Minster Care Management Limited

Three Elms

Inspection report

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Date of inspection visit:
05 January 2017
10 January 2017
11 January 2017

Date of publication:
28 February 2017

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 was unannounced and took place on 5,10,11 January 2017

Three Elms is a care home which provides accommodation and personal care for up to 56 older people. The premises comprise a three story building with accommodation grouped into two units, one on the ground floor which can accommodate up to 41 people and a unit on the first floor which can accommodate up to15 people. This unit is specifically utilised for people who are living with dementia. The premises merge inconspicuously into a residential area in Penketh which is on the border of Warrington and Widnes Cheshire. There were 15 people living in the upstairs unit and 36 people living on the residential care unit on the ground floor on the day of our visit.

At the time of the inspection the current manager who had been in post for three months was awaiting her interview with the Care Quality Commission to become the registered manager of Three Elms. Since the inspection this process has been successfully completed. 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.

CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of the inspection the service had submitted seventeen DoLS applications for people living in the home, seven of which had been authorised by the local authority.

People were at the heart of the service. Staff understood what was important to the people who lived at Three Elms and worked closely with them and, where appropriate, their families to ensure each person had a meaningful and enjoyable life. People played an active part in the running and development of the home.

There was a warm and homely atmosphere and staff cared for people with kindness and genuine interest.

Innovative approaches such as wallpaper of past true life scenes such as "Bobby on a bike" and "The public bar" enhanced people's quality of life and provided therapeutic benefit to people living with dementia or mental illness.

People were supported to maintain personal interests and hobbies.

The provider had updated the quality monitoring systems and regularly assessed and monitored the quality of care to ensure national and local standards were met and maintained.

People were closely involved in planning and reviewing their care and staff showed knowledge and

understanding of the issues involved in supporting people who had lost capacity to make some decisions.

The manager demonstrated an open management style and staff told us she was making a good impact within the home.

We found that although there was a comprehensive training programme it had not been fully embedded into practice and therefore not all staff had received updated training to undertake their roles. Staff told us that they were supported and received some training that provided them with the knowledge and skills to meet people's needs. Training records identified that the manager and home administrator had identified training shortfalls and had arranged for updated training to be cascaded to all staff with immediate effect.

People and their representatives could voice their opinions and views and knew they would be listened to and acted upon as appropriate.

Staff were trained and knowledgeable in end of life care and support and provided a locally produced leaflet called Coping with Dying, which offered valuable information and words of comfort for both people who use the service and their relatives.

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 felt safe and were supported in a way that minimised risks to their health, safety and welfare.

Staff were able to recognise sings of potential abuse and knew how to report any concerns.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff had a good knowledge of people and their needs.

Although there was a comprehensive training programme not all staff had received updated mandatory training. This had been noted by the manager who had ensured that all training was updated with immediate effect.

People were supported to make their own decisions wherever possible and staff had an understanding of how to support people who lacked capacity to make some decisions for themselves.

Is the service caring?

Good

The service was caring.

Staff understood people as individuals and supported them to have as much care and control of their lives as possible.

People were treated with dignity and respect, including their end of life care.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their

changing needs.

People knew how to raise concerns or make a complaint if the needed.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in place at the home.

Auditing systems had recently been updated to ensure the people using the service were looked after by staff who were trained and supported to provide quality care.

The manager was constantly seeking and acting on feedback from questionnaires, meetings with people who used the family and their relatives and staff meetings with a view to improving the service.

Three Elms

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 first day of the inspection undertaken on 5 January 2017 was unannounced, which meant that the home's management, staff and people using the service did not know the inspection was going to take place. The second visit was announced and was carried out 10 January 2017. A further visit was undertaken on 11 January 2017 to carry out some observations and collect some documentation. The inspection was undertaken by an adult social care inspector.

Before the inspection we checked the information that we held about the service. We looked at any notifications submitted and reviewed any information that had been received from the public. A notification is information about important events, which the provider is required to tell us about by law. We contacted the local authority contracts quality assurance team to seek their views and we used this information to help us plan our inspection. We checked to see whether a Healthwatch visit had taken place. Healthwatch is an independent consumer champion created to gather and represent the views of the public. They have powers to enter registered services and comment on the quality of the care. A recent visit had taken place and we were able to read a copy of their report.

Prior to the inspection we received some information which alleged that there were insufficient numbers of staff to provide safe care, hot water supplies were sometimes inadequate and the lighting and call bell systems were faulty. We investigated these allegations during our inspection.

The provider had not submitted a Provider Information Return (PIR) before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. However we gathered this information during our inspection.

The manager and regional manager were available throughout the inspection to provide documentation and information about the staff and services provided.

During the course of our inspection we spoke with 34 people who lived at Three Elms and eight of their relatives. However a number of people using the service were living with dementia and therefore we were not always able to receive feedback. We also spoke with eight care staff, the manager, the regional manager, two housekeeping staff, the two activities coordinators, an administrator and a maintenance person. As some of the people who used the service had limited verbal communication skills we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care and support to help us understand the experiences of people who could not talk with us.

We looked at the care records for six people who used the service. We also looked at four staff files to review the provider's recruitment, supervision and training processes. We reviewed how medicines and complaints were being managed and how the provider assessed and monitored the quality of the service.

We also conducted a tour of the building, tested some of the essential services and (with their permission) looked at eight people's bedrooms.

Good

Is the service safe?

Our findings

All the people we spoke with told us they felt safe and secure within Three Elms. Comments included "I like it here. I feel safe and comfortable", " I can come and go as I please and know staff will ensure I am safe"; "The staff make sure we are safe when we are in here and when we go out" and "We can go out for a smoke out there but it is enclosed so we are kept safe".

Staff told us how they safeguarded people from harm. We saw that the service had a safeguarding procedure in place. This was designed to ensure that any problems that arose were dealt with openly and people were protected from possible harm. The manager was aware of the relevant safeguarding process to follow and identified that she knew how to contact the relevant local authority and the Care Quality Commission (CQC) when she had safeguarding concerns. Homes such as Three Elms are required to notify the CQC and the local authority of any safeguarding incidents that arise. There had been three safeguarding incidents requiring notification at the home since the previous inspection took place.

The staff members we spoke with during the inspection were aware of the relevant process to follow if a safeguarding incident occurred. They told us that they would report any concerns to the safeguarding lead in the home, who was the manager. The staff members confirmed that they had received training in safeguarding and that this was updated on a regular basis. They were also familiar with the term 'whistle blowing' and they said that they would report any concerns regarding poor practice they had to senior staff or to external agencies if required. This indicated that they were aware of their roles and responsibilities regarding the protection of vulnerable adults and the need to accurately record and report potential incidents of abuse or poor practice.

We looked at six care files and saw that staff had completed a detailed pre-admission assessment with each person and their representative before they moved into the home. As part of this process a wide range of possible risks to each person's well-being had been considered and assessed, for example risks of falls or malnutrition. Each person's care record detailed the action taken to prevent any identified risks. For example we saw that some people had been assessed as being at risk of developing pressure sores. Specialist advice had been obtained and a programme had been put in place to ensure that each person was supported to change position every two hours to prevent the risk. We saw that a person who had restricted mobility was assisted by use of a hoist and a person who lacked awareness of their vulnerability in the community was always accompanied by staff. Other risk assessments included assessments for self-neglect, vulnerability to abuse, and relapse of people's medical conditions such as alcoholism.

Staff said that they were committed to maintaining people's independence whilst at the same time protecting them from harm. We saw that one person liked to go out in the community alone. Staff had identified that it was important that this person had the opportunity to do this, to help maintain their self - esteem and independence. Staff had completed a full risk assessment of the activity and the person was supported to do so safely.

Staff told us, and records showed, that when accidents and incidents had occurred they had been analysed

so that actions could be taken to help prevent them from happening again.

Personal emergency evacuation plans had been prepared for each person which detailed the support the person would require if they needed to be evacuated from the building.

We saw that there were seven staff on duty and one senior between 8.00am and 3.00pm,six staff and one senior between 3.00pm and 10.00pm with three night staff and one senior between the hours of 8.00pm and 8.00am. We saw that housekeepers and laundry staff were on duty seven days a week. The manager and home administrator were rostered between the hours of 9.00am until 5.00pm each weekday. Throughout our inspection visit we saw that the staff had time to meet people's needs and to interact with them individually without rushing. For example we saw a member of staff had noticed a person was becoming agitated and upset. The staff member immediately went to sit with the person and chatted to them and assisted them to become calm and relaxed. Staff told us that there were generally enough staff on duty to meet the needs of the people who lived in the home. They said that the manager was 'hands on' and was always very visible around the home and when needed provided 'another pair of hands'.

The manager told us that she reviewed staffing requirements regularly to take account of people's changing needs. One of the ways she did this was to check on both day and night shifts to check that staffing was sufficient to provide people with care appropriate to their needs. She told us that where necessary the home used agency staff to ensure that the staffing levels were suitable to meet all assessed need.

We saw the provider had safe recruitment processes in place. We looked at three staff personnel files and saw that references had been obtained. Disclosure and Baring Service (DBS) checks had also been carried out to ensure that the service employed people who were suitable to work with the people living in the home.

We reviewed the arrangements for the storage, administration and disposal of medicines and saw that they were in line with national guidance. Some people had been prescribed medicine that was to be taken 'as required'. We saw that on occasions some people had exercised their right not to take this medicine and saw that this decision had been accepted and recorded correctly by staff. We looked at recent audits of medicines management which had been conducted internally by staff of the service and saw that actions had been taken to address any issues identified.

We saw that a programme of maintenance was managed by the provider's head office via the home maintenance person or, where necessary, external sources. We saw records to show that the home had commenced refurbishment of the bathrooms. As a consequence the main water feed in some of the areas of the building dropped pressure after it had been used for morning activity leaving the water in some areas of the home lukewarm around lunchtime. The pressure was able to build up again and the water supply became hot again during the afternoon period. We tested the water temperature around lunch time on the first day of our visit and found in some areas the water temperatures were fine and in others they were only warm. This had been noted by the manager who had reported this to the regional manager and he had commissioned work to be undertaken by an external plumber to include the installation of a main water boost variable pump set to alleviate any future problems. On the second day of our visit we tested other water temperatures at 10.00am and the average water temperature across the home was 40 degrees.

We saw that call bells were randomly tested weekly and we tested two downstairs and two upstairs call bells during our visit. Two downstairs call bells were found to be ineffective but the two upstairs bells were fine. We spoke with the manager who requested the maintenance person to check the faulty call bells. They were checked and repaired during our visit.

We saw that a health and safety audit was completed each month. This included areas such as fire safety, electrical safety, control of substances hazardous to health (COSHH), and the general condition of the building and gardens. Where any improvements were required we saw these were noted and monitored until they were completed. A more in depth audit was completed each year.

We looked at the regular checks that were completed throughout the home. We saw evidence that fire extinguishers, fire alarms, emergency lighting and water temperature were regularly tested.

Good

Is the service effective?

Our findings

People told us that they had become more able to manage their life since being at Three Elms. Comments included "I have got better since I have been here. I feel quite well now" and "The staff are good and they know what I need and make sure I get it".

Relatives of people living in the home told us "I watched a staff member just talking to (name) and brushing her hair. This relaxed her so much and was much more effective than any medication" and "Staff are very attentive. They have the skills and understanding to make (name) feel good".

Staff told us that they received training and support. One staff member told us "I was provided with a good induction and felt able to ask any questions without feeling embarrassed. I get fabulous support from all the staff here".

We found that although there was a comprehensive training programme it had not been fully embedded into practice and therefore not all staff had received adequate training to undertake their roles. Staff told us that they were supported and received some training that provided them with the knowledge and skills to meet people's needs. Training records identified that the manager and home administrator had identified training shortfalls and had arranged for updated training to be cascaded to all staff with immediate effect. A percentage of this training had been completed prior to the final day of the inspection visit.

Records showed that staff supervision was held between every six to eight weeks. The staff members we spoke with told us that they received on-going support, supervision and appraisal. Supervision is a regular meeting between an employee and their line manager to discuss any issues that may affect the staff member; this may include a discussion of the training undertaken, whether it had been effective and if the staff member had any on-going training needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to refuse care and treatment when this is in their best interests and legally authorised under MCA. The authorisation procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS).

Some of the people who lived in Three Elms required support to make decisions and records showed that 17 people had been referred to the local authority to be assessed as to their capacity to consent to their care and support. Currently 7 people had been assessed as requiring DoLS. Records showed that staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The staff members we spoke with were clear about the rights afforded to people by this legislation. Throughout our inspection we saw examples of staff seeking to establish proper consent before providing any care or support. One staff member said "I do my best to assist people to make every day decisions. Even if they lack capacity to make

major decisions I try to encourage them to choose what to eat or drink and what clothes to wear and wherever possible be in control of their daily life".

The manager was aware that when people needed support to make specific decisions, a 'best interest' meeting would be held which involved all the relevant people in the person's life. We met with a local authority social worker who confirmed that the manager of the home ensured that people, wherever possible, were supported to live a life of their choice and their best interests were considered in all aspects of daily life.

People told us they enjoyed the food and that they were able to discuss the menus and make changes if they wished. We saw that the home provided a very varied menu and people said they were offered choices for every meal. Comments included "Food is good, it's just like it was at home", and "Tasty food, plenty of it, we can get more if we want". We saw that the meals were prepared from a main kitchen area of the home and were taken to each unit in a heated trolley. We saw that drinks and snacks were readily available on request and staff told us they dealt with people's hydration needs through observation. Staff said that this ensured drinks were provided as an ongoing process. Staff told us that although food choices were provided they encouraged healthy eating and encouraged people to choose heathy alternatives to high sugar drinks, snacks and fast food. People's likes and dislikes were requested on admission as well as any allergies or special dietary needs. This information was held on the care files and in the kitchen.

We observed a person who lived in the home refusing to sit at the dining table, preferring to walk around the home without stopping. We saw a staff member (who obviously understood this person's preferences) providing finger food to ensure the person could eat whilst they walked, ensuring they had various nutritional content to their diet.

We saw that care plans held information about how to support people with their dietary needs. This included a malnutrition universal screening tool (MUST). This is an assessment which identifies risks to individuals in respect of their nutritional needs and intake. We saw that if people needed support with swallowing staff contacted the Speech and Language team and they carried out an assessment of their swallowing reflex and advised on appropriate diet.

People were supported to maintain their health and had access to health services as needed. Care plans held clear information about people's health needs. There was evidence of the involvement of healthcare professionals such as doctors and dentists as well as intervention from the district nursing service. One person told us "If I was ill staff would call a doctor or a nurse". We saw staff talking to people about the tasks they were undertaking with them, asking what they wanted, seeking their consent and constantly reassuring people if needed.

All areas of the home had been adapted to suit the needs of the people living there. This included the communal bathrooms and toilets. We noted that a variety of bathing options had been made available including walk in showers and riser baths. The home environment was clean and welcoming and presented as most hygienic and sweet smelling at the time of our visits.

Good

Is the service caring?

Our findings

People living in the home said the staff were kind and caring. Comments included "The staff are like family to me", "I just love being here, the staff have become my friends", "We have a laugh, I'm very comfortable and the staff are kindness itself".

Throughout our inspection we saw staff interact with people in a kind and considerate manner. We observed friendly banter between them with lots of jokes and laughter.

We saw that one person who lived in the home had brought their pet dog to live with them. Staff said that they realised that this dog was very important to the person and they had agreed to provide care and support for the dog within the home to make the person happy. Staff had arranged for a pet assessment to be undertaken to ensure the dog was safe to live in the home. They provided a kennel in the grounds, had a rota to feed the dog and kept him well-groomed. People living in the home and their relatives told us that the dog had become a very established member of the home and was much loved by them all.

We saw that staff spoke gently with people, smiled, encouraged and provided reassurance when needed. Staff consistently supported people throughout the day to be as independent as possible in a calming, friendly and reassuring way. People were provided with information and staff also spoke with them to ensure they were able to make choices about how they spent their time.

Staff told us that their general approach was to stay watchful in the background and provide support when required. They said they tried to act as enablers with a view to maximising people's involvement in their activities of daily life.

Staff said they used respectful language to promote dignity in relation to interactions, communication and record keeping. Notes from team meetings showed respect, dignity and person centred support was frequently discussed.

Relationships between staff and people were friendly and supportive. People told us they were treated with kindness and were supported to maintain their independence. We observed that staff assisted people in a kind and positive way and offered reassurance. We noted that one person became a little agitated and a member of staff was talking to them, continually offering support and encouragement by asking: "Are you ok? Would you like a drink?" They then engaged the person in meaningful conversation, encouraged them to listen to music, asked them about how they felt and gave reassurances that staff were around to make sure everything was alright.

People's privacy was respected. People had freedom to move around the home and spend time in their rooms. Some people chose to spend quiet time alone. Bedrooms were personalised with people's belongings, such as photographs and other small personal effects to assist people to feel at home.

We found that people were treated with dignity and respect. We observed that staff knocked on people's

bedroom doors before entering and ensured that doors were closed when carrying out personal care, to maintain people's dignity.

Staff spoke with people about their personal interests and took time to ask questions about their hobbies. People responded positively and were relaxed during conversations with staff. Staff listened to people in a friendly and relaxed way. We noted that the rapport was good and staff understood people's care preferences and treated people accordingly.

People living in the home said that open discussion was encouraged at any time and they could speak with any staff member about anything at any time they wished.

Records showed that verbal and written staff handovers happened at the end of each shift and staff told us this assisted to ensure continuity of care.

Feedback from visiting health and social care professionals was positive about the caring attitude of the staff of Three Elms. Comments received provided evidence that people living in the home were treated with respect and staff acted very positively to ensure that people's wellbeing was maintained. We were told that feedback to health and social care professionals from people who lived in the home was also very positive about how they felt very much cared for and supported.

We found that people were supported to maintain relationships with families and friends. Visitors were seen throughout the inspection with no restrictions placed upon them. The manager demonstrated that visitors could visit people in their bedrooms and other accommodation was provided in the home to enable people to meet with their families in comfortable and private surroundings. Important occasions were marked within the home such as birthdays and other celebrations.

The home provided a monthly newsletter which detailed events and activities within the home and people told us they looked forward to reading this as it kept them fully informed of what was happening in the home.

Staff showed great knowledge and understanding of end of life care. People's end of life care needs and future decisions were documented and contained within care plans to ensure people's wishes and choices were respected.

Information about people living at Three Elms was kept securely in a locked office to ensure confidentiality.

Good

Is the service responsive?

Our findings

People told us that they were provided with the appropriate level of care required and staff were always responsive to their needs. Comments included "I like the atmosphere here. I cannot live at home as I am not well enough. At first that upset me but now I am here I am much better and staff have helped me to do things I could not do at home. My family visit me here and are so pleased with my progress" and "I am fine here. Staff give me lots of good care and they make me feel so involved in what is happening to me. The care and support is excellent and they provide it in such a nice way".

Comments from relatives of people living in the home were most positive. "I could not find a better place than this. They look after (name) so well and (name) has much improved since being here", "I cannot fault this place. No one really wants to go into care but this has been a good experience. The quality of care is superb. Staff really want to make a difference to people's lives. They provide great food and lots of good activities. The two activity ladies are wonderful. They arrange all sorts of things to make people feel happy and at ease".

Before people moved into Three Elms they participated in a detailed assessment of their needs to ensure that the home was suitable for them and that staff could meet their assessed needs. Records showed that people were asked if they wanted to visit the home prior to them making a decision to enable them to decide if the home was the right place for them.

Once a person had decided to move in, staff prepared a full care plan. Staff told us the aim of this was "To enable each person to live the life they wanted to live". We saw that plans were written in the first person and captured each person's needs and preferences to a high level of detail. For example, we saw that one person liked to have a small alcoholic drink before retiring for the night. For another person it was important that they enjoyed a dance.

Care plans held detailed information as to daily life activity such as how people wanted to get ready for the day and level of help required. The plans also held details of outcomes for people to ensure that any difficulties were identified and care was provided in line with people's needs, preferences and capabilities.

Each person's care plan was reviewed monthly and involved the person and their family wherever possible. People told us that this made them feel in control of their lives.

People told us that they were assisted to make future plans about their care. We saw that people who lived in Three Elms were asked if they wanted to provide their preferences and wishes for future care through a process of discussion between themselves and those who provide care such as doctors, nurses, care home staff and family members. Issues discussed included how people may want any religious or spiritual beliefs to be reflected in their care and choice of where people would like to be cared for. Staff explained to people that this was an entirely voluntary process and they had choices about its completion.

Staff demonstrated a good understanding of the people they supported in relation to their changing

behaviours and changing needs. Records and discussions with staff demonstrated that people who used the service had access to a variety of health services such as local GPs; dieticians, community mental health workers, speech and language therapists (SALT teams) opticians, social workers, hospital consultants and clinical specialists.

Staff told us that some of the people who lived at the home were able to enjoy activities such as outings with relatives, shopping, walks in the park etc. However, staff told us that they also had lots of interaction with the people who lived in the home and enjoyed playing board games, watching television or just chatting.

We saw that the home employed two activity co-ordinators who worked each day including weekends. They provided a varied and stimulating programme of daily activities which included live entertainment, reminiscence sessions, music sessions, art and craft, aromatherapy, keep fit, bingo, quizzes, hairdressing and beauty sessions. We saw there was an activity room in which lots of art and craft work was displayed. Care plans identified people's hobbies and interests and staff told us that they developed individual activity programmes from these plans. People told us they were supported to do individual activities of their choice such as making life story plates, going to the shops, dining out, being pampered and visiting family and friends in the community. We observed some of the communal activities and noted how popular they appeared to be, with most of the people living in the home participating.

The regional manager told us that, following his training in dementia care mapping and other relevant training, he had made changes to the way some activities in the home were organised to reflect best practice in the care of people living with dementia. He told us the first floor unit had been changed around to enable people living with dementia to have the space and security to feel at ease with their surroundings. Posters, music, films and information from the past enhanced the environment. Signage was also in place to ensure there was clear orientation within the home.

Arrangements were in place to encourage feedback from people using the service. Formal and informal meetings were held with people on a regular basis. Records showed that issues discussed included the food and activities. People told us they were encouraged to make any suggestions which may improve the home.

We saw that the home's complaints policy was on the notice board in the foyer of the home and was provided to all people who lived in the home on admission. People told us they knew all about how to complain. However the people we spoke with told us that they had never needed to complain as the home was a good place to be. Records identified that the home had received no formal complaints since the last inspection.

Good

Is the service well-led?

Our findings

Throughout our inspection we saw there was an open and welcoming atmosphere within the home. Everyone we spoke with said the home was well run and the manager was most helpful and approachable.

Staff told us that the manager was excellent in her role. They said she was passionate about providing quality care and support for the people living in the home and worked hard to make sure that staff had the knowledge and skills to provide this. Staff said that people living in the home were truly at the heart of the service and they were constantly provided with opportunities to 'have their say'.

We saw minutes of meetings held with staff and the people who lived in the home to enable them to share their views of the services provided and make suggestions for improvements.

The provider conducted an annual customer satisfaction survey to ask people and their relatives to provide feedback on the service they received. This was also circulated to staff and to local healthcare professionals who had regular contact with the home. There was a comments book in the entrance to the home to enable people to write comments, concerns or compliments.

Documentation showed that the manager was constantly seeking and acting on feedback from questionnaires, meetings with people who used the family and their relatives and staff meetings. People told us that the home "just gets better and better".

Throughout our inspection the manager demonstrated an open management style and strong values-led leadership based on person centred care and continuous service improvement.
Her aims and values had clearly been absorbed and were put into action by staff. Staff told us the manager was highly respected by her staff. They told us she had worked at the home for many years as a carer, senior and deputy manager before her recent appointment to manager. Staff said they were trained to think of Three Elms as a home from home for the people living there and to make it a very homely and comfortable place.

We saw that staff worked together effectively and were well supported by the manager and regional manager. Comments from staff included "Some staff have left but the staff who work here now are very caring and want to provide the best service they can for the people living here", "I could not work anywhere else. The home is now well managed and we all feel so supported" and "We are now able to speak our minds. We have regular staff meetings and we all speak up if we have anything on our minds. We are encouraged to give our ideas and comments about how the service could improve". One staff member said "The regional manager spends a lot of time here now and he is really good. He works well with the new manager and together they have made such a lot of improvements in such a short time. The home is miles better now and it can only get better again with such good leadership".

Staff demonstrated a clear understanding of their roles and responsibilities within the team and also knew who to contact for advice outside of the service. Staff knew about the provider's whistle blowing procedure

and said they would not hesitate to use it if they had any concerns about the running of the home.

The manager understood her role in respect of notifications and maintained logs of any untoward incidents or events within the service that had been notified to CQC or other agencies.

A range of audits were completed regularly in areas such as medicines management, food and fluid intake, care planning and activities. We saw that actions had been taken to address any issues highlighted in these audits. We saw that the provider had implemented an audit tool in line with CQC fundamental standards. Records showed that regular visits were made to the home by the regional manager who used this system to monitor and review the staff and services provided at Three Elms. However we saw that prior to our inspection the staff training matrix had not been completed correctly until the new manager had been appointed. Therefore some information which had been provided was incorrect. This was quickly addressed and updated training was arranged as required.

Feedback from health and social care professionals who visited the home was most positive about the high quality of the staff and services provided. Comments included "Great manager, home much improved, the manager understands people's care needs and makes sure the home is run in people's best interests".