Mr. Liakatali Hasham

White Gates Care Centre

Inspection report

1 Condor Road
Laleham
Staines
Middlesex
TW18 1UG

Tel: 01784441287

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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 the 9 May 2016 and was unannounced.

White Gates Care Centre is registered to provide accommodation with personal care for up to 51 people. At the time of our inspection there were 47 people living at the service, some of whom were living with dementia.

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

At our last inspection of October 2013 we did not identify any concerns.

People and their relatives told us they felt the service was safe. People told us that staff were kind and considerate and they had not experienced any issues to their safety whilst living at the service. Staff had received training in relation to safeguarding. Staff were able to describe the types of abuse and the processes to be followed when reporting suspected or actual abuse.

Staff had received training, regular supervisions and annual appraisals that helped them to perform their duties. New staff received a full induction to the service which included training.

There were enough staff to ensure that people could undertake their activities and to meet the assessed needs of people. The registered manager reviewed staffing at the service every month. Staff encouraged people to be independent and to do things for themselves.

Where there were restrictions in place, staff had followed the legal requirements to make sure this was done in the person's best interests. Staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure decisions were made for people in the least restrictive way.

People and relatives were positive about the care provided and their consent was sought. People we spoke to consistently said that they liked the service.

People's care and health needs were assessed and they were able to access all healthcare professionals as and when they required.

People's nutritional needs had been assessed and people were supported by staff to eat and drink as and when required. The menus provided a choice of meals and people were able to choose a meal that was different to the menu choices.

Documentation that enabled staff to support people and to record the care and treatment they had received was up to date and regularly reviewed. People and/or their relatives had signed their care plans to signify their involvement in their care. People's preferences, likes and dislikes were recorded and staff were knowledgeable about the care needs of people.

Staff showed kindness and compassion and people's privacy and dignity were upheld. People were able to spend time on their own in their bedrooms and their personal care needs were attended to in private.

People were able to take part in meaningful activities that helped to prevent them from becoming isolated. People were encouraged to take part in activities that helped them to reminisce about their childhood and past lives.

People and relatives told us they thought the home was well run and they were able to have open discussions with staff. People told us they were able to raise concerns and make complaints if they needed to.

Staff were knowledgeable about the values and visions of the service and worked in line with these. Staff were also aware of the whistle blowing procedures and would not hesitate to report bad practice.

Quality assurance processes were in place to help drive improvement at the home.

We received written feedback from three social care professionals and one person whose relative had lived at the service that complimented the staff and care provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff were aware of what abuse was and the processes to be followed when abuse or suspected abuse had been identified.

There were enough staff to meet people's needs.

People's medicines were managed safely.

The provider only employed staff who had been appropriately checked to ensure staff were safe to work at the home.

Is the service effective?

Good

The service was effective.

People were involved in decisions about their care.

Staff received appropriate training and were given the opportunity to meet with their line manager regularly.

Where people's liberty was restricted or they were unable to make decisions for themselves, staff had followed legal guidance.

People had involvement from external healthcare professionals as well as staff to support them to remain healthy.

Is the service caring?

Good

The service was caring.

People told us they felt they were looked after by caring staff.

People's care, treatment and support was delivered in line with their care plan.

People's privacy and dignity was respected. Staff were knowledgeable about the people they cared for and were aware of people's individual needs and how to meet them.

Is the service responsive?

Outstanding ☆

The service very was responsive.

Where people's needs changed staff ensured they received the correct level of support.

Activities were appropriate to the needs of people and they were able to take part in activities that interested them.

Information about how to make a complaint was available for people and their relatives.

Is the service well-led?

Good ●

The service was well led.

The home had a manager who was registered with the Care Quality Commission.

Staff felt supported by the registered manager as well as the provider.

Staff carried out quality assurance checks to ensure the home was meeting the needs of people.

White Gates 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 9 May 2016 and was unannounced. The inspection was undertaken by four inspectors.

Before the inspection we gathered information about the service by contacting the local and placing authorities. In addition, we reviewed records held by Care Quality Commission (CQC) which included notifications, complaints and safeguarding concerns. A notification is information about important events which the service is required to send us by law. We asked the provider to complete 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 improvements they plan to make. We use this to inform our planning and inspection.

During our inspection we had discussions with eight people who used the service, five relatives, 12 staff and the registered manager. We observed how staff cared for people and worked together. We read care plans for six people, medicine administration records, mental capacity assessments for people and Deprivation of Liberty Safeguards applications. We looked at four staff recruitment files and supervision and training records. We saw audits undertaken by the provider, minutes of resident and relatives and staff meetings, and a selection of policies and procedures.

Good

Is the service safe?

Our findings

People felt safe living at the home. People told us they felt safe with staff who looked after them. One person told us, "I feel safe because staff always check on me to make sure I am okay." Another person told us, "I feel safe living here."

Relatives we spoke with told us they believed their family member was safe and any issues would be attended to. A relative said "Absolutely yes my (Relative) is safe. I would not have X here if I thought any different."

People benefitted from a safe service where staff understood their safeguarding responsibilities. Staff records confirmed they had received training in relation to safeguarding people that included whistle blowing. Staff knew the different types of abuse and what to do if they suspected or witnessed abuse. One member of staff told us, "I have worked here eight years and have done safeguarding training almost every year. I would not hesitate to tell the manager if I saw anything that was wrong or someone being treated unkindly." Another member of staff stated, "If I told the manager and nothing happened I'd ring social services or the police." Staff told us they had every confidence that the registered manager would follow the correct procedures when safeguarding concerns would be reported to her.

We saw that the policy supplied by the provider had been reviewed and included the information required according to The Care Act 2014. A copy of the most recent local authority safeguarding procedures was available for staff at the service. This demonstrated that staff were well informed about safeguarding and were able to take appropriate action when any concerns arose.

Information provided in the Provider Information Return (PIR) informed that the registered manager was at the service on a daily basis and observed care and working practices. This was to ensure staff were working within the policies and procedures to keep people safe. Staff told us the registered manager was at the service and always available. This was observed during our visit

People were kept safe because assessments of the potential risks of injury to people had been completed. Risk assessments were based on daily living activities and accessing the local community. For example, moving and handling, medicines, falls, skin care, Malnutrition Universal Screening Tool (MUST) and choking. Guidance about the action staff needed to take to minimise risk was clearly recorded and risk assessments were reviewed on a regular basis. Staff were knowledgeable about risks to people and the action to take to minimise the risk.

We found a sufficient number of staff were deployed to meet people's needs. People and their relatives told us that there were sufficient staff on duty at the service and people did not have to wait too long for attention. People had call bells in their rooms and they also had pendants that they could use to summon help. One person told us, "I have an alarm button that I press and staff come very quickly." Another person told us, "They always come when I ring and if they are unable to attend to me immediately they always come back when they say they will." We noted that call alarms were responded to very quickly. This showed

us that staff quickly responded to people when they asked for help.

The registered manager told us they undertook a needs assessment every month to ascertain the staffing levels for the service. The registered manager told us, and we saw that as a result of using this tool a request had been submitted to increase the number of care staff for each shift. This had been approved by the registered provider. This confirmed the information about staffing as recorded in the PIR completed by the registered manager.

We were told by the registered manager, and we saw that the staffing levels for the day consisted of two Registered Nurses (RN), 11 care assistants, chef, kitchen assistants and a team of domestic staff. The night duties included one RN and five care assistants. The staffing rota showed that these consistent levels of staffing were being provided.

The provider carried out appropriate recruitment checks which helped to ensure they employed suitable staff to work at the service. The provider had obtained appropriate records as required to check prospective staff were of good character. These included two written references, proof of the person's identification, employment history and a check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

The interruption to people's care would be minimised in the event of an emergency. The provider has a business continuity plan that detailed the action to be taken in case of an emergency. For example, fire, flooding or the loss of electricity and gas. Each person had a personal emergency evacuation plan (PEEP) that gave clear descriptions about how to safely evacuate individual people in the case of an emergency. Regular fire drills took place at the service. Therefore, the effects on people in the event of an emergency would be minimised as staff would know how to respond.

There were safe medicines administration systems in place and people received their medicines when required. People told us they always received their medicines when they needed them. One person told us, "Staff give me my tablets on time."

Only the registered nurses (RN) administered medicines to people. We saw evidence that RNs had up to date training in relation to medicines and medicine competency assessments had been undertaken. This ensured that RNs remained competent to safely administer medicines to people.

We observed a medicine administration round and the RN was efficient and knowledgeable. She took her time to ask people how they were feeling and if they required any pain relief. She was knowledgeable about the medicine she was giving and knew how people liked to be supported when taking their medicine. She followed basic hygiene procedures and used hand gel and disposable containers during the procedure.

Medicines were supplied by a pharmacy using the Bio dose system. This is a monitored dose system that is delivered to care homes in trays, it helps to reduce the risk of errors when administering medicines to people. This included a photograph of the person on the dosett pack that corresponded with the photograph on the MAR chart, which helped staff to be certain they were giving the right medicine to the right person. It also included a colour coded system to denote the time the medicine was to be given.

We looked at the medicine administration records (MAR). These were well maintained and up to date. There were no gaps in signature noted and when a person did not receive their medicine for any reason the correct code was used as an explanation, for example if they were in hospital or refused. Medicines were stored

securely.

Good

Is the service effective?

Our findings

People spoke positively about staff and told us they were skilled to meet their needs. Comments included: "Staff know what they are doing when they help me," and "Staff are polite and always talk to me."

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Staff told us that they had received all the mandatory training. This training included medicines, safeguarding, moving and handling, fire awareness, first aid, food hygiene, health and safety, infection control, nutrition and hydration., This showed us that staff received specific guidance and training related to the people they cared for which helped them to develop effective and particular skills. Staff were applying their training by delivering the effective care that people needed. Staff told us that training provided at the service was good and they were provided with regular updates. One staff told us, "We are always being offered training and if I wanted anything specific I would ask. I am currently doing the Care Certificate training." Another member of staff told us, "We are working towards the Gold Standard Framework, this helps us to make sure we are taking care of people during their last days." Other training staff had received included dementia, nutrition and hydration, Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. We saw staff putting into practice the training they had received. For example, helping people to remember their past through using objects, games and books from the era in which they grew up.

Staff, including agency staff, had undertaken induction training. Some staff had completed the Care Certificate and other staff were about to start this. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Certificated workbooks were used and these covered subjects such as safeguarding adults, basic life support, working in a person centred way and health and safety. This confirmed the information provided in the PIR in relation to staff undertaking training that would equip them for their roles.

Staff were provided with the opportunity to review and discuss their performance. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. Notes form these supervisions were kept in the staff records. Staff had also had annual appraisals. Because staff had regular opportunities to discuss their role, performance and training needs with their line manager they provided competent care and remained confident to do so.

Decisions were made in people's best interest and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We checked whether the staff were working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The 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 to 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 and

hospitals are called the Deprivation of Liberty Safeguards. 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.

The registered manager ensured where someone lacked capacity to make a specific decision, a mental capacity assessment was carried out to determine whether they had capacity and then best interests meetings took place if they needed support when decisions were being made. We saw DoLS authorisation applications had been submitted and received by the local authority. These included authorisation requests for the use of bedrails and lap straps for wheelchairs.

Staff told us they had received training in relation to the MCA and DoLS, we corroborated this in the staff training programme.

Staff told us people made choices about everything they wanted to do. One member of staff told us, "We always offer choices. For example, we hold up different outfits and ask the person to choose what they wanted to wear." We observed people making choices and staff respected these. For example, one person wanted to watch a film, this was organised by a member of staff. People told us they made decisions about what they wanted to do. One person told us, "Staff always ask me if there is anything I want." Another person told us, "Staff give me choice on things like if I want to go to my chair or to bed after my lunch."

People told us they liked the food and were able to make choices about what they had to eat. One person told us, "The food is excellent, I enjoy it very much." Another person told us, "I like the food, particularly when they make roasts on a Sunday." A third person told us, "The food is not too bad, if I don't like it I send it back."

The menu was available on the dining room tables and it displayed what food was on offer that day. The menus were written using a large font and were available in a picture format to suit different people's communication needs and help them understand their choices. There were two choices available for each meal. For example, the main meal on Monday was a choice of lamb chop with fresh vegetables or salmon fillet with fresh vegetables. Alternative meals were provided if people did not like what was on offer, for example, ham salad.

People's dietary needs and preferences were documented and known by the staff.
Information about people's dietary needs was available in the kitchen. The chef was very knowledgeable about each person's dietary needs. For example, they knew who required a soft diet. This demonstrated how people's nutritional needs were being met.

At lunchtime people were being offered choices of meals, portion sizes and drinks. Staff supported people who required one to one support with their eating, and prompted and encouraged people who were able to feed themselves. Staff talked to people about their food and interacted with them, chatting and laughing. This created a nice, relaxed atmosphere where people were able to take their time and enjoy their meals.

Staff identified risks to people in their eating and drinking. Nutritional assessments had been undertaken using the Malnutrition Universal Screening Tool (MUST). The MUST is a screening tool that identifies adults who could be at risk of malnutrition or obesity. We saw that input from external professionals had been arranged including a dietician.

People's health care needs were monitored and any changes in their health or well-being prompted a

referral to their GP or other health care professionals including tissue viability nurses and physiotherapists. People told us they saw the GP whenever they needed to and they also saw other healthcare professionals and records confirmed these took place.

When a person had developed pressure sores it was managed well following advice from the tissue viability nurse. Clear records in relation to people's healthcare needs were recorded and wound management plans and body maps were used when required. This information about people's healthcare was available to inform staff and people could be assured that their healthcare needs would be met.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion in their day-to-day care. People were complimentary about the caring nature of staff. One person told us, "Staff look after me as well as they can." Another person told us, "Staff are very, very caring and they give lots of comforting talk when I am not well." People told us that staff were friendly and they always made time to talk to them.

People and relatives told us the care provided was good and staff were welcoming and kind. Relatives told us staff were approachable and always talked to them about their family member. One person told us, "I like it here." People were aware of who the registered manager was and stated they saw her every day. One relative told us, "The manager is very good and is always available."

We received feedback from three social care professionals and a person who had a relative who used to live at the service. This Information was very positive about the staff and care provided at the service. One person had written, "My wife received excellent care. The care provided by the team of nurses and carers was absolutely first class."

Staff were knowledgeable about the needs of people they looked after. For example, staff told us they read people's care plans and wrote daily notes about the activities people had undertaken. We were told that daily handover meetings took place where information about people was shared with staff. The staff were kept up to date with the changing needs of people, any healthcare appointments that had taken place and of how people had spent their time during the day.

Staff interaction with people was calm and relaxed. Staff were calling people by they preferred names as recorded in their care plans, and allowed people time to respond to their questions. We asked one member of staff about their approach to people. They responded, "This is their home, we should be privileged to come in here."

People told us they were involved with their care. One person told us, "They always ask me first before they do anything." People's records included information about their personal circumstances and how they wished to be supported. The staff respected and followed these wishes..

People's privacy and dignity was respected by staff. People told us staff respected them and that they were able to spend time on their own in their bedrooms if they wished to.

We observed staff interacting with people in a respectful way. Staff told us they always respected the privacy, dignity and confidentiality of people. Staff stated they asked people if they could go into their bedrooms. We observed that staff knocked on people's doors and waited for a response before they entered.

Staff told us that when they attended to people's personal care needs they ensured the bedroom doors were closed or locked so no one could walk in on them. We saw a member of staff had supported one

person with their personal care needs in the privacy of their bedroom with the door closed.

Throughout the home there were posters displaying the 'Dignity Challenge.' This reminded staff and people that there was a zero tolerance of all forms of abuse, to treat each person as an individual by offering a personalised service, support people with the same respect you would want for yourself or a member of your family and to respect people's rights to privacy.

Relatives were appreciative of the care and attention provided to their family members. One relative of a person who was unwell told us, "The care is individualised. My (relative) cannot eat and they are working closely with (relative) to help them taste foods they like. They cannot use their senses so well but the RNs bring flowers, and (relative) smells them and you could see them responding to them." Relatives told us that staff go the extra mile, "They look after me too, they always bring drinks and cups of tea."

The PIR informed that the service only employed staff who could demonstrate they were able to provide care with compassion, dignity and respect. Staff were showing these values to people and their relatives.

Outstanding ☆

Is the service responsive?

Our findings

Care, treatment and support plans were personalised. The examples seen were thorough and reflected people's needs and choices. For example, what the person would like to eat, how they would like to be helped with their personal care needs and their likes and dislikes.

We saw people and/or their relatives had signed their care plans to signify their involvement in writing them. We saw staff writing life stories books with people and putting photographs into them. These included information about their earlier life and photographs to help them remember the things they had done and achieved during their lives.

Each person had a summary of their care plans in their bedroom which provided guidance and information to staff who were attending to the personal care needs of people. These were working documents for staff. They included a section on communication and how staff should talk to people and what they should talk about. For example, one person had been a hairdresser and liked cats. This, along with the life story books, provided staff with topics to discuss that matter to each person. We also noted that the person had a 'life like cat' curled up on the end of their bed.

People being nursed in bed had gentle music playing in the background for company. Staff made sure they looked in on people frequently.

Staff responded to people's needs on an individual basis. People had access to equipment that supported their needs. For example, one person liked to have a shower instead of a bath, however, the person struggled with this activity. The provider purchased a specialist chair that enabled the person to have a shower. People who required nursing in bed had charts that recorded how often staff helped them to move to prevent pressure damage to their skin. There were also charts to record what people had to eat and drink, these were all up to date and showed that staff were providing the regular care that people needed.

People were helped by the use of specialised equipment, This included the right hoists and slings to meet individual needs,wheelchairs adapted to each person, ramps, lifts and adapted toilets. Staff know what equipment each person needed as this had been assessed and they had been trained to use the equipment safely.

The environment was suited to the needs of people living at the service who had dementia. For example, plain coloured carpets and walls, large signs to indicate different rooms such as toilets, large clocks with digital time and dates visible and photographs of people on their bedroom doors. We saw that memory boxes were used and various historical items were displayed throughout the service which helped people find their way around. For example, a person who had previously lived at the service had done a lot of sketched drawings of famous people from the era most people had lived in. There were very clear sketches of stars such as Frank Sinatra, Marilyn Monroe, and Cliff Richard. The person's family left all these to the service and they remained hanging on the walls. They also provided memory aids to people and helped them to recognise the part of the building they were in. People found their way around without staff help,

unless this was needed for their safety, so they were able to remain independent for longer.

People told us they had plenty to do and activities were provided every morning and afternoon. One person told us, "Staff help me to go out." Another person told us, "We get involved in lots of things here." There were plenty of photographs of people taking part in different actives displayed at the service. Relatives were very positive about the activities provided.

Two activity co-ordinators were employed at the service. They told us that they listened to what people wanted to do and would organise activities around them. They had developed in-house themed days and games such as 'White Gates has got talent' and 'I'm a resident get me out of here.'

The activity staff adapted the activity to people's preferences. All activities were done at the pace of people, nothing was rushed. Chair handball and chair football was being played in the lounge, 15 people were participating in the activity. One member of staff asked a person, "How is your arm movement, shall we have a go at you throwing the ball to me." Staff praised the person when they had done it saying, "Good throw, well done." People who could not throw the ball were encouraged to use their feet.

One person we spoke to did not enjoy activities but they would rather help with running them. They told us, "I don't like playing bingo but I will call the balls out." Staff told us that this person enjoys taking this role and by allowing them to do so encourages them to engage and integrate with the group.

Activities were displayed on a notice board and were in a picture format. We saw people took part in different activities and we could see how much enjoyment they got from these. People and staff were laughing and interacting with each other during the activity. One activity did not take place due to the activity person being held up in traffic. This did not deter people as they went out into the garden and did the activity with the support of other activity staff. The amount of varied activities that suited people's needs and preferences made a difference to people's lives. People were remaining as independent as possible and they were engaged during the day which helped them rest well at night. Relatives, people and staff were all very positive about the activities provided and how these helped people's wellbeing. One person told us, "They always include us in things regardless of what help we need."

There were activity rooms that had board games and reminiscence items. For example, dolls, china water jug and bowl and an antique hairdressing set. Activities provided included historical events over the years. These helped people to remember their past and talk about what they had done in their past lives. We saw one person having one to one with a member of staff whilst watching one of their favourite films from the previous century. This person told us, "This is my favourite film, I like watching it." The person was supported by staff to wear an item of clothing that related to the film. Staff also asked if the person would like a cup of tea and biscuits and these were provided. This showed us that staff helped people to remember and discuss their memories of things that had happened during their life time.

Activity rooms included a small cafeteria where people were able to have sandwiches, snacks and hot and cold drinks, whilst doing their activities. Jugs of drinks had small notices reminding staff to 'think before you pour' that ensured care was taken when dispensing drinks safely so as not cause any spillages or overfill drinking vessels.

In strategic places around the service there were notices reminding staff to speak using English language. This had previously been identified as a need and the registered manager and staff had addressed this. At all times staff were talking in English and it was easy to understand what they were saying and people were able to engage in conversations with them.

People and their relatives knew how to raise concerns and make complaints. Complaints and concerns were taken seriously and used as an opportunity to improve the service. There had been four complaints since our last inspection and these had been thoroughly investigated and records were maintained that people and their relatives were satisfied with their responses.

We saw the complaints procedure was displayed throughout the service. This included the timescales for the provider to fully investigate the complaint. It also provided the details of the independent ombudsman should they not be satisfied with the outcome of the investigation of their complaint, the Care Quality Commission and the local adult social care team. This demonstrated that the service was open to receiving complaints and concerns and would resolve them in the timescales set by the provider.

Good

Is the service well-led?

Our findings

The environment was very clean and tidy and regular checks were undertaken to ensure the safety of the premises and equipment used at the service. For example, testing of the electrical equipment used (PAT) and water sampling and analyses to ensure Legionella was not present.

Staff told us that they enjoyed working at the service. One member of staff told us, "I could work nearer to my home but I chose to work here instead." Another member of staff told us, "It is not like coming to work, I love it here." Staff were complimentary about the registered manager and how the service was run. One member of staff told us, "The management is so supportive here. The management is great, always helping us out and you can go and ask for help with things."

There was an open culture at the service. Regular care staff and RN meetings took place. This provided opportunities for staff to discuss the service, put forward ideas on how to improve and any other information pertaining to people.

The PIR informed that the registered manager had an 'open door' policy and they talked to people on a daily basis. We observed staff and people talking to the registered manager throughout the day.

Staff told us they felt supported by the registered manager. Staff stated they had daily handover meetings and multi-disciplinary meetings. They said the registered manager listened to what they had to say. For example, they had stated that they needed more staff. The registered manager undertakes a monthly assessment of needs and discusses staffing numbers with the provider.

People and their relatives were involved in regular meetings at the service. We saw records of meetings that had taken place. Items discussed included information about care plans, new staff, training staff had undertaken and requests people had made. Examples of things discussed included food, activities, staffing and the accommodation.

Monthly surveys were undertaken to ascertain the views of people and their relatives about the service. Ten percent of people living at the service were randomly chosen. We saw the surveys for the previous three months. Areas covered included bedrooms, food, privacy, staff support, activities and the support people received. Comments in the surveys were positive about the service. The registered manager told us that if issues were identified they would be discussed at staff meetings and they would be addressed. This confirmed the information provided in the PIR about the way people's views were sought and acted upon.

The registered manager was aware of and kept under review the day to day culture of the service. They advised staff regularly both formally in one to one supervision and informally during care observation about how they could improve their practice. The service was quality assured to check that a good quality of care was being provided. We saw regular audits had been undertaken by both the registered manager and a representative for the provider. These were weekly and monthly audits that monitored care plans, risk assessments, call alarms, fire risk assessments, wound care and health and safety audits. Weekly audits also

included checking the equipment used at the service, for example, fire alarms, emergency lighting and daily notes. Medicines audits were conducted on a daily basis. We noted that daily records were well written and audited. For example, daily notes, records of visits by healthcare professionals and maintenance records of work identified and carried out at the service. Any issues identified were immediately addressed. For example, if gaps were noted in the records then actions were taken for staff to be retrained.

We saw evidence that staff worked with other professionals that ensured all people's needs were met. For example, GP, chiropodist, dietitians and physiotherapists.

The provider had a set of values and philosophy of care that had been developed by people and staff at the service. For example, "We strive to provide care with compassion." Staff did provide care in this way they cared for people in a quiet and respectful manner, asking them for their views and attending to the requests made by people.

Policies and procedures were in place to support staff. These included medication, safeguarding, Mental Capacity Act 2005, Deprivation of Liberty Safeguards and nutrition and hydration. Staff told us they had read the policies and procedures that provided guidance to them in their roles.

Staff knew the procedures for reporting accidents and incidents. Staff told us they reported all incidents and accidents to the registered manager and these would be discussed during staff meetings. Staff told us this helped them to reduce the risk of repeated accidents. Records of accidents and incidents were maintained at the service. Records included information in regard to reporting these to other agencies. For example, the reporting of injuries, disease or dangerous occurrences Regulations (RIDDOR). The registered manager told us they undertook analyses of all accidents and incidents to try to identify any trends and learn lessons from them.