Care Quality Commission

Ross Healthcare Limited

Milton Ernest Hall Care Home

Inspection report

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Ratings

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

Overall summary

This inspection took place on 2 and 3 September 2015. It was unannounced.

Milton Ernest Hall Care Home is registered to provide a service for up to 29 people, who may have a range of nursing and care needs, including old age and physical disabilities. During this inspection, 24 people were living in the home. The home had four double rooms which were all occupied by a single person.

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.

Staff had been trained to recognise signs of potential abuse and keep people safe. People felt safe living at the service.

Processes were in place to manage identifiable risks within the service, and ensure people did not have their freedom unnecessarily restricted.

Summary of findings

There were sufficient numbers of staff who had the right skills and knowledge to meet people's needs.

The provider carried out proper recruitment checks on new staff to make sure they were suitable to work at the service.

Systems were in place to ensure people's daily medicines were managed in a safe way, and that they got their medication when they needed it.

Staff had received training to carry out their roles and meet people's assessed needs.

We found that the service worked to the Mental Capacity Act 2005 key principles, which meant that people's consent was sought in line with legislation and guidance.

People had enough to eat and drink. Assistance was provided to those who needed help with eating and drinking, in a discreet and helpful manner.

People's healthcare needs were met. The service had developed positive working relationships with external healthcare professionals to ensure effective arrangements were in place to meet people's healthcare needs.

Staff were motivated and provided care and support in a caring and meaningful way. They treated people with kindness and compassion and respected their privacy and dignity at all times.

We saw that people were given regular opportunities to express their views on the service they received and to be actively involved in making decisions about their care and support.

People's social needs were provided for and they were given opportunities to participate in meaningful activities.

A complaints procedure had been developed to let people know how to raise concerns about the service if they needed to.

There were effective management and leadership arrangements in place.

Systems were also in place to monitor the quality of the service provided and drive continuous improvement.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe

Staff understood how to protect people from avoidable harm and abuse.

Risks were managed so that people's freedom, choice and control was not restricted more than necessary.

There were sufficient numbers of suitable staff to keep people safe and meet their needs.

The provider carried out proper checks on new staff to make sure they were suitable to work at the service.

Systems were in place to ensure people's daily medicines were managed in a safe way and that they got their medication when they needed it.

Good

Is the service effective?
The service was effective.

Staff had the right support to carry out their roles and responsibilities.

The service acted in line with legislation and guidance in terms of seeking people's consent and assessing their capacity to make decisions about their care and support.

People were supported to have sufficient to eat, drink and maintain a balanced diet.

People were also supported to maintain good health and have access to relevant healthcare services.

Good

Is the service caring?
The service was caring

Staff were motivated and treated people with kindness and compassion.

Staff listened to people and supported them to make their own decisions as far as possible.

People's privacy and dignity was respected and promoted.

Good

Is the service responsive?
The service was responsive

People received personalised care that was responsive to their needs.

Systems were in place to enable people to raise concerns or make a complaint, if they needed to.

Good

Is the service well-led?
The service was well led.

We found that the service promoted a positive culture that was person centred, inclusive and empowering.

There was a registered manager in post who provided effective leadership for the service.

Good

Summary of findings

There were systems in place to support the service to deliver good quality care.

Milton Ernest Hall Care Home

Detailed findings

Background to this inspection

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

The inspection was unannounced and was carried out on 2 and 3 September 2015 by one inspector.

We checked the information we held about the service and the provider, such as notifications. A notification is information about important events which the provider is required to send us by law. In addition, we asked for feedback from the local authority and clinical commissioning group, who both have quality monitoring and commissioning roles with the service.

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 improvements they plan to make.

During the inspection we used different methods to help us understand the experiences of people using the service, because some people had complex needs which meant they were not able to talk to us about their experiences.

We spoke with five people living in the home and observed the care being provided to six other people. We also spoke with the registered manager (who is a registered nurse and was the nurse on duty for day one of the inspection), the senior manager, two care members of staff, the chef, an activity coordinator, the lead maintenance person and one relative.

We then looked at care records for three people, as well as other records relating to the running of the service - such as staff records, medication records, audits and meeting minutes; so that we could corroborate our findings and ensure the care being provided to people was appropriate for them.

Good

Is the service safe?

Our findings

People confirmed that they or their relative felt safe living at the service. One person told us: "[The staff] make you feel happy and safe." We also read some recent feedback from another person who had written: 'I am extremely well looked after. I have a very comfortable room and the staff are extremely good, kind and caring, and I feel safe'.

Staff told us they had been trained to recognise signs of potential abuse and how to keep people safe. They demonstrated a good understanding of the potential risks faced by people living in the home, and knew how best to keep them safe. One member of staff told us: "I would report anything I thought was wrong to the manager, or a senior member of staff." We saw that information was on display in communal areas of the home which contained clear information about safeguarding, and who to contact in the event of suspected abuse. Records confirmed staff had received training in safeguarding, and that the service followed locally agreed safeguarding protocols. Meeting minutes also showed that potential safeguarding incidents were discussed with staff, so that lessons could be learnt.

The registered manager described the processes used to manage identifiable risks to individuals, and generally within the service. We saw that individual risk assessments were in place to manage risks to individuals in a way that did not restrict their freedom, choice and control more than necessary. These included areas such as moving and handling, pressure care and falls. Assessments we read provided detailed information about managing the risk identified and had been reviewed regularly, to ensure the care being provided was still appropriate for that person. We observed staff on a number of occasions supporting people as they moved about the home. They demonstrated safe techniques, and provided people with clear explanations, so they understood what was happening to them.

The maintenance lead for the home told us about the arrangements for ensuring the premises was managed in a way that ensured people's safety. We saw that systems were in place to ensure the building and equipment was safe and fit for purpose, and that regular checks were carried out. Risk assessments were also in place to cover staff working in the kitchen, laundry and those carrying out domestic and maintenance tasks.

Clear information was on display regarding fire safety and the arrangements to follow in the event of a fire and each person had their own patient evacuation assessment (PEP). These outlined people's specific support needs and equipment, should the need arise to evacuate them from the building in an emergency. The registered manager also showed us a business continuity and disaster management plan which had been developed. This showed there were arrangements in place to respond to any emergencies or untoward events.

People told us there were sufficient numbers of staff to keep them or their relative safe. The registered manager showed us a staffing tool which she had developed. She told us this enabled her to calculate staffing requirements across different times of the day, to meet the numbers and assessed needs of people living in the home. We walked round the building on several occasions at different times of the day and early evening, and observed that staff attended to people promptly when they needed support or requested assistance. No one was seen calling out for assistance, and people who were seen in their bedrooms looked relaxed and comfortable. On the second day of the inspection, the registered manager was supernumerary. However, she was seen providing direct support from time to time; to support staff on duty and assist with meeting people's needs.

The senior manager described the processes in place to ensure that safe recruitment practices were being followed; to ensure new staff were suitable to work with people living in the home. We were told that new staff did not take up employment until the appropriate checks such as, proof of identity, references and a satisfactory Disclosure and Barring Service [DBS] certificate had been obtained. We looked at a sample of staff records and found that all legally required checks had been carried out. We noted that some of the checks completed by the service went beyond expected requirements. For example, regularly renewing DBS checks, and requesting up to five references for all new staff members.

Systems were in place to ensure people's medicines were managed so that they received them safely. People we spoke with told us they felt their medication was managed well. They confirmed they were able to ask for pain relief and that this was provided promptly if required. Staff we spoke with demonstrated a good understanding about medication processes such as administration,

Good

Is the service safe?

management and storage. The registered manager told us that only qualified nursing staff administered medication. She talked to us about medication that was time critical. For example, people living with Parkinson's disease would require their medication on time, otherwise there is a risk that they will experience ill effects and lose their independence. The registered manager showed us a prompt sheet that had been set up to remind the nurses who needed this medication and when. We spoke with two people living with Parkinson's disease, and they both confirmed that they got their medication when they needed it.

Medication administration records (MAR) provided information about medication stock levels and administration, including missed / refused doses or use of PRN (when required) medications. There was clear information about each person's ability to take their own medication, or the assistance they required to ensure they received this as prescribed. We also saw that medication was being stored appropriately, including temperature sensitive medication. We observed people receiving their medication and noted that the person administering spoke clearly and gained people's consent before giving them their medication. The staff member wore a highly visible tabard, reminding people not to disturb them while they gave out medication; to minimise the risk of errors.

Good

Is the service effective?

Our findings

People confirmed they received effective care from staff with the right skills and knowledge. One person said the care and support provided was "excellent". They told us they had previous experience of other care settings, so felt able to make this judgement.

Staff talked to us about training that was offered and we learnt that some training was provided via live interactive television within the home. The registered manager told us that the training sessions were recorded, so any staff unable to get to the live sessions could complete this another time. The registered manager also showed us that she checked staff knowledge following training, with written question and answer sheets. We saw some feedback from a recent staff survey returned by staff. One staff member had written: 'On going support is always offered to staff and we are always provided with relevant training and the opportunity to improve our skills'. We spoke with staff who did not have a direct caring role in the home. They told us they were supported to attend training on subjects such as safeguarding and dementia awareness, because this provided them with important knowledge and an understanding of the needs of people they came into close contact with on a regular basis.

A training matrix had been developed which provided clear information to enable the registered manager to review staff training and see when updates / refresher training were due. This confirmed that staff had received training that was relevant to their roles such as induction, safeguarding, the Mental Capacity Act 2005 (MCA), Deprivation of Liberty Safeguards (DoLS), nutrition and hydration, moving and handling, medication, dementia awareness, dignity and pressure care. Our observations found that the staff team had a good understanding of the needs of the people they were supporting, and that they communicated effectively and openly with one another.

Records showed that staff meetings were being held on a regular basis; to enable the registered manager to meet with staff as a group, and to discuss good practice and potential areas for staff development. Staff also told us they received individual and group supervision, which provided them with additional support in carrying out their roles and responsibilities. The registered manager told us that staff were encouraged to complete a self-reflection sheet prior to supervision. We saw an example of a completed sheet which showed that staff were open to feedback and committed to improving the service they provided to people living in the home. It also demonstrated a supportive and positive approach to dealing with issues on the part of the registered manager.

Staff demonstrated their knowledge in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS); to ensure people who cannot make decisions for themselves are protected. The registered manager talked to us about the need to assess people's capacity to consent to their care, or to make best interest decisions where people lacked capacity. Records showed that people's capacity was assessed prior to coming to the home and that their responses were recorded. In the case of one person we read that they had recognised that they needed more help to maintain their health and wellbeing. This showed that staff had talked with them about coming to live at the home, and that they had agreed to it. We saw that relatives, where appropriate, had also been included in decision making and longer term planning.

Throughout the inspection we observed staff seeking people's consent. Although some people did not communicate using many words, we observed that they were able to demonstrate their consent clearly through other methods such as actions and physical movement. Staff showed that they understood people's needs well and they encouraged people to make their own choices and decisions, as far as possible. People were seen to respond positively to this approach.

Under DoLS arrangements, providers are required to submit applications to a "Supervisory Body" where it is identified that someone's freedom may need to be restricted, if they require more care and protection than others. We saw that a number of DoLS applications had been approved, where people's liberty was potentially being deprived, in order to keep them safe.

People told us they had enough to eat and drink and that they enjoyed the food provided at the home. One person said they looked forward to lunch time as they enjoyed the social aspect of meal times. They told us they had developed friendships with a small group of people and said: "I enjoy sitting together with them and we have a laugh." We noted at lunch time that the dining room had been set out like a restaurant, with a three course menu, choice of tables to sit at and background classical music. Sherry and wine was offered to those who wanted it.

Good

Is the service effective?

We spoke with the home's chef who was very clear about people's nutritional needs and preferences. She showed us records that were updated daily to record people's food and drink preferences, including any special diets. A four weekly menu was in place offering a choice at each meal time, including three different options for lunch. People we spoke with confirmed they were asked what they wanted to eat however, the chef told us that she always made a bit extra so if someone did not like their first option, they could choose something else.

Records showed that people's nutritional needs had been assessed, with any specific requirements such as soft options or assistance with eating outlined. We saw that where people were at risk from not eating and drinking enough, that staff recorded what they ate and drank. People's weight was also monitored on a regular basis, to support staff in identifying any potential healthcare concerns. The home had recently been recognised by the local nutrition and dietetic department on the way malnutrition risk was identified and managed. They had provided the following written feedback: '[The] kitchen stocks a wide variety of foods used to fortify meals….you also know the individual needs of your residents well and show a good understanding of when, why and how to fortify their diets'.

We spent time observing how staff supported people during breakfast and lunch. Where assistance was required, this was provided in a discreet manner and no one was rushed. We saw that people who were confused or tired were gently encouraged by staff to eat and drink. Numerous attempts were made to assist people with eating, including refreshing drinks and food where they had gone cold. We noted that this approach worked, because everyone we observed managed some food and drink. At breakfast time, one person was supported to eat some porridge which had sugar sprinkled on the top for them. They smiled at the member of staff helping them and said: "it's nice isn't it." A choice of food and drinks was provided, including a cooked breakfast and a selection of hot and cold drinks. People at risk of choking had thickeners applied to their drinks, and we noted that thickeners were readily available whenever fluids were offered. Throughout the inspection people had fluids within easy reach, and food and drinks were provided at regular intervals.

People talked to us about how day to day health care needs were met. They told us that they or their relative always saw a doctor when they needed to. We also saw some recent feedback from a relative who had written: 'My [relative has] several physical problems but she is very alert mentally…The home eased her back to health and encouraged her to make friends and join in activities'.

Staff told us they felt well supported by external healthcare professionals, who they called upon when they required more specialist support. Additional daily support was also in place from the local complex care team. This is a nurse led service for local care homes which aims to prevent unnecessary hospital admissions and GP call outs. Records we looked at showed that the staff carried out regular checks on people to ensure their health and wellbeing, and that visits to and from external health care professionals were recorded.

Good

Is the service caring?

Our findings

People confirmed that they or their relative were treated with kindness and compassion. One person told us: "The staff are very friendly with each other and us." In addition, they told us they had observed staff supporting other people who were living with dementia, and commented on how patient the staff had been. Another person told us that living in the home was: "The next best thing" to living in their own home.

We met someone else living in the home who told us they were deaf. We observed staff communicating with the person who was able to lip read. Where additional clarification was required, staff used written notes, which the person was able to respond to verbally. This showed that the staff understood how best to communicate with this person, and ensured their inclusion.

We also read some recent written feedback from people living in the home and relatives. One person had written: 'It's a happy place…it's very friendly and everyone is nice. I like it here, they all treat me nicely'. A relative had written: 'The staff are very caring and considerate...there is always a friendly and happy atmosphere in the home'. This was echoed by another relative who had provided the following written feedback: '[The] friendliness of staff makes visiting Milton Ernest Hall a positive experience'.

We observed many positive interactions between staff and the people using the service throughout the inspection. All of the staff demonstrated a good understanding of the needs of the people they were supporting. Their approach to people was meaningful, and the care they provided was personalised. For example, we observed a member of staff engaging with one person living with dementia by singing songs. It was evident that the songs were relevant to the person from the way they joined in and were able to recall all the words. We noted that staff were sensitive to people living with dementia in the way they recognised and acknowledged their reality. We saw that this approach provided people with comfort, and helped to reduce potential distress and confusion.

During the inspection, a routine fire alarm test took place. The member of staff carrying out the test was seen announcing this beforehand to people, so they were not startled and knew to expect it. It was clear from one person's reaction: "Oh that always happens on a Wednesday", that they were aware this would take place, but it demonstrated thoughtfulness on the part of the member of staff carrying out the test.

A call bell system was in place so people could call for assistance when they needed to. We noted that staff responded promptly to these throughout the inspection. The majority of people we spoke with confirmed that staff came to their aid quickly when they pressed for help. The registered manager explained that a new call bell system had been installed, which enabled her to monitor staff response times. She told us this would ensure people's needs were responded to quickly.

People confirmed they felt involved in making decisions about their care and support. Throughout the inspection, we saw that people were encouraged to make choices, no matter how small. We also saw evidence that people or their relatives were actively involved in the care provided, in the form of care records and meeting minutes. We noted that staff had written care plans in a respectful and inclusive way. The content was person centered and focused on each person as an individual.

A notice in a communal area stated visitors were welcomed without restriction, and people we spoke with confirmed this to be the case. It was clear from our observations that relatives felt included and at ease when visiting the home. The chef told us that visitors could request to eat with their relative, if they wished to do so.

People told us that they were treated with dignity and respect. Throughout the inspection we observed that staff promoted people's privacy and dignity. They were seen to use discretion in the way they organised and provided care and support at all times. For example, we observed staff asking people if they wanted to wear an apron to protect their clothes during meals times. Another person was observed wearing an item of clothing inside out. A member of staff pointed this out to them very discreetly, and when the person chose to stay as they were, this was respected. A relative, who was a regular visitor to the home, told us that from their own observations, people's privacy and dignity was always upheld.

Good

Is the service responsive?

Our findings

People told us that they were able to contribute to the assessment and planning of their care. Records also showed that relatives were encouraged to provide information about people's life history, routines and individual preferences, before they moved in. We read some recent feedback from a relative who had written: 'I spent a very pleasant and profitable session with [a named staff member] completing my mums care plan. I just wanted to pass on my thanks for being given this opportunity. I cannot praise [the named staff member] enough, very professional and extremely caring. It certainly puts my mind at rest…My thanks goes to all the staff and to you [the registered manager] for leading such a team. Keep up the good work, it is very much appreciated'.

The registered manager showed us a new assessment form that was being introduced the following week. She told us the form would assist the staff team in developing care plans with people that reflected how they would like to receive their care and support. We also saw that the registered manager produced a 'proposed plan of care', which she gave to people and their families, prior to them moving in. This showed that people were encouraged to provide input and be involved with their care from the beginning.

People told us they were encouraged to personalise their own bedrooms. We saw that many people had brought their own furniture and belongings, which created a familiar and homely environment for them. One person we spoke with told us it had meant a lot to them to be able to do this, and that it had helped to ease the transition in moving from their own home.

Staff told us that people's care records helped them to understand the needs of the people they were caring for, and provided guidance on how to provide relevant care for them. Care records we looked at supported this as they were detailed, personalised, and made reference to people's specific needs. Separate records and charts demonstrated the care and support provided to people on a daily basis. We saw that people's needs were routinely assessed; to ensure the care and support being provided was still appropriate for them and that their needs had not changed.

People talked to us about their hobbies and social interests. We found out that the home had recently employed some new activity staff, who were introducing a new activity programme. Each person had been provided with a copy of the activities for that week which included: electoral register, arm chair yoga, arts and crafts and a manicure session. We joined in with an activity called 'read to match' which consisted of people reading out quotes from famous people and if someone matched a quote with a duplicate one, they were the winner. We noted that support was provided to people as required; to ensure everyone was able to participate and that the activity provided opportunities for further discussion. One person told us afterwards that they welcomed the opportunity for social interaction and some mental stimulation. We also read some recent feedback from another person who had written: 'I like the home. Staff are friendly and very nice to me. I like having my hair done with the nice hairdresser. The events put on are good, especially the choir'. Records showed that activity care plans had been developed for each person, which took into account their individual needs and interests. We noted that people's sensory needs had been considered, such as experiencing fresh air and different smells. This would be important for someone who was not mobile and dependent on staff to meet all their needs.

The registered manager told us that Wi-Fi (wireless networking technology) was accessible for everyone living in the home. This enabled people to access the internet and social media; to support them in maintaining relationships with people that matter and avoid social isolation. We read some recent feedback from someone living in the home who had written: 'Thank you for making it possible for me to use my iPad in my room. I am still learning, but it has made such a difference to be able to use it regularly…It has made it possible for me to contact the family, and they are delighted'. We were able to speak with this person who confirmed how important it was for them to have the opportunity to stay in touch with their family.

People confirmed that they felt able to make choices and have as much control over their lives on a day to day basis. For example, they told us they could choose where they ate their meals and how they spent their time. One person told us they didn't like all the activities provided, so the activity list helped them to decide which ones to join in with. People were also encouraged to maintain their

Good

Is the service responsive?

independence. For example, staff were seen turning a cup around so that one person could drink more easily. This small action enabled the person to manage their drink with minimal assistance from staff. Where assistance was required, staff responded quickly. On one occasion we heard someone say they felt chilly, despite the heating being on. A member of staff went to fetch the person's cardigan straightaway. The person was clearly appreciative as they were heard to say: "it's very kind of you" to the member of staff.

People told us they would feel happy making a complaint if they needed to. They told us they felt staff were approachable and they would feel comfortable talking to them if they were unhappy about something. One person we spoke with told us that any 'grumbles' they had brought to the attention of the registered manager had been dealt with effectively and quickly. They spoke in very complimentary terms about the overall service provided. We also saw some written feedback from a recent survey returned by nine relatives. One person had written: 'Relatives are given every opportunity to voice any concerns – can write them in the book in the bedroom, or speak to a member of staff who are always ready to listen and always follow up on any requests'. The registered manager explained to us that each person had a 'keyworker' book in their bedroom, which was used to enhance communication between relatives and staff.

A formal complaints policy had been developed, outlining what people should do if they had any concerns about the service provided. In addition, a suggestion box was available. Records showed that concerns, no matter how small, were logged and a clear audit trail maintained of any actions taken in response. This showed that people's concerns were listened to and acted on.

Good

Is the service well-led?

Our findings

People told us there were opportunities for them to be involved in developing the service. For example, we were told about relative and resident meetings that took place, and satisfaction surveys. We read some of the most recent meeting minutes and noted that people clearly felt comfortable expressing themselves and putting ideas forward. Whilst we were talking with one person living in the home, they were approached by a member of staff who asked them to proof read the home's latest 'service user guide'. This had been written to provide information to prospective users of the service. The member of staff explained that the person had been a teacher before they retired, and staff really valued their input. The person responded positively to the request and it was clear that this was not the first time they had been asked. This demonstrated that the service actively involved people in the day to day running of the home.

We saw lots of useful information on display close to the entrance of the home which provided clear information and contact details for people, staff and visitors regarding complaints, safeguarding adults, the Care Quality Commission (CQC), Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS), whistleblowing and about the expected values and behaviours of staff working in the home. Staff we spoke with confirmed they knew how to whistle blow and raise concerns, and felt able to do so.

Records showed that detailed information was provided to people and their families prior to using the service, setting out what they could expect from the service, their rights and information about fees and the cost of any extra services. Guest information folders also were provided to people once they had moved in. These folders provided further information about in-house safety processes such as the weekly fire drill, forthcoming social events and internal services such as hairdressing and laundry arrangements.

The registered manager showed us a monthly newsletter for people, which she told us she emailed out to relatives, which contained information and updates about the service. We saw that copies of the newsletters had been provided to people living in the home, as we walked around the building. In addition, notice boards in communal areas provided clear information about the staff working in the home, and other useful information such as the date and weather. It was clear from our observations and from speaking with the registered manager, that there was an emphasis on providing an open and transparent service.

Everyone spoke positively about the management of the home. They told us they found the registered manager approachable and supportive. One person living in the home described the registered manager as "Very efficient" and "A good nurse." They told us they liked it when the manager spent time providing direct care. We also saw some written feedback from a recent staff survey returned by eight staff. One staff member had written: 'We are lucky to have such a great management team who work hard to maintain the home and support the staff'. Throughout the inspection we found the registered manager to be open and transparent. She responded positively to our findings and feedback.

Systems were in place to ensure legally notifiable incidents were reported to us, the Care Quality Commission (CQC). Our records showed that the registered manager regularly reported these incidents as required.

The registered manager talked to us about the staff team and about how good practice was recognised. She told us about an 'employee of the month' scheme, where people and visitors were invited to nominate a member of staff who they felt deserved to be acknowledged. We saw that one of the home's volunteers had been recognised for their commitment, reliability and attentiveness.

Staff we spoke with were clear about their roles and responsibilities across the service. There was a lead person for different aspects of the service such as catering, housekeeping and maintenance and each lead had clearly defined responsibilities. All the staff we spoke with spoke enthusiastically about their roles and knew what was expected of them; to ensure people received support in the way they needed it. We observed staff working cohesively together throughout the inspection and noted the way they communicated with one another to be respectful and friendly.

The registered manager and senior manager talked to us about the quality monitoring systems in place to check the quality of service provided. They showed us that satisfaction surveys were given out to people, relatives and staff, to gain their feedback on how well the service was doing, and to see if there were areas that could be

Good

Is the service well-led?

improved. We noted that questionnaires had been developed to help answer the Care Quality Commission's five key questions which we focus on when inspecting services. We ask whether a service is safe, effective, caring, responsive to people's needs and well-led. In addition, we saw the results of an audit which had been completed by an external consultant earlier in the year. Again, the audit had been conducted to answer the five key questions. Overall the audit had been positive with only a small number of suggested improvements. Other records we looked at showed that these improvements had been taken on board and the registered manager used the findings of the surveys and audits to drive quality across the service.

We also saw that the registered manager carried out a number of regular internal audits, supplemented by regular visits from a senior manager; to check the quality of the service provided and ensure people's safety and welfare. These included monthly wellbeing audits of everyone living in the home, accidents and incidents and people's weight. This showed that there were appropriate arrangements in place to monitor the quality of service provided to people, in order to drive continuous improvement.