

Laureston House Limited

Laureston House Residential 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 ●

Summary of findings

Overall summary

The inspection took place on 6 December 2016 and was unannounced.

Laureston House Residential Home is a large detached house in a quiet residential area, close to Dover castle and town centre. It provides care and support for up to 21 older people some of whom are living with dementia. There were 20 people living at the service when we visited.

There was a registered manager employed at the service. The registered manager was planning to retire from the service in early 2017, so the deputy manager had been promoted to a manager role in preparation to take over from them. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection in October 2015 we found breaches of regulations. At this inspection improvements had been made.

At the last inspection there had been a breach of regulations relating to testing water temperatures and testing for legionella. Improvements had been made and testing was now happening on a regular basis.

At the last inspection there had been a breach of regulations related to the management of medicines. People were being left with their medicines rather than staff observing that the medicine had been taken, people were being given 'as and when required' medicines on a regular basis and records were not being completed properly. The temperatures at which medicines were being stored was not being monitored, (if medicines are stored outside the recommended range of temperature it can affect how well they work.) Staff had changed the times of a medicine without any instruction from the doctor to do so and there had been an error in the number of doses of medicines stored.

At this inspection improvements had been made and medicines were managed safely and people were encouraged to be involved in taking their medicines. Staff stayed with people until they had taken the medicine and asked people if they would like 'as and when required' medicines before giving them. Temperatures were monitored and administration records were completed immediately after the person had taken their medicines. Medicine record sheets had not been altered by staff and there were the correct number of doses being stored.

At the last inspection there was a breach of regulations related to auditing the service and not identifying issues and not sharing the results of a quality audit survey. At this inspection improvements had been made. The management team had developed a new auditing system which they had completed regularly. This identified issues and showed the actions the managers had taken to resolve them. Results of quality assurance audits were now being shared.

At the last inspection there was a breach of regulations related to risk assessing how to safely move people. The risks associated with using bed rails had not always been assessed to ensure that bed rails were safe to use. At this inspection improvements had been made.

The registered manager and staff understood how the Mental Capacity Act (MCA) 2005 was applied to ensure decisions made for people without capacity were only made in their best interests, however some of the mental capacity assessments needed updating in case people's capacity had changed. The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The registered manager had applied for DoLS authorisations in line with the legislation.

People had care plans to identify their needs and how they preferred to be supported. Some of the care plans needed updating or would benefit from more detail. There were activities provided for people, but information about these was not displayed in an accessible way. People told us they sometimes got bored; the registered manager agreed this was an area they could develop.

People told us they felt safe. Staff knew how to keep people safe and who to talk to if they had any concerns. Risks to people were assessed and there were plans in place to minimise the impact of risks on people, some of these plans needed to be updated so staff had the most up to date guidance.

The management team completed audits to identify environmental risks. Fire drills were completed and people had a personal emergency evacuation plan (PEEP) in case of a fire.

Staff had been recruited safely, and there were enough staff to meet people's needs. Staff who were new to the service had an induction which included training and a chance to get to know people. Staff continued to have training in both core subjects such as safeguarding and first aid, along with training related to the needs of the people they supported.

Staff had regular one to one meetings with the management team, annual appraisals and team meetings. Staff told us they felt supported and valued. Staff said they could approach the management team about anything.

People and staff knew each other well and seemed very comfortable in each other's company. Staff adapted their way of working for each person, and treated people with dignity and respect. Family members and visitors said they always felt welcomed at the service. People were involved in planning their care and were encouraged to express their views about the support they received. Staff gave people time and supported people to be as independent as they could be.

People and visitors told us that the food was good; the cook had a good knowledge of what people liked and disliked. People were encouraged to eat and drink enough to maintain good health. Staff worked closely with health professionals and advice about people's health needs was sought when needed.

People told us they knew who to speak to if they had a complaint. The management team sought feedback from people, their relatives and visitors. Feedback was generally positive; any negative comments had been addressed and learned from.

People, staff and relatives told us that the management team were approachable and resolved any issues quickly. Staff said they felt supported by the managers. The managers had attended local forums to learn about good practice and had shared this information with the staff team through meetings.

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 told us they felt safe and staff understood how to keep people safe from harm.

Risks to people were assessed and managed., Some risk assessments needed updating.

Staff were recruited safely and there were enough staff to meet people's needs.

Medicines were managed safely and in the way people preferred.

Is the service effective?

Good ●

The service was effective.

Staff understood that people should make their own choices and knew what to do if people were unable to do so.

Staff were confident in their roles. They had regular support from the management team and training relevant to their roles.

People were provided with food and drink that they liked.

People were supported to manage their health needs and professionals were contacted if required.

Is the service caring?

Good ●

The service was caring.

Staff knew people well and they treated them with dignity and respect.

Staff gave people time and supported people to be as independent as they could be.

People and relatives told us that staff were caring and kind. Visitors said they always felt welcome.

Is the service responsive?

Good ●

The service was responsive.

People's care plans reflected their needs and how they liked to be supported. Some of the plans could benefit from updating or having more detail added.

There were some activities taking place but they were limited and people were not always aware they were happening.

There was a system to respond to complaints.

Is the service well-led?

Good ●

The service was well-led.

The registered manager was accessible and people told us they could talk to them about any concerns. Staff told us they felt valued.

The management team completed regular audits of the service to identify any issues.

Feedback from people, families and staff had been shared in team meetings and on notice boards in the service and had been acted on.

Laureston House Residential 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.

This inspection took place on 6 December 2016 and was unannounced. The inspection was carried out by two inspectors.

The registered manager had completed a Provider Information Return (PIR) in October 2016. 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 looked at previous inspection reports and notifications we had received. Notifications are information we receive from the service when significant events happen, like a serious injury.

During the inspection we met and spoke with nine people, we spoke with the registered manager, manager, the cook, one visitor, one relative and three members of staff. Following the inspection we received feedback from four health and social care professionals.

We looked at documents including, five care plans, medicines records, staff rotas, three staff files, audits, feedback questionnaires and minutes of meetings.

We observed people being supported by staff and we observed staff interacting with people. Some people were not able to explain their experiences of living at the service to us so 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.

The service was last inspected in October 2015, at that time there were breaches of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014. The registered manager had addressed these breaches.

Is the service safe?

Our findings

People told us they felt safe. One person told us "Staff are on hand to help you, you ring the bell and they come." Staff told us, "If I am ever worried about someone's safety I just go to the managers, they sort it out straight away."

At the last inspection there had been a breach of regulations related to the management of medicines. People were being left with their medicines so staff could not be certain they had taken them, people were being given 'as and when required' medicines on a regular basis and records were not being completed properly. The temperatures at which medicines were being stored was not being monitored, (if medicines are stored outside the recommended range of temperature it can affect how well they work.) Staff had changed the times of a medicine without any instruction from the doctor to do so and there had been an error in the number of doses of medicines stored.

At this inspection improvements had been made and medicines were managed safely and people were encouraged to be involved in taking their medicines. Staff stayed with people until they had taken the medicine and asked people if they would like 'as and when required' medicines before giving them. Temperatures were monitored and administration records were completed immediately after the person had taken their medicines.

We observed some medicines being delivered on the day of the inspection and staff checked the medicines in safely. Records were kept of all medicine that had been administered. The records were clear and up to date and had no gaps, showing all medicine had been administered and signed for. Staff had not altered any of the records. Staff carried out regular checks of the medicines stocks and records. Any unwanted medicines were disposed of safely.

A list was displayed of people who took blood thinning medicines along with a reminder to be mindful of this, if the person should have an injury or fall. Records included a photograph of the person to confirm their identity, and also highlighted any allergies.

Staff were trained how to manage medicines safely and had a good understanding of people's medicines and what they were for. Staff knew people's preferences for taking their medicines and were patient, giving people plenty of time.

We observed staff administering medicines to people in their own rooms and in communal areas. People were smiling and seemed relaxed. One person said, "(The staff) know I take some time to get them all down, they never worry."

At the last inspection in October 2015, there was a breach in regulations relating to risk assessments related to how to move people safely, how to use a hoist safely and how to use bed rails safely.

At this inspection improvements had been made. Risks to people had been identified and staff supported

people to reduce any potential risks. There were now step by step instructions in place for staff to follow about how to move people safely using a hoist. One person told us that they felt safe and comfortable when they were moved using the hoist. Some people were at risk of falling, losing weight or developing pressure sores. These risks had been identified and assessed and there were guidelines in place for staff to follow to ensure risks were kept to a minimum. For example, one person was at risk of their skin becoming sore. They were provided with a special pressure relieving cushion and mattress to help keep their skin healthy. They told us that the mattress was very comfortable and supported their back well. They said their skin was not at all sore and staff applied cream to their skin to help keep it healthy.

Risk assessments were reviewed regularly to capture information about any new or increased risks, although one assessment needed to be updated. The assessment noted that a person was at risk if they used the stairs on their own. This risk had been reduced as the stairs were now guarded. The registered manager agreed to update the risk assessment.

The management team carried out regular checks of the environment to identify risks. Regular checks of the fire system were carried out along with fire drills. People had a personal emergency evacuation plan (PEEP), which showed what support they would need to leave the building in case of a fire. At the last inspection in October 2015, there was a breach of regulations related to the monitoring of water temperatures and legionella testing. At this inspection improvements had been made, temperatures were being monitored regularly and legionella testing had been carried out as required.

Some people could become anxious at times. To reduce the risks of these incidents there were guidelines for staff to follow about how to reduce the likelihood of an incident and what to do if and when an incident occurred. Staff supported people consistently.

One person was anxious during the inspection, staff reassured and the person and gave them their favourite item to hold. Staff talked to them quietly and with understanding and the person appeared calmer and smiled. Another person could become frustrated and upset. Their care plan instructed staff just to 'reassure' the person yet the registered manager told us in detail what they did to support this person when they were upset. The registered manager agreed to add this detail to the person's care plan.

Staff understood different types of abuse and told us the signs to look for. Staff knew who to speak to about any concerns and said they felt happy to do so. Staff understood the whistleblowing policy and said they felt comfortable going to the registered manager about any issues.

People were supported to manage their money in a safe way and in the way they preferred. Records and receipts were kept and audited by the registered manager to ensure there were no discrepancies.

Staff were recruited safely using the provider's recruitment procedures. Written references from previous employers had been obtained and checks were made with the Disclosure and Barring Service (DBS) before employing any new staff to check that they were of good character. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Although people were not involved directly in the recruitment process, they had met potential staff when they came in for an interview and had been asked for feedback about the staff member one month into their employment.

The managers used a dependency tool to identify how many staff were needed to support people safely.

Staff told us that there was enough staff on duty and that the management team helped out if needed. One staff member said, "We work really well together as a team here that makes a difference. We have time to spend with people, time for the little things." We observed that staff were around when people needed them. Staff came into the lounge every now and then to check that people had everything they needed. Staff also checked on people who close to spend time in their rooms. People we spoke with said they thought there was enough staff. One person said "We are never rushed; the staff always have time to talk."

Is the service effective?

Our findings

People told us that staff looked after them well. One person told us that they needed support to move from their bed to their chair and that the staff used a hoist to do this. They told us "They (staff) make sure I am strapped in, I have confidence in them." A family member said, "My relative can be reluctant to eat, all of the staff try to find things to tempt them with. I am very happy that every effort is made."

Staff told us they had the training and support they needed to do their job. One staff member said, "We do lots of training and it really helps you feel confident to help people the right way."

Records showed staff had attended training courses for core subjects such as safeguarding, fire safety and first aid. Some staff had completed nationally recognised social care qualifications and new staff had started working towards the care certificate, which is a set of standards care staff can achieve.

Training refresher sessions were being held as part of team meetings. For example, the managers ran a session on moving and handling people safely, using the equipment within the service including slide sheets and hoists. Other sessions had included managing medicines, mental capacity and fire safety.

A health and social care professional told us, "They care for their clients' pressure areas to high standard, staff have the knowledge base and skills to know why this is important."

Staff had an induction when they began working at the service, this included training courses, time spent shadowing experienced staff and time talking to people to get to know them.

Staff had regular one to one meetings with line managers and annual appraisals to discuss their development and training needs. Staff meetings were held regularly and staff told us that they were listened to. The registered manager told us, "We had previously had difficulty getting staff to attend meetings, so we asked them how we could make it work. One staff member had suggested planning the meetings further in advance, giving staff plenty of notice. We did this and since attendance has really improved."

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the staff were working within the principles of the MCA and whether any conditions and authorisations to deprive a person of their liberty were being met. Staff had received MCA and DoLS

training and had an awareness of their responsibilities. Best interest meetings had been held with people's loved ones if people needed help to make a decision. Any decisions made on behalf of people had been made in people's best interests.

The registered manager and deputy manager had assessed people's capacity when needed and had applied for DoLS authorisations to make sure that any imposed restrictions were authorised and lawful. Some of the mental capacity assessments had been carried out some time ago (up to five years ago.) Some people's level of capacity may have changed since then and they may require more support so we would recommend that the provider reviews the policy for how often mental capacity assessments were reviewed.

People were asked for their consent before any care or treatment was given. When able, people or their representative signed a consent form. People told us staff always asked for their consent before carrying out any care tasks including personal care. One person said, "They always ask before helping me". Another person told us about their care and the way they wanted to be supported. They said "I wanted to work to my own plan. They said 'no problem' and they are following my plan. I feel listened to."

Some people had made advanced decisions for example, about whether to be resuscitated or not. These decisions were recorded and were to hand in case they were needed in an emergency.

People were supported to have enough to eat and drink and were involved in planning the menu. People were positive about the food provided describing it as 'good' and 'very good.' One person told us, "The food is excellent, you cannot fault it. The cook came to see me this morning as she knows I do not like what is on the menu today." Another person told us "The food is very good, you get a good variety and you always get a choice." Staff offered people a choice of drinks throughout the day.

People were offered meals that they liked and that met their needs. The chef told us "Specific meals can be made on request and we can always provide alternatives." The chef knew about people's favourites and what they did not like, she had a good understanding about people's special diets and how to add extra calories to meals if people needed extra calories.

People were given the support they needed to eat and drink enough. Some people had their food and drink intake recorded to check they were eating and drinking enough. A hot cooked meal and dessert was served at lunchtime, this was social and relaxed occasion. Everyone told us they enjoyed their lunch.

An environmental health officer visited during our inspection for a routine check of food safety. They awarded the service another five star (the highest) rating.

People told us that they had the support they needed to keep well. One person said, "I have a condition, the staff help me with this. Without their (staff) help I do not know where I would be".

People's health care needs were recorded in their care plan. One care plan had information about a person's health need that could be very serious. There was information for staff about how to keep the person safe and comfortable to prevent an incident but no mention of what to do if an incident occurred. The registered manager said that staff would know what to do but without a clear record there was a risk that the person might not get the support they needed. The registered manager agreed to add more detail to the person's care plan.

Staff responded to any changes in people's health needs and sought advice when needed. Staff involved the person's family or doctor when necessary. One person told us "They always call the doctor if I am not well;

they always ask how I am." Another person told us they had recently been in hospital. They said the staff had noticed that they were unwell and called a doctor who sent them to hospital. They told us "Staff called my doctor for me; they are very on the ball here."

Is the service caring?

Our findings

One person told us "Everyone is so kind, everyone is good to us." A relative told us, "The staff know the people here really well, they take a lot of care with that."

Staff told us, "We give people time, I treat them the same way I would do my own relative. It's about getting to know people, what they like and how they like to be treated." People and staff were very comfortable together, there was laughing and affection. Staff used people's preferred names and knew how people liked to interact.

Feedback from families included, 'You give the most caring and professional support, my relative was worried about going into a home but within 2 days they said, I like it here, I feel safe and the staff are all so nice. I feel this is my home now and I will be alright.'

People were supported to be as independent as they could be. Care plans noted what people could do for themselves and when they needed support from staff. One person told us "I have good days and bad days. If I feel OK I do things myself. If I don't think I can the staff help me. That suits me."

People were able to say how they preferred to be supported. Staff told us. "We are led by them, it is all about how they want to be supported."

Some people used tools to help them communicate. Staff made sure that the tool was always available to the person. The person left their communication tool when they went to another room and was trying to chat to staff; the staff member asked them to wait a moment and went to get the communication tool. The person looked relieved and they carried on their conversation using the communication tool.

Family members, visitors and professionals told us that the staff, always made them feel welcome, were kind and helpful. One relative said, "I come and go at all times. Sometimes I take my relative out to the theatre or family parties and return late in the evening, it is never a problem. I always get offered a cup of tea." A regular visitor said, "I have regularly witnessed staff carrying out random checks on the comfort of clients."

The service supported people for as long as they wanted support, even at the end of their life. We looked at three care plans and for each one the end of life care section was not filled in. The registered manager had recognised this and had noted this as an area of improvement in the Provider Information Return (PIR). We recommend that the provider seeks advice and support and talks to people about end of life care wishes.

To help people find their way around their name and photograph was on their bedroom door. There was opportunity to improve the environment for people living with dementia. For example, the clock in the lounge had Roman numerals that were similar in colour to the face of the clock so difficult to read. People living with dementia may find it easier to read a clock that has more contrast and larger numbers. We

recommend that the provider seeks advice about making the service more supportive for people living with dementia.

Staff treated people with dignity and they knocked on people's doors and waited to be invited in before entering. People's rooms were personalised with their own pictures and ornaments. When staff left people they asked them if they would like their door left open or closed. Some people chose to spend much of their time in their own rooms; staff respected this and checked on them regularly.

People's confidentiality was maintained, staff understood the need for this and records were mostly stored securely. We recommended that some records were moved to a more secure location and this was done on the day of the inspection.

Is the service responsive?

Our findings

People told us that staff responded to their needs and were on hand to give them support when they needed it. One person told us "They (staff) get you anything you want; they really are lovely, they do a marvellous job."

Staff told us, "People are all different, some like to be called Mrs (surname) but others like a laugh and to banter with you. It's important especially for people who stay in their rooms, you go in with a smile and are pleased to see them. It's all about building relationships and knowing people. If you know them you notice when things change or if they are unwell."

The registered manager met with people who were thinking about coming to live at the service. They gave people information about what the service had to offer and talked about people's needs and wishes. The registered manager completed an assessment of people's needs so they could consider if their staff team could meet the person's needs.

Since the last inspection the registered manager said they had made changes to the care plans and had tried to make care plans clearer. The registered manager had sought the support of local health care professionals to do this. The health professional told us, "The managers have always been very receptive to advice I've given them."

Each person had a care plan that they had been involved in writing. Some care plans had lovely detail about people's backgrounds, their life so far and previous jobs. Staff knew this detail and spoke with people about their lives and their family. Most care plans were up to date but some care plans needed updating to make sure staff had the most up to date information about people. For example, one person's communication care plan said they were deaf and wore a hearing aid. We observed the person using a communication aid to help them communicate with us and with staff. This was not mentioned in their care plan and so the registered manager agreed to update the plan.

Staff told us, "If someone's needs change we let the senior or manager know and their care plan can be updated." Another told us, "Sometime you find a way to do a task for someone that just seems to work. We share this in our handover meetings and the communication book. If we find it works for the majority of staff it can go in the care plan." Staff told us, "Some people have good and bad days, if we want to talk about any changes we try to wait for a good day. To make sure people understand what we are talking about."

A relative told us, "They keep me informed about what is happening with my relative and we work together with (my relative,) if things need to change or aren't working for them. Sometimes I can get more information from my relative but funnily enough sometimes the staff do."

During the morning of the inspection a vicar led a short service in the lounge that people were invited to. The vicar also met with people in private at their request. We observed no other activities being offered. Some people told us that they would like to have more to do and one person told us they would like to go out

more, they said they liked going for walks. Another person told us they were bored at times. We looked at the records of activities for this person over the last month. Every day the record showed activities of watching television, reading a newspaper and being in the lounge. On one occasion in the last month the person had seen a visiting hairdresser, on one occasion they had played bingo and on one occasion there was a visiting entertainer.

We spoke with the registered manager about the activities on offer. They told us that a typed list of activities was displayed on a notice board in the hallway. It was not easy to read due to the small print and because of the height at which it was displayed. The range of activities was limited, for example, Monday afternoon was 'sleep time' and Saturday was 'your choice' but no mention of what the choices were. There were several days when 'tea and a chat' was offered. The staff said they had held a cake making session once but 'not recently'. There was no one employed to specifically support people's hobbies and interests so this was left to the staff to do which meant that had to fit in activities between their caring roles which could be difficult.

People had had a party at Halloween where they had dressed up. There were photos of people in their costumes, smiling and laughing on the hallway notice board; the manager agreed these could be displayed more prominently. There were some extra activities arranged for Christmas including a party. The registered manager agreed that there was a need to increase the range of activities on offer and to display what was on offer in a more meaningful way. We will follow this up at the next inspection.

There was a complaints policy which was displayed in the entrance hall. Everyone we spoke with said they had no complaints. People knew who they could complain to, one relative told us, "If I have any issues the registered manager sorts it out." One complaint had been received in the last 12 months, this had been addressed in line with the procedure and the person who made the complaint was satisfied with the response. The registered manager kept a log so that all complaints could be tracked and used for learning and improving the service.

Is the service well-led?

Our findings

People, staff and visitors told us that the management team were approachable and had an 'open door' policy. One relative said, "If I have any questions or concerns I go to the registered manager and it is sorted out."

A visitor told us, "It has been blatantly obvious that when the (registered) manager is off site the other manager, is briefed adequately to be able to continue the same high standard of care as normally applies."

Staff told us, "They (the managers) really listen to us; they know we are the ones working with people every day. I do feel they value what we do."

At the last inspection in October 2015 there had been a breach of regulations relating to auditing the service and identifying issues. At this inspection improvements had been made. The managers had put in place new auditing systems which they were completing on a regular basis. These included health and safety, environmental checks and water temperature checks. Audits showed that some care plans needed to be updated and the registered manager said she was addressing this.

People were asked for feedback about individual staff and managers had carried out observations of staff and had given feedback. Feedback from relatives and visitors was also shared with staff to help improve the service.

At the last inspection in October 2015, there was a breach of regulations related to not reviewing or learning from accidents and incidents. At this inspection improvements had been made. Accidents and incidents had been recorded and records showed that action had been taken to reduce risks. For example, one person was frequently unsteady on the stairs and at risk of falling. Secure doors were placed at the top and bottom of the stairs to remind the person to use the lift or ask for staff support when using the stairs.

The managers had audited information related to people, including records of falls and increases in health needs or GP visits. These showed action had been taken to minimise risks to people and showed learning from incidents. For example, one person had an increase in falls so the managers contacted the GP to seek advice.

Near misses were also recorded, for example, a person had been to see their GP and was prescribed a medicine they were allergic to. Staff noticed this on checking the medicines and contacted the GP for an alternative.

At the last inspection in October 2015 results of feedback had not been shared with people or families. At this inspection improvements had been made. Feedback had been sought from people, staff and relatives through questionnaires and meetings. There were regular meetings for people living at the service. People had made suggestions for items on the menu and entertainment they would like. These included a BBQ which had been held in the summer and a Halloween party. As a result of an idea at a relative's meeting a

suggestion box had been placed in the hallway of the service. Relatives had been made aware of the results of recent feedback and where it could be found.

Feedback from people and families included, 'Your home is a fantastic place and the staff are wonderful,' and 'I would recommend your home to anyone, always a happy atmosphere even when under pressure. The staff always have time for everyone and are very kind. The food is excellent.'

The registered manager and all the staff spoke about the values of the service which were 'to put people first and remember the little details.' Staff told us, "Our residents are cared for, there is more to it than just the basics, we are willing to try whatever is needed. Even if it doesn't always work you know you have done your best."

One person was in their room, when staff took in their medicines, they were very smiley and affectionate to the person. The staff said, "Do you want your flowery cup as usual for your water?" The person smiled and said, "Yes, please." Staff continued to chat and joke with the person, returning the cup to its original place before leaving.

The management team attended local forums for managers, they told us this 'helped them to keep up to date with good practice and learn about different approaches that they could try in the service.' The managers would share this information with the staff team in staff meetings. For example, they had told the staff about the 'Social Care Commitment,' and encouraged them to sign up. The Social Care Commitment is the adult social care sector's promise to provide people who need care and support with high quality services.

The managers had also attended training provided by these forums to increase their skills in areas such as risk assessing. This had enabled the managers to review the documents in the service and update them. The manager told us, "I am always learning, I do any training I can. I hope the staff see that and realise you never stop learning new things."

Staff understood their roles and told us they felt valued as part of the team. They told us they could approach the managers at any time. One said, "We learn a lot from the managers, they tell us about training they have been to and in team meetings we look at how we could use ideas here."

Documents were well organised so that staff could quickly and easily complete records and find relevant policies and procedures. Staff were allocated duties on each shift. Daily notes were completed at the end of each shift detailing what support people had received, what they had had to eat and drink and any activities they had taken part in. The managers reviewed the notes as part of their audits or if a concern was raised about a person.

Since the last inspection the provider had employed one of their care staff in a part time administrator role to support the managers. This had given the managers more time to review documents and spend time with people observing how staff supported them. Managers also role modelled for staff how things should be done and offered support.

Since the last inspection the nominated individual for the service had changed from the registered manager. The previous deputy manager had applied to become the registered manager, as the current manager leaves in January 2017. 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.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. This meant we could check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way, and had done so.