

GMA Healthcare Ltd

# Fountains Court

## Inspection report

19A The Pastures  
Coulby Newham  
Middlesbrough  
Cleveland  
TS8 0UJ

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05 June 2018  
11 June 2018

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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?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 5 June 2018 and was unannounced. A second day of inspection took place on 11 June and was announced. This is the first time the service has been inspected since registering with the Care Quality Commission (CQC) in June 2017. Fountains Court is a detached 42 bed purpose built building in Coulby Newham.

Fountains Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home accommodates older people and people living with a dementia. Accommodation is provided in four wings on one floor based around a central courtyard. At time of our inspection there were 41 people using the service.

The service has a registered manager. 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.

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Fountains Court is a detached 42 bed purpose built building in Coulby Newham.

We received exceptional feedback from people and their relatives and professionals about how responsive the service was. The registered manager and staff had a 'can do' attitude and were creative in enabling people to overcome any perceived limitations and empower people to maximise their independence. Staff worked closely with people to build their confidence, maintain and develop life skills and maximise their independence.

The premises were extremely well designed in line with current best practice guidance to meet the needs of the people supported. There was a range of different areas, both stimulating and quiet available where people could choose to spend their time. Areas included a pub, a cinema, a post office and an American themed diner.

Staff recognised the importance of people's past lives, their interests and preferences, as well as providing them with an opportunity to be involved in new experiences. People had access to a very wide range of social activities which they enjoyed and were encouraged to take part in new areas of interest. Examples included themed days and events, petting animals, musical sessions, computer training and a pen pal

scheme.

We saw staff spending their time positively engaging with people as a group and on a one to one basis in fun and meaningful activities. We saw evidence that people were being supported to maintain valuable links with the local community.

People's individual communication needs were understood and information provided in a format appropriate for them, which meant they could participate fully. A clear complaints process was in place.

Staff were committed to providing excellent end of life care following national best practice in this area.

Policies and procedures such as safeguarding and whistleblowing were in place to protect people from harm. Staff knew how to identify and report suspected abuse. People and their relatives felt the service was safe. Robust recruitment practices were in place. Pre-employment checks were made to reduce the likelihood of employing staff who were unsuitable to work with vulnerable people.

Care plans and risk assessments were comprehensive and included information about the person as an individual.

Records showed that maintenance and equipment checks were undertaken to ensure the environment was safe. Emergency contingency plans were in place. Infection control policies were in place and followed by staff.

Staff received mandatory training in key areas, and were supported through regular supervision and annual appraisals. Staff told us they were well supported by both the manager and provider.

Medicines were managed safely. People had access to a range of healthcare such as GPs, hospital departments and dentists. Individual nutritional needs were met and people enjoyed a varied diet that met their preferences.

The registered manager told us that lessons were learnt when they reviewed accidents and incidents to identify any themes or trends.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The policies and practices of the home helped to ensure that everyone was treated equally.

People's privacy and dignity was respected by staff. Staff members were kind and caring towards those who used the service. Interactions between people and staff showed that staff knew people well.

Meetings for people using the service and staff were held regularly. This enabled people to be involved in decisions about how the service was run. The service worked with a range of health and social care professionals.

The management team completed regular audits and sought feedback to monitor and improve quality.

## 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.

There were enough, suitably well trained staff on duty to meet people's needs.

People were safeguarded from abuse and improper treatment.

Staff recruitment procedures were safe.

Medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

Staff knew the people they were caring for well.

People's consent was sought before any care or support was provided. The requirements of the Mental Capacity Act 2005 (MCA) were being met.

People were supported with their nutrition.

People's health was monitored and staff ensured people had access to external healthcare professionals when they needed it.

### Is the service caring?

Good ●

The service was caring.

People were supported by caring staff.

Staff were respectful to people.

People were encouraged to be as independent as possible.

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

The environment was extremely well designed to meet the needs

of people.

People had access to an excellent range of social activities .

Staff were passionate about providing the best possible end of life care for people.

**Is the service well-led?**

**Good** ●

The service was well-led.

The service had a registered manager in place. Staff told us the registered manager was approachable and was a visible presence in the home.

A wide range of audits took place to measure the quality of care provided.

Feedback had been sought from people, relatives and staff and suggestions for improvement were acted on.

# Fountains Court

## Detailed findings

### Background to this inspection

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

This inspection site visit took place on 5 June 2018 and was unannounced. A second site visit took place on 11 June 2018 and was announced. This was a comprehensive inspection carried out by one adult social care inspector.

During the inspection we spoke with five people and six relatives of people using the service. We reviewed a wide range of records. This included four people's care records. We looked at the medicine administration records for four people residing in the home. We reviewed four staff recruitment files, including supervision, appraisal and training records, records relating to the management of the service and a wide variety of policies and procedures. We spent time observing people in the communal areas of the service and at lunch time.

We spoke with 12 members of staff, including the registered manager, six care staff, two activity coordinators, a housekeeper and two catering staff. We also spoke with the provider.

Before the inspection we reviewed all the information we held about the service, which included notifications submitted to CQC by the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

To gather their views of the care provided by Fountains Court we contacted the commissioners of the relevant local authority, the local authority safeguarding team, the fire service and other professionals who had worked with the service.

# Is the service safe?

## Our findings

We asked people if they felt Fountains Court was safe. People and their relatives told us it was. One person told us, "Oh yes, I feel safe, they [the staff] will help you with just about everything."

Systems and procedures were in place to keep people free from abuse. Staff had access to the provider's safeguarding policy. Records showed that staff received training in safeguarding. Staff understood how to keep people safe including what to do if an allegation of abuse was made. They were aware of whistle blowing procedures and were confident the registered manager would respond to any concerns raised.

The registered manager assessed the staffing levels required to support people using a dependency tool. During this inspection we observed that staff were always available to assist people when they required support.

We saw that care plans and risk assessments had been reviewed monthly and showed people's changing needs. General risks such as activities, flooring, the grounds and windows were assessed to ensure people were safe and where possible actions were identified for staff to take reduce risk.

Records showed that risks to individuals had also been identified such as diabetes, transfers and falls. Detailed measures had been put in place to reduce potential harm to people. This meant staff had the guidance they needed to help people to remain safe.

Falls were monitored and in the care files we looked at we saw that appropriate referrals had been made and equipment sourced to help keep people safe from injury.

We reviewed four staff files and saw that safe recruitment procedures were in place. Two references were obtained and a Disclosure and Barring Service (DBS) check was carried out before staff commenced work. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and minimise the risk of unsuitable people from working with children and vulnerable adults.

The service had a comprehensive medication policy. Systems were in place to ensure that medicines including controlled drugs and topical creams had been ordered, received, stored, administered and disposed of appropriately. Medicines were stored securely. Medicines administration records (MARs) contained recent photographs of people to reduce the risk of medicines being given to the wrong person. MARs were completed correctly without any unexplained gaps. Records stated if the person had any allergies. We observed a medicines round being completed safely. Competency checks had been undertaken for those staff administering medicines. We carried out a check of controlled drugs which showed no discrepancies in recording. Staff knew what to do in the event of a medication error. Medication audits were undertaken by staff on a weekly and monthly basis.

Documentation showed that maintenance and servicing had been carried out in the required areas of

health and safety such as gas and hard wiring. We saw that equipment used throughout the building was maintained in line with manufacturer's recommendations. Records showed that regular maintenance checks of the building took place. An annual planner was in place to help ensure required health and safety checks were carried out for example on window restrictors and thermometers. Records also showed that staff made regular checks of safety equipment such as fall sensors. We observed people being transferred using equipment in a safe and competent manner. Regular checks of hoists and lifting equipment had taken place to ensure people movement tasks were undertaken safely.

Daily and weekly fire checks were undertaken to keep people safe. We saw records to confirm that the fire alarm was tested on a weekly basis. Regular fire drills and evacuations had taken place. An up to date fire risk assessment was in place. People had personal evacuation plans (PEEPs) to guide staff how to help them leave the building quickly in case of emergency.

The registered provider had a business continuity plan which set out how people's needs would continue to be met in the event of an unforeseen incident such as power failure. This showed us contingencies were in place to keep people safe in the event of an emergency.

During the inspection we looked at some bedrooms, toilets, shower rooms and communal areas. We found the building was clean and staff followed safe infection control practices. One person told us, "It's spotlessly clean." We observed staff using gloves and aprons to reduce the risk of infection. Two infection control champions were appointed on the staff team to share Department of Health best practice. Infection control policies were being followed in day to day practice.

Records showed systems were in place for reporting, recording, and monitoring significant events, incidents, falls and accidents.



# Is the service effective?

## Our findings

One person we spoke with told us, "Staff know what they are doing." Records showed that staff were suitably qualified and experienced to fulfil the requirements of their roles. The members of staff we spoke with told us they felt they received the training they needed to carry out their roles safely.

The registered manager told us and staff confirmed that induction included essential training and the shadowing of experienced carers. In addition, the service also held taster days for potential staff to work which helped the management team ascertain if the candidate was suited to the role they were being considered for. This helped to ensure the staff team was knowledgeable, competent and confident to deliver the care and support people needed.

The service had procedures in place to monitor and support staff performance. Staff told us they had regular supervision and the management team were always available for support if they had any concerns. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Supervision sessions included discussions on performance, special achievements and future opportunities as well as job knowledge.

People were supported to have enough to eat and drink and were encouraged to maintain a healthy and balanced diet. We asked people about meals, snacks and beverages and the response was very positive. One person commented, "The food is nice, we get plenty of choice." Another person said that they always got "a great breakfast". They also told us how when they did not want to go to the dining room for breakfast staff would bring their breakfast of choice to their bedroom. People were given the opportunity to feedback on meals. We were shown some curries that had been made especially for one person who likes a very hot curry. These were kept available as an alternative for the person if they wanted it. Catering staff were knowledgeable about specialist diets and had received appropriate training in this area.

People's nutritional health was monitored using the Malnutrition Universal Screening Tool (MUST). MUST is a screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition) or overweight. The MUST assessments we reviewed were up to date and indicated that regular weight monitoring was in place. People were weighed monthly or weekly depending on the outcome of their MUST assessment and actions were put in place when there was cause for concern. This meant that the home was following national best practice in this area.

Discussion with the management team and examination of records showed that when people had lost weight or had issues with eating and drinking they had been referred to external specialist services. Staff informed us that they would make referrals to services such as dietitians and speech and language therapy (SALT) if they had concerns in this area. There was evidence in people's records that referrals to dietetic services had been made.

Staff supported people to attend external health care appointments. This meant people had access to healthcare services when needed and their healthcare needs were met. Care plans contained information

on the involvement of professionals such as GPs, district nurses, the falls team, dentists and hospital departments. Care plans reflected people's changing needs and clearly showed where referrals to healthcare professionals had been made. Some people had made advanced decisions on receiving care and treatment and we saw 'do not attempt cardiopulmonary resuscitation' (DNACPR) orders had been completed correctly through consultation with appropriate others.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People 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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Records showed the care home was following the requirements of the act in regards to DoLS. We spoke to staff and they showed an understanding of the principles of the MCA. For people who did not always have capacity, mental capacity assessments and best interest decisions had been completed for their care and treatment. There was evidence of consent being sought and recorded for example to use people's photographs. We observed staff asking people's permission before carrying out tasks with them.

The registered manager had allocated champion roles to staff in various areas including dementia, infection control, respect and dignity and diversity. Champions help ensure that national best practice in their assigned areas is shared with the rest of the team and they also identify areas of potential improvement. For example, the services dementia champions tasks included reviewing signage through the building, reviewing people's life story booklets and promoting awareness of people's needs when they are living with a dementia.

People were able to meet privately with friends or relatives. We saw that bedrooms were personalised. The building was free from odour, warm and clean. The design of the building did not restrict the use of equipment to aid people's mobility.

## Is the service caring?

### Our findings

People told us they felt staff were caring. We observed staff providing support in a caring manner. One person told us, "It's great, everybody is friendly." Another person said, "I can't say a bad word against any of them, I love it here." A relative commented, "It's very, very good, the way it's built, the people who run it, they are very caring and the manager is nice." Another relative said "It's excellent, the care, I can't fault it."

One relative told us that they informed staff that their relative was prone to feeling the cold. When they visited the next day, staff had already gone out and purchased the person an extra thick duvet. The relative was very impressed with how quickly this was arranged for the person.

It was clear from their interactions that staff knew people well. We observed that staff showed respect for people at all times. One staff member told us how they got to know people very well and this meant that they "got past the dementia". This showed respect for people supported.

Staff understood how to deliver personalised care. Person centred care is care that is centred on the person's own needs, preferences and wishes. Staff used people's preferred form of address, showing them kindness and respect. We saw people smiling, laughing and joking with staff.

Throughout the inspection we saw how members of staff ensured that people were able to make choices about what they wanted to do. We saw that staff made sure each person was aware of the individual choices available to them. Where people were anxious or in need of reassurance we saw staff, when available interacted with them in a kind and compassionate way. One relative told us, "I've seen how they have handled difficult situations, they are so caring." We observed staff being discreet in their offers of support to people.

Staff supported people to be as independent as far as they were able. The members of staff we spoke with had a good understanding of the importance of promoting independence. We observed them supporting people to be independent and giving people encouragement to complete tasks. People could move freely around the home, some using walking aids.

People's equality and diversity was respected. Staff had completed training in equality and diversity and the provider had an equality and diversity policy in place. The registered manager told us that at the current time everyone living at the home had a similar ethnic background and religious beliefs. Information regarding people's religious and cultural needs was gathered prior to admission.

Staff told us, and relatives and records confirmed that people were also supported to maintain contact with their family and friends. Visitors told us they were always made to feel welcome. One person said, "When it's sunny I like to have a couple of pints outside in the courtyard with my children." A relative told us how when a person's grandchildren visited they could book the American diner for the family to eat in.

An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes.

We saw that advocacy information was available for people if they required support or advice. No one was using an advocate at the time of our visit however processes were in place to record such visits if this became necessary.

## Is the service responsive?

### Our findings

Without exception the people and their relatives we spoke with attributed their good health and longevity to the exceptional, responsive care they received at Fountains Court. It was evident that support was very much focused on individual need and people's requirements were attended to in a highly responsive way. People told us they were extremely satisfied with the service. One person said of the staff, "Nothing is a problem for them, they know exactly what they are doing." The person told us how their health had got better during their time at Fountains Court. They spoke about how their mobility had improved, how they had got their appetite back and put on weight.

A professional involved with the service told us, "Senior staff and management take advice on board and ensure the person is at the forefront of care been delivered". Another professional wrote to us saying, 'It is absolutely superb! Couldn't pick a fault with the management or premises, and the premises are amazing.'

People had been assessed prior to their admission. These assessments helped identify desired outcomes for people. The registered manager kept a record of the outcomes people had achieved such as mobility improvements and reduction in anxiety and falls. Plans of care included detailed information on people preferences such as how a person wanted their room to be lighted overnight and their preferred style of clothing. Plans were regularly reviewed to reflect people's changing needs. We saw evidence of people's involvement with their plans of care, for example signing if they wanted a key to a locked cabinet in their bedroom. Staff had a clear understanding of each person's needs and how they wanted to be cared for and had the up to date information they required to support people. We saw that handovers between staff took place and staff recorded how people had been throughout the day and overnight as well as the care and support they had been given.

Research had been undertaken in best practice to promote people's independence and connection with their surroundings. The provider had ensured the adaptation, design and decoration of the environment was enabling, stimulating and suited to the needs of people. Areas of the building were clearly themed to help people find their way around easily. As the building was built around central communal spaces visitors to the building did not usually have to walk past people's bedrooms which helped promote people's privacy and dignity.

The courtyard reflected a period street scene. Six shop fronts each lead to a different communal area. The design helped promote people's freedom of movement. Peoples could choose to spend time in areas such as an American diner, a tearoom, a cinema, a spa, a post office, shop and a pub. A curiosity window helped bring back memories for people containing items they were familiar with in their younger years such as old sewing machines and musical instruments. A visiting professional told us, "This home is how they all should be for people with dementia."

The courtyard arrangement meant that people could pop outside safely thereby promoting their independence. We saw people happily doing this on both days of this inspection. We also observed a person who was distressed being guided by staff into the courtyard. Staff showed an understanding of the persons

needs and offered reassurance. Once outside the person could choose which area of the 'street' they would like to go to. They chose the pub. When they went into the pub they became distracted by the activities on offer and their anxiety levels dropped significantly. The registered manager told us that one person who used to work in the pub trade and would tell stories whilst in the pub of the places they worked and the drinks they sold. Another person enjoys playing the piano and plays the pub piano to other people which providing entertainment and helped them feel valued as an individual.

The diner enabled people and their families and friends to spend time together in a fun environment but also helped those people who required more calorific food to have a range of options of typical diner fare from the 1950's and 1960's. This boosted their calorific intake in an appetising way. Jukeboxes in the diner could play popular music from people's youth as a form of musical reminiscence therapy.

The home had an area available to people named 'Fountain Court Station'. People could sit at a table as if they were taking a train or bus journey. A large television large screen showed people the virtual journey they would see out of the window. The registered manager explained that as well as helping stimulate people's memories of trips they took when younger it also helped reduce anxieties for people who wanted to travel but were unable to for various reasons.

Some areas of the building offered stimulating activities whilst others such as the spa were quiet and calm and offered privacy if needed. The provider understood the importance of social interaction for people. Seating was arranged so that people could chat. This helped people to develop relationships with the people they were living with. There was no separation of people living with dementia from other people living within the home. The registered manager told us this helped people form positive relationships as they all looked out for one another.

People could help themselves to free greetings cards, newspapers and magazines from the post office area of the building. A shop was opened on an afternoon where people could buy personal items such as toiletries and sweets. This helped people retain their sense of independence whilst keeping up their skills with money. One person told us, "I like to be able to buy my own things."

Staff recognised and emphasised the importance of meaningful occupation in helping people to maintain their independence and individualism. Activities coordinators were passionate about engaging people in meaningful activities. The people and relatives we spoke with were extremely happy with the interesting and stimulating activities available. One person told us, "There is loads to do." We saw people having fun. A wide range of activities had taken place included petting animals, a harpist, cream teas and wine and cheese tasting. People were included in the planning of events and activities and a pictorial social calendar was in place documenting events for the forthcoming month. The activities co-ordinator and people told us about a royal wedding event that had taken place recently. Staff dressed in wedding dresses and people enjoyed watching the wedding on television. A large cake had been made so that people could feel involved and join in with the celebrations.

Staff recognised the importance of people's past lives as well as providing them with opportunities to be involved in new experiences. People's relationships and life experiences were respected and celebrated. The provider explained about a project they had developed where young school children visited the service. The children read to people and people read back to them. The registered manager told us how one person who had worked with children when they were younger had come out of their shell during the children's visits and interacted more with those around them. People, their relatives and staff all told us how beneficial and fun this had been to all involved. One person said, "It was brilliant."

It was recognised by staff that a care home does not need to be the end of learning and the provider actively promoted activities which maintained and developed people's skills and knowledge and offered them new experiences. For example, the service had held information technology learning session for beginners so that people could build up their skills in this area. Internet facilities were available including an easily accessible iPad on a stand. People were encouraged to try new things for example a Chinese day was held to celebrate the Chinese New Year. Some people commented that they had never had Chinese food before. A pen pal scheme was being developed with another of the providers homes. People had started writing letters about themselves to people living in other care homes. The aim of this activities was to keep up people's reading and writing skills and develop relationships and community links thereby protecting them from social isolation.

Every day a person got to make a wish and staff ensured this happened, for example one person wanted to sit in the garden with a brandy and a cake and photos showed how happy the person was that this had taken place.

People told us they were listened to and consulted about the running of the service. People's individual communication needs were understood and information provided in a format appropriate for them, which meant they could participate fully. Menus and activity plans were pictorial and available in large print so that everyone could understand which options were on offer. The service had a quarterly newsletter 'The Fountains Times' printed as a regular newspaper would be. This gave people information on what was happening within the service, details of new team members and projects that were ongoing.

A 'Dementia Friend' visited weekly. A dementia friend is a volunteer trained and supported by the Alzheimer's Society to spend time with people with dementia and pass on their knowledge about the condition to others. A dementia café was held regularly at the home which was open to members of the public and helped build community links.

The registered manager and staff had a positive and transparent approach to complaints. The service had a clear complaints policy. Records showed that complaints received had been managed appropriately with outcomes documented. One person told us, "I can't grumble, I've never needed to complain." Another person said that any issue they have had has been "dealt with straight away". There was evidence of staff being responsive to people's feedback. For example, people had said they would like more musical events and the registered manager had arranged the recent purchase of a karaoke machine for them.

The staff at Fountains Court were very clearly passionate about providing the best and most compassionate and respectful end of life care to people. The staff were extremely responsive to people's needs and wishes so they could have a dignified death. Policies and procedures were in place to support people with discharge and end of life care. No one was receiving end of life care during our visits however the registered manager showed us records of people who had received end of life care. These records showed that staff were following the Gold Standard framework which is best practice for supporting people at the end stage of their life.

Staff received training in end of life care. They told us how important it was to support both people and their loved ones at this difficult time. One family left feedback about their relatives end of life care at Fountains Court stating they wanted to thank the staff for, 'the loving, caring, dedicated and professional way that you brilliantly looked after [the person] and his needs... You are all special people in a special place.' A staff member told us, "Everyone needs somewhere like this [Fountains Court] at the end of their lives." Rainbow poem and candles were on display for people who wanted to remember lost loved ones. The service had end of life champions who shared best practice with the rest of the staff team. This meant information was

available to inform staff of the person's wishes at this important time and to ensure people's final wishes were respected.



# Is the service well-led?

## Our findings

People and relatives told us they thought the service was well-led. One person told us, "I can't think of anything that could be improved." Another relative told us, "I can go to the manager any time. I'd recommend [the service] to anyone."

The service has a registered manager. Staff told us the registered manager was approachable and supportive and that the manager was a visible presence in the home. We saw on many occasions people approached the registered manager when they had an issue or just for a chat. One person told us that the registered manager was "lovely". One staff member said, "I can go to the [registered] manager if I have a problem but I've never had to." Another told us that the registered manager was "approachable, supportive and helpful". Staff told us that the providers of the service are supportive of training and actively encouraged development.

The registered manager sent a monthly report to the provider giving them details of changes in areas such as staffing and complaints. Provider visits took place regularly and included reviews of personnel files, environment checks, medication and fire. The results of the audits were analysed by the provider to determine trends and introduce preventative measures. Audits carried out by the management team covered a wide range of areas including food and mealtimes, staff files, medication and laundry. Governance meetings took place covering areas such as review of complaints, accidents and incidents. Where actions were required these had been signed off on completion by the registered manager.

The service had a clear vision of achieving excellence and was striving to constantly develop and improve its provision for people. A plan was in place which set out how the service was to be developed in the future.

Systems were in place to communicate with people and their relatives and involve them in decision making in relation to the service. Meetings for people took place regularly and covered areas such as food and activities. This showed people were able to contribute to the development of the service. Feedback was sought from people and their relatives through surveys and informal chats. Feedback was analysed and used to inform the service development plans. A 'Moments in time' file was maintained by staff capturing how people felt about the service. One relative told us, "They are always asking what they could do better." The service had implemented an ambassadors programme with five people acting as representatives for the people living within the service in order to express their wishes and views.

Meetings for staff were held at regular intervals. We saw minutes were kept and made available to staff. Staff meetings covered areas such as training, keyworkers and health and safety. They also included discussions about people supported which meant that staff were kept well informed about the people they were working with. Records showed and staff told us that they were given opportunities to share their views.

We looked at the culture of the service, including if it was transparent and accountable. Throughout the inspection staff were open and cooperative, answering questions and providing the information and documents that we asked for. We found the records we asked for were well maintained, easily accessible

and stored securely.

Details of adverse events were shared with staff in order to reduce the risk of similar incidents reoccurring. This meant that the provider was improving its practice through lessons learnt.

The service worked in partnership with other health and social care agencies to meet people's needs. People living in the home told us that good links were maintained with the local community, including charity work and fund-raising events.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.