SHC Clemsfold Group Limited

Clemsfold House

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

Summary of findings

Overall summary

The inspection took place on 15 and 18 November 2016 and was an unannounced inspection.

Clemsfold House is a residential care home registered to provide accommodation, care and support for up to 48 older people some of whom may have a diagnosis of dementia. At the time of our visit the registered manager told us the maximum they would accommodate was 28. This was because they had closed one part of the home and made some double rooms into single occupancy. There were 26 people in residence at the time of our visit. We will work with the provider to ensure that their registration information is updated to reflect this change.

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.

People spoke highly of the home. They told us that the staff were kind and that they enjoyed living there. Relatives had confidence in the care provided and said that the home was welcoming.

People told us that they felt safe at the service and that staff treated them respectfully. Staff understood local safeguarding procedures. They were able to speak about the action they would take if they were concerned that someone was at risk of abuse. Risks to people's safety were assessed and reviewed. People received their medicines safely.

People had developed good relationships with staff and had confidence in their skills and abilities. There was an established team of staff at the home, which offered continuity of care for people. Staff had received training and were supported by the management through supervision and appraisal. Staff were able to pursue additional training which helped them to improve the care they provided to people.

People were involved in planning their care and in making suggestions on how the service was run. Staff understood how people's capacity should be considered and had taken steps to ensure that people's rights were protected in line with the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

People enjoyed the meals at the service and were offered choice and flexibility in the menu. Staff monitored people's weight to ensure that they were receiving enough to eat. Where concerns were identified, action had been taken.

Staff responded quickly to changes in people's needs and adapted care and support to suit them. Were appropriate, referrals were made to healthcare professionals, such as the GP, community nurses or community psychiatric nurse (CPN) and their advice followed.

A variety of activities were provided, to suit group and individual interests.

There was strong leadership within the home. The registered manager and provider monitored the delivery of care and had a system to monitor and review the quality of the service. Suggestions on improvements to the service were welcomed and people's feedback encouraged.

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.

People said they felt safe. Staff had been trained in safeguarding so that they could recognise the signs of abuse and knew what action to take.

Risk assessments were in place and reviewed to help protect people from harm.

There were enough staff to meet people's needs and keep them safe.

People received their medicines safely.

Is the service effective?

Good

The service was effective.

Staff had received training to carry out their roles and received regular supervision and appraisal.

Staff understood how consent should be considered and supported people's rights under the Mental Capacity Act.

People were offered a choice of food and drink and supported to maintain a healthy diet.

People had access to healthcare professionals to maintain good health.

The provider was working to upgrade the premises and improve the environment for people.

Is the service caring?

Good

The service was caring.

People received individualised care from staff who cared and who knew them well.

People were involved in making decisions relating to their care

and were supported to be as independent as they were able.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People's care was planned and monitored to promote good health.

Staff understood how to support people and responded quickly to any changes in their health.

People enjoyed a variety of activities.

People knew how to make a complaint if necessary and were confident any issue would be addressed.

Is the service well-led?

Good

The service was well-led.

The culture of the service was open and inclusive. People and staff felt able to share ideas or concerns with the management.

People and staff spoke highly of the registered manager. Staff were clear on their responsibilities and told us they were listened to and valued.

The registered manager and provider used a series of audits to monitor the delivery of care that people received and ensure that it was consistently of a good standard.

Clemsfold House

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 15 and 18 November 2016 and was unannounced.

Two inspectors and an expert by experience undertook this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The expert by experience at this inspection had expertise in caring for older people living with dementia.

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. We also reviewed notifications received from the registered manager. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at care records for four people, medication administration records (MAR), monitoring records, accident and activity records. We also looked at five staff files, staff training and supervision records, staff rotas, quality feedback surveys, audits and minutes of meetings.

During our inspection, we spoke with seven people using the service, the registered manager, deputy manager, a senior care assistant, two care assistants, the activities coordinator, the chef, a laundry assistant, two representatives of the provider and two community nurses. Following the inspection, we spoke with four relatives by telephone and received feedback from a GP and a community psychiatric nurse (CPN). They consented to share their views in this report.

This was the first inspection of Clemsfold House since a change in the provider's registration in November

2014.

Good

Is the service safe?

Our findings

People told us they felt safe living at Clemsfold House. One person told us, "There is nothing not to feel safe about, everyone is very friendly and helpful". Another person said, "Very much so, everything is kept clean and safe". A third person gave us the 'thumbs up' when we asked them if they felt safe and comfortable. People appeared relaxed in the company of staff and it was clear that staff knew people well. A relative had written to the provider to express their gratitude. We read, 'May I please let you know how reassured I have always been, knowing that Dad was always safe, appreciated, cared for and looked after at Clemsfold'.

Staff had attended training in safeguarding adults at risk. They were able to speak about the different types of abuse and describe the action they would take to protect people if they suspected they had been harmed or were at risk of harm. One care assistant described safeguarding as, "Protecting against abuse and avoidable harm". A member of the domestic team said, "You have to tell about anything that could be wrong, tell someone higher up". Staff told us that they felt able to approach the registered manager if they had concerns. They also knew where to access up-to-date contact information for the local authority safeguarding team and knew how to report any concerns.

Before a person moved to the home, an assessment was completed. This looked at their support needs and any risks to their health, safety or welfare. Where risks had been identified, such as in moving and handling, pressure areas or from known medical conditions, these had been assessed. For each risk identified, guidelines were in place to describe how to minimise the risk and the support that people required from staff. For example, we read that one person needed to be reminded to use their walking stick, a second person used a pressure relieving mattress and was regularly repositioned to minimise the risk of developing a pressure injury. We observed staff assisting people to move around the home. This was done safely, with lots of encouragement and reassurance.

Staff kept clear records to ensure that risks were managed safely. We looked at examples of repositioning records, fluid charts and bowel charts. These were completed in full and had been used to monitor people's health and as evidence to seek further guidance and support when required. Where accidents or incidents occurred to people, these were logged and reviewed. This helped to identify any patterns or trends and to reduce the risk of future injury.

There were enough staff to keep people safe. When we asked people for their views, comments included, "Good gracious yes, there is always someone around to help" and, "There is always someone around and they know what they are doing". A relative said, "It's brilliant. Whenever we visit, including weekends, there are staff looking after her". Another relative told us, "There usually seem to be quite a lot of staff on". The registered manager explained that the usual staffing level was five care assistants during the day and three at night. Care assistants were supported by the registered manager, deputy and a team of ancillary staff. At the time of our inspection, there was a vacancy for an activity assistant. In the interim, activities were provided by the activity coordinator on three days each week and, on other days, an additional care assistant was on duty to provide social stimulation. We checked the staffing rotas for four weeks, commencing on 24 October 2016. This confirmed that the staffing numbers had been maintained, with just

a few exceptions. Where the staffing numbers had been lower than planned the registered manager or deputy had been available to work on the floor.

People enjoyed continuity of care as they were supported by regular staff. The registered manager explained that they had a team of bank staff, dedicated to the home, which helped to make up any shortfall in staffing numbers. She explained that they used some agency staff on the night shift but tried wherever possible to request the same staff members. Before new staff started to work at the service, appropriate checks were carried out. Records showed that before new members of staff were allowed to start work, checks were made on their previous employment history and with the Disclosure and Barring Service (DBS). The DBS provides criminal records checks and helps employers make safer recruitment decisions. In addition, two references were obtained from current and past employers. These measures helped to ensure that new staff were safe to work with adults at risk.

People received their medicines safely. One person told us, "It's always given on time. I'm happy with them giving me my meds". Another said, "I get migraines so sometimes need tablets, you just have to ask". We observed staff as they administered lunchtime medicines to people. Staff took time with each person, explained what the medicine was for and checked to ensure it had been taken before completing the Medication Administration Record (MAR).

Staff who administered medicines had received training and their competency had been assessed before working independently. Although staff told us about these competency checks, they had not been recorded. The registered manager informed us that a record would be kept going forward. Medicines were stored safely, in locked trolleys kept in a locked room. Medicines that needed to be kept cool were stored in a fridge and the temperature was recorded daily. Creams and ointments had been dated on opening. This helped to ensure that they remained within date and effective. MARs demonstrated that people had received their medicines as prescribed. Where people were prescribed medicines on an 'as required' (PRN) basis these were offered and clear protocols were in place to give guidance to staff. Medicines for disposal were recorded and returned to the pharmacy.

Good

Is the service effective?

Our findings

People and their relatives spoke highly of the care at the home. We read cards from relatives to the staff. One read, 'The care my Mother had at Clemsfold was excellent. She was well looked after and all the staff very kind. I didn't have to worry about her'. Another read, 'You all do an amazing job'.

Staff received training to enable them to provide effective care and support to people. New staff attended a five day induction course held at the provider's training academy. They then completed a period of shadowing experienced staff as they got to know people and understand their support preferences. During their first 12 weeks of employment, all new recruits who had not previously worked in care were expected to complete the Care Certificate, which is a nationally recognised qualification.

Each year, staff attended refresher training in areas made mandatory by the provider. This included moving and handling, safeguarding, infection control, the Mental Capacity Act 2005 (MCA) and dementia care. Records showed that staff were up to date with this training. Staff were encouraged to further their careers by undertaking additional training, such as diplomas in health and social care. One care assistant had been supported by the provider to begin their nurse training.

Staff felt confident in their skills and abilities and told us that they received a high level of support from the registered manager. One care assistant said, "(Registered manager) is really supportive and approachable". Records confirmed that staff had received supervisions. We saw that discussions included a review of the staff member's last supervision, their role and responsibilities, any issues or problems and an action plan. Staff also received practical supervision, to ensure their competency in moving and handling and, where applicable, the administration of medicines. Each year, staff attended an appraisal which considered their achievements and looked ahead to the coming year.

The majority of people at Clemsfold House were living with dementia. Staff received annual training in dementia care and the registered manager was looking at ways to develop their knowledge and skills. Further training, including an online course on dementia care and managing behaviours that challenge, was planned by the provider. Some staff had recently attended a conference on dementia care and had purchased some items to trial at the home, for example a large clock with a coloured face and themed picture cards which can be used to promote choice and aid communication. We observed that some people used coloured plates and cups. Research has shown that serving food on coloured plates can help people to identify what was on the plate and encourage them to eat more. Staff explained that they were trialling this and monitoring how people responded. Throughout the home, there was clear signage to help people orientate themselves. The layout was such that people could walk in a circuit around the ground floor. Bedroom doors were painted in a variety of bright colours and each person had their name and photograph on the door. A community psychiatric nurse (CPN) who worked with people at the home told us, 'They are good at managing behaviour and I believe have an understanding of dementia and are able to respond effectively. I have not had any problems or difficulties in dealing with them and they have always been open to suggestions and recommendations'.

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.

We checked whether the service was working within the principles of the MCA. We observed that staff involved people in decisions relating to their care and respected their wishes. Care plans guided staff on how to involve people. In one we read, 'Explain to (name of person) in a clear and simple way what you would like to do so (name of person) can anticipate what will happen'. We also read, 'Staff should respect (name of person's) right to refuse care'. Staff explained that if someone did not wish to receive support, they would return later to offer assistance. One person told us, "You can do what you like and if you don't like, no one insists".

Staff understood the requirements of the MCA and put this into practice. One care assistant described the purpose of the MCA as, "To protect and empower the person who had lost capacity to decide for themselves". They added, "We can ask some service users for choices but for more complex decisions some will need to have help". A second care assistant said, "It is the inability to decide for themselves. We have to help them in choosing. If it is complex we involve relatives and the manager". The deputy added, "It (the lack of capacity) isn't a permanent decision, it has to be reviewed". We found that staff supported people to make decisions and to determine how and when they wished to be assisted.

The registered manager was in the process of reviewing the capacity assessments that had been completed for people. A new form was in place which provided more detail on how the person had been involved and how staff had assessed that they lacked capacity to decide. In one assessment we read that the person was unable to respond to verbal or visual aids and that, although they may nod or shake their head, this was not always relevant to the subject. For this person, staff had involved their daughter to help make a best interest decision. The registered manager said, "It's about knowing the person. The new form is much more person-centred. I hope to have them done by the end of November". Where people had appointed representatives to act on their behalf, staff had a record of this and copies of the authorisation were on file.

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 (DoLS). Staff had made applications on behalf of each person who lived at the home. At the time of our inspection, one authorisation had been granted by the local authority.

People told us that they enjoyed the food at the home. We observed that there were a number of choices available on the menu each day and that people were encouraged to choose what they would like. Staff used pictorial menus to help people to make their selection. When one person kept forgetting what they had chosen, the activity co-ordinator wrote it down on a little piece of paper for them as an aide-memoire. Where people had specific preferences, these were accommodated. One person particularly liked fish and had fish every day. Another person had asked for a steak once a week and this was provided. When meals were served, staff took time to explain to people what was on their plate and to check they were happy with their choice. If the person expressed a wish for something different, or did not appear to be eating well, staff offered alternatives. The chef told us, "I've always got more of everything so we can try them on something else". On the second day of our inspection, one person asked for a boiled egg and 'soldiers' which was brought to them. Several other people also decided they would like the same and staff responded to their requests, bringing boiled eggs and toast to people who had asked for it. Throughout our visit we saw that food and drinks were readily available to people.

The chef was aware of specific needs people had in relation to their meals. This included the texture of the food, those living with diabetes and people who disliked certain foods. People's care plans included guidance to staff on whether assistance was required, for example in cutting up the food or in eating it. Staff monitored people's weight and took action if any concerns were identified. This included additional support with eating meals, fortifying food and referrals to healthcare professionals such as the dietician. One person was also being supported to lose weight.

People had access to healthcare professionals and the service worked in collaboration to ensure that people's needs were met. One person told us, "You can see anyone you need to. I have no problems". A relative said, "They all (health professionals) come in, he sees the doctor often". The community nurses said staff contacted them appropriately and had good knowledge of people's needs. Speaking about one person they said, "They (staff) recognised she needed additional input. They are very attentive". A CPN told us, 'To the best of my knowledge, the care staff are good and experienced, in that they will contact me or ask the GP to make a referral to the team if they have any concerns'. A GP wrote, 'She (registered manager) has a great understanding about the needs of her care home and in my opinion looks after the service there in a very safe, caring and responsive manner. She seems to understand the health concerns of her residents and will contact the relevant health personnel whenever required'. Staff had prepared a hospital passport for each person. This is a document that details their needs and preferences and would help hospital staff provide appropriate support if the person was unable to communicate their needs.

The provider was making improvements to the premises. This included the redecoration of communal areas and bedrooms, upgrading furnishings and installing new flooring and double glazing. The home was not purpose built and some staff told us they had to take care in narrow corridors. One staff member said, "I feel the building is not adapted, we're always having to worry about elbows". The registered manager explained that they had closed off one wing of the home as it was felt the corridors and stairways were not suited to the needs of people living with dementia. As a result, the number of bedrooms at the home has been reduced. The home was clean and staff had taken care to make it attractive, such as by placing fresh flowers on the windowsill. One relative said, "It is very nice- the outlook is good and he has his own bathroom". Five of the bedrooms at the home were equipped with en-suite facilities. One person told us, "I am very happy here".

Good

Is the service caring?

Our findings

People told us that staff were helpful and caring. One person said, "They are always smiling". Another told us, "All the staff are pleasant and helpful, even the manager gets involved". Relatives said that staff were, "Amazing". One relative said, "They are very caring, including the cleaners and the kitchen staff. They all get involved and some spend their break times with the residents". Another relative told us, "They have regular staff and they get to know you as well as you knowing them". Other relatives had written to express their thanks. One card read, 'Everybody was so kind to Mum and looked after her so well'. Another, 'May I take this opportunity to say how well Clemsfold Care Home looked after my Aunt. She really thought she was in a hotel. Their treatment of her was kind and sympathetic and the family is very grateful for that'.

We observed staff as they supported people. The appeared to have a relaxed and comfortable relationship with people and were able to share a laugh or a joke. There was a regular staff team at the home which helped to promote continuity in the care that people received. In addition, each person had a named keyworker, who was responsible for coordinating their care, liaising with them and their relatives and ensuring that they had all of the personal items they needed. Staff took time to stop and chat with people. One staff member who worked in the laundry told us, "I like to grab 15 minutes a day to have a chat". A care assistant said, "We get one to one time with people, especially the ones we keywork for. We also talk to the families". One person told us, "It's lovely here. It's like a holiday camp. I'd stay here all the time. I do enjoy it here, you've got company here".

People felt involved in planning their care. We saw that individual preferences and wishes had been recorded as part of the care planning process. This included information on what people liked to wear, when they usually liked to get up and go to bed and if they preferred to be supported by male or female staff. One person told us, "My two boys have lasting power of attorney and have been involved with me". Another said, "You can go to them anytime. They always explain things in a way you can understand". Relatives told us that staff kept them updated as to any changes or concerns. One relative said, "They keep us informed and will ring if they need to explain anything".

The registered manager involved people in decisions relating to the running of the home. There were regular meetings where people were asked for their feedback and encouraged to share their ideas. In the records of these meetings we saw that people had been asked about the activities, staff, laundry, menu and whether they felt safe and well cared for. Where people had raised concerns, these had been quickly addressed. For example, one person said they did not feel safe as there was no lock on their bedroom door. We read, 'I (activity coordinator) showed (name of person) the lock on his bedroom door and let him know about the keypads on the front doors'. We observed the registered manager sitting with people during our visit, showing them plans and colour schemes for the dining room and asking them for their opinions.

Staff encouraged people to be as independent as possible. Care plans directed staff as to the tasks people could manage independently and to where they needed assistance. One person told us, "They will check to make sure I am OK but I bath on my own". Another said, "I have been able to maintain my independence thus far". One relative told us that being at the home had given their loved one, "A new lease of life".

People told us that staff treated them respectfully. We observed that staff called people by their preferred names and always engaged with them before providing any care. When people were in their bedrooms, staff knocked and waited for a response before entering. One relative told us how staff had acted quickly to maintain the dignity of their relative. They said, "She had an accident. It was quickly cleaned up with no embarrassment to her. They are very attentive". Another relative had written to thank staff saying, 'I wanted to thank you and all your staff for the wonderful care and attention you gave Mum. We will be forever grateful to you and your team. She was treated with kindness and dignity and was able to remain in the safe hands at Clemsfold until the end for which we are so thankful'.

Good

Is the service responsive?

Our findings

People had been asked how they would wish to be cared for and about what was important to them. This information was included in a care plan which provided information to staff about the person and their support needs. The care plans were personalised and demonstrated that staff had taken time to get to know people and understand their wishes. There was information about people's lives, important events and their interests.

People's care needs were clearly documented. Each person's care plan contained an assessment of their needs and detail on how to support them. There were sections including physical health needs, personal care and social activities. Where appropriate specific care plans had been completed such as for skin care or pain. Each care plan described the area of need, the aim of the support and guidance to staff on how they should assist the person. For example, how many staff were needed to support a person to transfer safely and which equipment was required. There was also guidance on how to reassure people if they were anxious. Staff told us that they found the care plans useful and that they were updated to reflect changes in people's needs.

Monitoring records were in place to ensure that care had been delivered in accordance with the care plan. These included records of repositioning, bowel charts and records of when and where topical creams had been administered. There was also a daily checklist which recorded if the person had been supported to bath, brush their teeth, shave or do their nails. When people presented with behaviour that was out of character, behaviour monitoring charts were used to help identify what had triggered the person to respond in that way. Throughout our visit, we observed that staff were attentive and quick to respond to any requests from people or to signs that they may require assistance.

People told us that staff knew them well. One person said, "They look after me very well. They know my likes and dislikes". In the record of a meeting, one person had commented that the best thing about the home was, 'You (staff) are all so eager to help us'. Staff attended handover meetings between shifts which helped them to stay up to date with any changes in people's needs. We noted examples of when staff had taken action in response to changes in people's health. For one person they had requested a medicines review with the GP, for another a PRN antibiotic had been prescribed so that, when authorised by the GP, staff could immediately start to treat any infection. The registered manager told us that this change had made a big difference to the person, who was prone to recurrent chest infections. A GP who visited the service told us, 'It is a pleasure for me to look after this home and see the enthusiasm shown by the carers and staff there. The residents are kept as comfortable as possible and have all their needs met, being encouraged to take part in activities whenever possible'.

People were able to enjoy a variety of activities. One person told us, "There is always something going on. Today we are playing catch/throw games. We do cooking and flower arranging. The staff get involved with all sorts of things". Another said, "There is always something going on. I don't get involved with much. I prefer to sit and chat". A third, "We do go out in the better weather, they organise things for us". The activity coordinator described the programme to us. There was a mix of in-house activity and visits from external

entertainers. On the second day we visited, people had been playing table tennis in the morning and exotic fruit tasting was planned for the afternoon. Special events were also celebrated, such as the Queen's 90th birthday, a summer barbeque and a forthcoming Christmas party.

Throughout our visit, we observed that people were engaged in activities, if they wished. Some enjoyed the group activities, whilst others were busy with individual pursuits, such as knitting, playing a game or reading the paper. Staff took time with people to engage with them on a one to one basis. The activity coordinator told us that she spent one to one time with people on a regular basis, especially with those who did not readily join in with group activities. She explained how one person had built a bird house which was now ready to be painted. She said, "(Name of person) was an engineer. We borrowed the electric drill from maintenance. He did it, now it needs painting. I'm looking for things to spark his interest". Records of activity for each person demonstrated that their individual interests had been supported. For example it was noted that staff had chatted with one person about the recent Grand Prix, another person had a book on motorbikes which had been a great hobby of theirs and a third person particularly enjoyed visits from the PAT (Pets as Therapy) dog. One relative said, "She is encouraged to join in but prefers to sit and look at scrap books. They do sit with her and keep her engaged".

People and relatives said that they felt comfortable to raise concerns and had confidence they would be addressed. One person told us, "Whatever views are expressed they listen and respond. They keep us informed about anything that affects us". Another said, "They encourage us to express our concerns". A relative shared, "I wouldn't hesitate in recommending the home to others. We are informed of anything that affects the residents". Another relative said, "I discuss my thoughts when I go in". Relatives were asked for their feedback through surveys sent out by the provider. We looked at a selection of survey responses received in 2016. The majority of respondents were satisfied with the service and found it to be 'good' or 'excellent'. Where suggestions had been made, these had been responded to or were in progress. We noted that an earlier concern over a lack of outings had been addressed and a new driver recruited. The registered manager took time to seek feedback from relatives during the special events at the home. These conversations were recorded and any suggestions responded to.

The complaints procedure was displayed in the home. This explained how to make a complaint and the anticipated timescales for response. Most people told us that they had no need to make any complaints. One person said, "I have nothing to be concerned about. I am very comfortable here". A relative said, "They seem to be very open and accepting of complaints or concerns. (Registered manager) has an open door policy, but is frequently visible around the home and approachable". We looked at the two complaints that had been received during 2016 and found that they had been addressed in line with the provider's policy.

Good

Is the service well-led?

Our findings

People and their relatives described the home as, "Happy and welcoming". Relatives told us that they were able to visit freely. One relative said, "It's brilliant. They are open and they listen to our views. They have a great manager. Everything is run smoothly. She (registered manager) is always involved and accessible". Another told us, "The staff are very attentive and the management extremely good". Staff were equally positive. One care assistant told us, "What is really nice here is the teamwork and our manager is really nice". A new employee said, "I felt really welcomed here and in the company as a whole".

The registered manager was well regarded. We observed that she supported staff and engaged directly with people living at the home. One person told us, "It is well managed. There is always someone around when needed". Staff comments included, "(Registered manager) is hands on; she's on the floor if needed" and, "She's a good manager. She gets everything done somehow". One care assistant said, "She is really approachable. We can make suggestions to her. She is almost perfect!" External healthcare professionals that we spoke with said that the registered manager had a professional approach and a good knowledge of people's needs. The registered manager was supported by a deputy manager and a representative of the provider, the area manager.

There were regular staff meetings. We saw that these meetings had been used to share updates on best practice with staff and to remind them of important tasks that needed to be carried out. For example, there had been reminders about the importance of people's oral hygiene, reviewing and closing body maps once injuries had healed and the trial of using coloured plates at mealtimes. Staff had been asked for their suggestions on how to improve the quality of care at the home. They had also been asked if they would like to raise any questions at an employee forum run by the provider. Staff told us that they felt involved and valued. They said that they enjoyed working at the home.

The registered manager used a series of spot checks and audits to monitor the quality of the service. At a home level, there were audits of infection control and regular health and safety checks. Call bell response times were checked almost daily. This was done by ringing a bell chosen at random and recording the response time. There was a monthly audit of accidents and incidents, hospital admissions and ambulance call-outs. The information was analysed to identify any patterns so that action could be taken to prevent reoccurrence wherever possible.

A representative of the provider carried out monthly audits of the service and a provider internal audit had been completed. The provider also commissioned external audits of the service. These included a review of medicines by the pharmacy, a quality audit of the service by an external professional and a health and safety audit. Following each audit an action plan was put in place. We noted examples of action that had been taken. For example, ordering of new equipment, reinstating monthly checks on bedrail safety, deep cleaning particular rooms and clearing of leaves from the bottom of the fire escape.

We found that the systems in place were effective in monitoring the quality of service that people received, in sustaining it and working towards further improvement. One person told us, "I don't know how they can

improve, they are very good". A relative said, "They are always doing something to improve things".