and through a survey questionnaire.

People and their relatives spoke positively about how the service was managed. Staff felt supported by the management to raise any issues or concerns. The quality of the care and treatment people experienced was monitored and action taken to promote people's safety and welfare. Accidents and incidents were monitored, analysed and remedial actions identified to reduce the risk of reoccurrence.

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.

The registered manager had assessed individual risks to people and had taken action to minimise the likelihood of harm in the least restrictive way.

People received their medicines at the right time and in the right way to meet their needs.

People and their families felt the home was safe and staff were aware of their responsibilities to safeguard people.

There were enough staff to meet people's needs and recruiting practices ensured that all appropriate checks had been completed.

Is the service effective?

Good

The service was effective.

Staff sought verbal consent from people before providing care and followed legislation designed to protect people's rights.

People were supported to have enough to eat and drink. They had access to health professionals and other specialists if they needed them.

Staff received an appropriate induction and on-going training to enable them to meet the needs of people using the service.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

The managers and staff spent time building relationships with people and frequently exceeded people's expectations of care.

The managers and staff provided personalised care that met people's health and emotional needs and went the extra mile to provide additional support where it was needed.

The managers and staff were skilled and compassionate in supporting people at the end of their life.

People and their relatives were involved in decisions about their care and their privacy, dignity and confidentiality was respected.

Is the service responsive?

Good

The service was responsive.

The service was responsive to people's needs and any concerns they had.

Care plans and activities were personalised and focused on individual needs and preferences.

The registered manager involved people and their representatives in planning care and had a process in place to deal with any complaints or concerns.

Is the service well-led?

Good

The service was well-led.

The registered manager adopted an open and inclusive style of leadership. Staff understood their roles and responsibilities and there were clear lines of accountability within the service.

People, their families and staff had opportunities to feedback their views about the home and quality of the service being provided.

The quality of the care and treatment people experienced was monitored and action taken to promote people's safety and welfare.

Green Meadows 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 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.

The inspection was unannounced and was carried out on 30 November and 9 December 2016 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. We reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with six people using the service and five relatives / visitors. We observed care and support being delivered in communal areas of the home to help us understand the experience of people who could not talk with us. We spoke with five members of the care staff, an assistant unit manager, the deputy manager and the registered manager.

We looked at a range of documents including five people's care records, risk assessments and medicine charts, staff recruitment, duty and training records. We also looked at information regarding the arrangements for managing complaints and monitoring the quality of the service provided within the home.

The home was last inspected on 9 July 2014 when two minor breaches of the regulations in relation to monitoring the quality of service and records were identified. The provider had sent us an action plan and at this inspection we saw that the improvements had been made.

Good

Is the service safe?

Our findings

People and their relatives we spoke with confirmed they felt safe living in the home and that care was delivered in a safe manner.

Risks to people had been identified, assessed and actions had been taken to minimise them, such as those of people falling, becoming malnourished or developing pressure sores. This information was recorded in each person's care records and updated regularly with any changes to the level of risk or changes to health. Daily care records showed staff supported people in line with the risk assessments. Staff acknowledged that some risks to health and wellbeing needed to be accepted and taken, in order to promote and not limit people's freedom and independence. There was a system in place for recording incidents and the registered manager reviewed these each month to look for trends and identify potential learning. In addition incidents were reviewed by the provider's care governance team on a monthly basis.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. They knew how to report any suspicion of abuse to the management team and agencies so that people in their care were protected and their rights upheld. A member of staff said "safeguarding is everyone's problem". Policies were in place in relation to safeguarding and whistleblowing procedures and these were accessible to all staff. Whistleblowing is a policy protecting staff if they need to report concerns to other agencies in the event of the organisation not taking appropriate action. All staff had received safeguarding awareness training and were supported by managers who had received more detailed safeguarding training. Regular refresher courses were arranged for staff to attend. Support was sought where needed from the local authority safeguarding coordinator. The registered manager used management meetings to review and discuss any safeguarding alerts.

People were supported by sufficient staff with the right skills and knowledge to meet their assessed needs. People told us that staff were available when they needed care and support. Staff confirmed there were usually enough staff on duty and they were able to respond to people needs in a timely manner. The service used ancillary staff to help support people at meal times. Staffing levels were kept under review and additional staff could be used if people's needs changed. The provider was actively recruiting casual care assistants to provide assistance with personal care and employing general assistants to support people and care staff with other activities. When required the service was able to request agency staff through the provider's booking agent. The registered manager told us a dependency tool used to review staffing was being redeveloped. Following a meeting with senior managers, night staffing levels were now to be increased by an additional care assistant. The registered manager said "A number of people like to get up early in the morning" and so required support before the day shift began.

The provider had a system in place to assess the suitability and character of staff before they commenced employment. Records included interview notes and previous employment references. Staff were required to undergo a Disclosure and Barring Service (DBS) check. DBS checks enable employers to make safer recruitment decisions by identifying candidates who may be unsuitable to work with adults who may be at risk. The system of checks included agency staff who worked at the service.

There were appropriate plans in case of an emergency occurring. Personal evacuation and escape plans had been completed for each person, detailing the specific support each person required to evacuate the building in the event of an emergency. Fire policies and procedures had been updated in 2016 and regular fire alarm tests and drills were carried out. Staff attended an annual fire evacuation practice in addition to training. Equipment was serviced at regular intervals and legionella tests were carried out. A maintenance person undertook minor repairs reported by staff and a record of this was kept.

Systems were in place to help ensure people's medicines were ordered, stored and administered safely. This helped to ensure that people were protected against the risks associated with the unsafe use of medicines. There were detailed individual support plans in relation to people's medicines, including pain relief. Clear guidelines were in place that helped staff to understand when 'as required' medicines should be given. Medicines were only given by senior staff trained to administer them and who had successfully completed an annual competency assessment.

The management team had a clear audit system to regularly check medicines. A controlled drugs (CD) cabinet and logbook was in use and the records were completed in line with the relevant procedures. A folder contained clear instructions as to what, when and how, homely remedies could be given, which the person's GP had confirmed. (Homely remedies are medicines which the public can buy to treat minor illnesses like headaches and colds).

We observed one of the management team giving people their medicines, supporting them in a gentle and unhurried way. They explained the medicines they were giving in a way the person could understand and sought their consent before giving it to them. They ensured each person had a drink to assist them to take their medicines. Medicine administration records (MAR) were signed after each medicine was successfully dispensed.

The registered manager was aware of their responsibilities in relation to infection control. An annual infection control statement was written and the registered manager was aware of what needed to be reported. There was a cleaning schedule in place for staff to follow and records showing checks took place. The home environment was clean and we observed that staff were aware of infection control procedures. Protective clothing was available and in use by staff. The training record showed that staff received training in infection prevention and control. A relative said "The hygiene and cleanliness is fabulous". Another relative told us the home was "Always nice and clean".

Good

Is the service effective?

Our findings

People confirmed that staff worked effectively as a team and had the knowledge and skills to meet their needs. A person told us the care staff "Are very good. They work so hard". A visitor said "Staff seem pretty good. I think they're very aware" in relation to the needs of people living with dementia. They told us "I get the impression from staff that they all get on well together and they all work as a team". A community care professional told us "I have found the service and communication to be effective, which has helped to achieve positive outcomes for the clients".

The staff training programme showed that staff were provided with knowledge and relevant qualifications to support them in meeting people's needs. A system was in place to track the training that each member of staff attended. Staff confirmed they had the training and on-going updates in subjects including moving and repositioning, infection prevention and control, safeguarding, emergency aid, fire safety, dementia awareness, nutritional risk assessment, recording and reporting, and care planning. The registered manager told us some staff were working towards higher level certificates in dementia care.

The provider's induction programme for new staff involved eight days of essential training during the first four weeks, complemented by shadowing experienced staff to help ensure that the training could be applied in practice. A staff supervision structure was in place that included observation and monitoring of care practices and annual appraisals. Staff told us they felt supported to fulfil their responsibilities and were confident that any issues they raised with the management team would be responded to appropriately.

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.

Staff had received training in the MCA and showed an understanding of the principles in relation to people they were supporting. Before providing care, they sought consent from people and gave them time to respond. Staff were aware that some people had capacity to make decisions, while others may require more support in relation to bigger decisions that may need to be made. A community care professional said "I have witnessed the home staff taking the appropriate steps to ensure that the procedures around mental capacity and consent are followed". Another community care professional also confirmed the service always took consent and capacity into account.

The provider had a mental capacity assessment tool that was used to evidence the steps taken to support people to be involved in their care; and to demonstrate the rationale when decisions were to be made by others in the person's best interests. Where people had relatives or other representatives with power of attorney for particular aspects of their care this was documented.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their

best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had submitted DoLS applications and, where authorisation had been received the service acted in accordance with any conditions attached to depriving a person of their liberty. Staff were aware of people who were subject to a DoLS. One member of staff said "Sometimes you just need to sit and talk with them. Be compassionate. It must be very confusing for them".

People's support plans included nutritional assessments and details of their dietary requirements and support needs. A risk assessment tool was used to help identify anyone who might be at risk of malnutrition and specific care plans were in place to minimise the risk. Food and fluid charts were used to monitor people's intakes during periods of potential risk. During the day we observed staff making sure people had drinks and supporting them to drink if needed. There were four dining rooms and snacks and drinks were readily available in each. A visitor said "The small dining rooms are nice. People chat to each other. The kitchen staff are lovely. A person had missed their cup of tea so the kitchen staff went and got her one".

People were mostly complimentary about the food and told us they had enough to eat and drink. A relative said "Lovely food and menus, choices to suit everyone. If mum wants something different, staff will go to the kitchen and get it". Another relative told us they were able to spend time with their family member at meal times and "The food is very nice".

At lunch time the meals were served from a heated food trolley. Staff demonstrated knowledge of which people were on soft, fortified, or other special diets and records also contained this information. Staff knew people's names and addressed them in a polite, friendly and caring manner, supporting and encouraging people to eat. For example, we observed staff asking a person if they wanted more gravy or their food cutting up. A person who was eating their meal in their own room told us they liked the food. A member of staff brought them in the chocolate pudding they had asked for. The person said they had changed their mind and would like some cream with the pudding. The member of staff cheerfully went to get it.

People had access to healthcare services and, where necessary, a range of healthcare professionals were involved in assessing and monitoring their care and support to ensure this was delivered effectively. This included GP and community nursing services, occupational therapists (OT), podiatry, dentists and opticians. A relative told us "If (person) needs health care this is all taken care of, they sort that out. They always let me know what's going on". A community care professional said "Residents are well supported to manage good health and are well cared for".

Outstanding ☆

Is the service caring?

Our findings

People and their relatives were without exception positive in their comments about the care people received and throughout our inspection, we found examples of a strong person centred culture from the managers and the staff. Staff were kind, caring and friendly in their approaches to people's care. There was a good rapport between staff and the people they supported with lots of smiles and laughter. A person told us "It's the staff that make it". They said that since coming to the home: "I've never smiled or sang so much. I love it". Other people's comments included "It's very good here" and "The staff are kind".

A relative told us the service was "Absolutley brilliant. It's wonderful" and their family member was "Very happy here. I don't have to worry here because he is taken care of so well. The care staff are first class, I can't fault any of them. They're always kind and happy with people".

Another relative told us "The care is absolutely marvellous. Really kind, friendly, helpful, thoughtful staff". They said "Staff pop their heads in regularly" and "They all give the residents their time, which is important. The registered manager has a nice approach and always makes time to speak to you". They also commented "Family are welcomed and invited to have a cup of tea or coffee".

The registered manager and staff were very attentive to people around their health appointments. The registered manager asked one person about their recent appointment. The person told us "I'm very happy here. They're very nice people". A member of staff came to support a person to attend a health appointment and brought them their coat and a blanket for their knees as it was cold outside.

Another visitor commented "It has such a nice atmosphere here. I enjoy coming here. Everyone is so nice and the residents are so happy". They said their friend originally did not want to come into the care home and now "Says this is the best thing that's happened to me". They told us "I can't think of anything negative. I haven't witnessed any member of staff being anything less than kind and considerate". They told us staff treated people "With a lot of dignity. A lot of care. A lot of love". They told us staff respected people's choices.

A community care professional told us "When visiting the home I have observed a friendly atmosphere and the staff are helpful and interactive with clients and visitors. I have had extremely positive feedback from clients and their families about the caring and attentive attitude of the staff".
Another community care professional said "Green Meadows are a friendly and happy residential home" and "Residents are well cared for".
The relationships between staff and people receiving support demonstrated dignity and respect. The care staff were kind and courteous and we observed they knocked on people's doors and greeted them by name. Many people responded using staff member's first names. People received personal care in the privacy of their bedrooms. Staff gave examples of respecting people's privacy and dignity, for example making sure doors and curtains were closed while assisting them to wash; making sure they had their hearing aids or glasses; and asking them what they would like to wear. A person told us staff treated them well and said "They're lovely". We observed staff coming to tell people when they were going off shift and when they

would be back. A person had been to the hairdresser and staff commented on how nice they looked. A member of staff told us they loved their job and said "It could be me one day and I'd hate it if people were disrespectful to me".

The managers and staff demonstrated motivation and commitment to providing a caring and enabling service. The service organised special dignity days to further promote valuing people. One such event, called 'share a moment in time', involved people chatting to their key workers and choosing to do something that was special to them. One person had revisited a town where they used to live. Others chose to have tea and a chat or manicures. A record of a Dignity Action Day showed people were asked what dignity meant to them. The registered manager said they felt this helped to build relationships and "Raise staff awareness about what dignity meant to individuals". Further events were planned.

The service supported people to express their views and be involved in making decisions about their care and support. Each person had a member of staff assigned to them as a key worker. Key working is a system where a member of care staff takes special responsibility for supporting and enabling a person. The aim of this system is to maximise the involvement and help to build relationships between people using the service, their families and staff. A member of staff talked about their key working role and involving people in their care as much as possible: "It's their care plan, after all". They told us they supported people to access the community and "Go for a coffee, cheer them up".

People were also involved in the running of the service through regular resident's and relatives meetings that were recorded and shared. People told us "You can say what you think". Topics for discussion included staffing, food, activities and the home environment. Visitors were welcome to stay for lunch and share activities with people and regular social events were held to involve families and other people in the service. A community coffee morning had been held with a focus on understanding dementia.

Letters we received from people's relatives demonstrated that the service provided outstanding end of life care. One person wrote: 'I would like to take this opportunity to give the highest praise for the care given to my father…..both he and I were pleased with the care provided and the friendly, professional approach of the management and staff. They all ensured that dad's established routine was catered for and that the lifestyle he enjoyed continued……..The care provided by all at Green Meadows was full of dedication, kindness and unbridled compassion – to such an extent that I was truly overwhelmed and left in awe…….. They have most certainly left a long lasting impression on me'. Staff had ensured an important activicity of going to the pub was continued for this person and would keep his dinner warm for later.

Another person wrote: 'From her first day there the care for mum was exemplary. They gradually rebuilt her health, with the most dignified and sympathetic care I have ever seen…..They always went out of their way to arrange and do anything that mum needed. Sometimes in their own time, nothing was too much trouble. From management to care workers to domestics. I can never thank them enough for their dedication to mum……In her last few days she was never left alone…..It was a wonderful end to a long life…..Mum knew every member of staff by first names and adored them all……..I do not believe you could find a better home than this if you are looking for elderly care'.

End of life care was provided by skilled and compassionate staff. They provided valuable emotional support to relatives and visitors at these times. A room and bed was available for relatives or friends to stay overnight if required. A relative told us they had observed a member of the care staff "talking to father while he was in a coma, cleaning him". They told us night staff had stayed with them while their relative passed away. People and their relatives were given support when making decisions about their preferences for end of life care. These decisions then formed part of specific care plans that were regularly reviewed and reflected their

wishes.

Staff were aware of the importance to individuals of being supported to stay at home and not be hospitalised at the end of life. They would work with the person, their relatives and releant healthcare professionals to support peple to stay in the home. A visitor told us "They don't put people in hospital unless absolutely necessary. The GP works with the home regarding people on end of life care".

People's end of life care wishes and any advance decisions were discussed and documented in their care plans and kept under review. Do not attempt cardio-pulmonary resuscitation (DNACPR) decisions were recorded where appropriate. Where end of life care was needed, the service sought advice from specialist palliative care nurses. A member of staff told us there was a good relationship between the service and a local GP "Who is brilliant when people are at end of life and comes in at any time".

The registered manager and provider were keen to further enhance and develop the end of life care provided within the service. All staff had received training in end of life care and this was regularly updated. To develop this further, the provider was focussing on additional training to support staff in this role. A lead role for particular staff in end of life care was being developed. In line with this, the staff worked closely with the local hospice and the local GP to ensure excellent end of life care was provided. To further support staff with working with clinical areas of care, staff had access to one of the provider's practice development nurses who was assigned to the service.

The service was seeking re-accreditation with a recognised framework for end of life care and supported staff to implement best practice in this area.

Good

Is the service responsive?

Our findings

People told us they felt the staff were responsive to their needs and any concerns they had. A relative said "The registered manager is brilliant. Anything you want to know, they'll find out for you. If I was worried about anything I would go to (managers names) or any of them. They're all caring and kind". Another relative told us "Staff are always willing to answer any questions".

A call system was in place and call response times were monitored using the call system computer. A person told us staff always came when they used their call bell. A visitor commented "I have never witnessed people in distress because no-one had answered them".

A personalised approach to responding to people's needs was evident in the service. Before people moved into the home they and their families or representatives participated in an assessment of their needs to ensure the service was suitable for them. Involving people in the assessment and subsequent reviews helped to make sure that care was planned around people's individual care preferences. Following this initial assessment, personalised care plans were developed that provided guidance about how each person would like to receive their care and support, including their preferred routines of care and how they communicated their needs.

Records showed care plans were reviewed regularly including, for example, monthly reviews of risk assessments for preventing falls. Where necessary, external health and social care professionals were referred to as part of the response to people's changing needs. People and/or their relatives/representatives were involved in reviews according to each person's wishes or best interests decision. Information about people's preferred daily routines were also included in their care plans. Through talking with people and the staff and through observation, it was evident that staff were aware of people's care needs and acted accordingly. All staff contributed to keeping peoples' care and support plans up to date and accurate. The staff handover sheet was detailed, including which people were seeing a GP and for what reasons; and if any appointments or visits required following up.

There was a programme of activities to promote mental stimulation and social inclusion. We saw photographs of people making Christmas decorations and bird feeders, having social mornings and afternoon teas. One person being supported by staff to prepare the fish he had caught. Entertainments included local church concerts, a pantomime by a theatre group, musicians, pets as therapy, a firework display, film club and quizzes. In addition to group activities, one to one activities and social interaction was provided. Some people liked to spend time in their rooms and records showed staff spent time chatting with them about things the person was interested in.

Relatives said the activities were good, including Christmas and summer fetes and school choirs. A community care professional told us "Most of the residents seem happy at Green Meadows, which is a very socially active home where lots of activities take place". A visitor remarked "Staff are not entrenched. They are open to new ideas and ways to do things. There's lots and lots of activities. People are not sat around bored". They told us there were activities "Allowing real life to come in" including people being supported to

access the community, for example outings to the pub and village fetes. The service had the use of a minibus and arranged trips including to garden centres and the seafront. A member of staff told us "The activities are very good. One resident is now the quizmaster and is planning the Christmas quiz. This was a successful outcome of key working, finding an interest".

People told us they would feel comfortable raising any concerns or complaints. Information about how to make a complaint was displayed in the reception area and a system and procedure was in place to record and respond to any concerns or complaints that were received about the service. The complaints record log showed that five complaints had been received within the past year and demonstrated that the registered manager had listened and taken action in an open and timely manner. Staff understood people's needs well and demonstrated how they would be able to tell if a person was not happy about something, which meant that people would be supported to express any concerns.

There was also a record of compliments and thank you cards from people and relatives expressing gratitude for the care provided by the service.

Good

Is the service well-led?

Our findings

People and their visitors told us they felt the service was well-led. A relative told us "It's first class run" and praised the managers and staff. A community care professional confirmed they had "Good working relationships with the care staff and management".

The registered manager was promoting an open and inclusive culture within the service. There were meetings for people who used the service and for family and friends. Minutes of these meetings showed this gave people an opportunity to feed back on the care that was being provided and to make suggestions for the future. This included the decoration of the environment, staffing matters, menu planning and the choice of activities.

The service used feedback to drive improvements and deliver consistent and high quality care. A satisfaction survey was carried out that included questionnaires sent to people who used the service. We saw the results of the most recent survey in April 2016 had been collated into a report and actions taken in response to people's feedback. For example, making sure that people knew how to make a complaint and increased communication with regard to menu planning.

Records of team meetings confirmed that staff were asked for their input in developing and improving the service. A member of staff said the registered manager had been "Very supportive and brought in good changes". They said there was "A lot more structure" in the way the service was managed and "The residents come first". Both the registered manager and deputy manager were approachable and there was "A lot of team effort and support". Another member of staff commented that the registered manager had brought stability and positive change. Another member of staff said the registered manager's "Door is always open".

Staff we spoke with understood their roles and responsibilities and there were clear lines of accountability. There were processes in place to enable the registered manager to account for staff actions, behaviours and performance. Staff were supported by regular supervision and each member of staff had a performance plan and goals, which were set at the beginning of the year in relation to both corporate and personal objectives.

A comprehensive service development and action plan was in place and being implemented during the period April 2016 to March 2017. For example, the registered manager had implemented weekly staff surgeries in order to discuss suggestions for improving the service. There had been a team building day to help improve communication between the management team; an increase in staff training including diplomas in hospitality for housekeeping staff; and a focus on staff training for end of life care and tissue viability. The registered manager had met with the community nursing team to help improve joint working and a lead nurse had been assigned to the home.

Following the previous inspection, the provider had taken action to ensure there was an effective system to regularly assess and monitor the quality of people's care plans and reviews. As part of the improvements

care staff had received additional reporting and recording training to support them in completion of care plans.

Regular audits of the quality and safety of the service took place and were recorded. For example, there were audits of care plans, medicines, infection prevention and control and equipment. In addition to these, a service manager for the organisation carried out regular checks that were also recorded. The registered manger maintained a record of actions taken in relation to audits, incidents, and feedback from people using the service or others acting on their behalf. A copy of the report was sent to the service manager and provider. The service had systems in place to report, investigate and learn from incidents and accidents. Records showed that investigations were undertaken following incidents and that appropriate actions were taken in response. For example, in the event of a pattern of falls being identified, the provider's internal local governance team would contact the home to check what action was being taken to reduce the risks of similar accidents happening again.