

Longfield (Care Homes) Limited

Longfield Residential Home - MD

Inspection report

Longfield
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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

This was an unannounced inspection which took place on 2 June 2016. We had previously inspected the service in June 2014 when we found it to be meeting all the regulations we reviewed at that time.

Longfield Residential Home is registered to provide accommodation for up to 24 older people who have a mental disorder or are living with a dementia. At the time of this inspection there were 20 people living at the home.

There was a registered manager in place at the service. 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 who used the service and their relatives did not express any concerns regarding the care provided at Longfield. Staff had completed training in safeguarding adults and knew the correct action to take should they witness or suspect abuse. We were told that staff had been confident to report poor practice they had observed to the registered manager who had taken appropriate action to ensure the high standards they expected were understood and met by all staff.

Robust recruitment systems were in place to help protect people from the risk of unsuitable staff. The registered manager regularly checked that staffing levels were sufficient to meet people's needs. All the staff we spoke with told us they had enough time to spend with people; this was confirmed by our observations during the inspection.

Appropriate arrangements were in place to help ensure the safe handling of medicines by staff. The registered manager completed regular medication audits and checked staff were correctly following policies and procedures regarding the administration of medicines.

All areas of the home were clean and we saw that procedures were in place to prevent and control the spread of infection. Risk assessments were in place for the safety of the premises and systems were in place to deal with any emergency that could affect the provision of care.

We saw that the equipment and services within the home were serviced and maintained in accordance with the manufacturers' instructions. This helped to ensure the safety and wellbeing of everybody living, working and visiting the home. Improvements had been made to the environment to help promote the independence of people living with a dementia.

Staff had received induction, training and supervision to help ensure they were able to deliver effective care. All staff had completed or were working towards a nationally recognised qualification in care.

Arrangements were in place to ensure people's rights and choices were protected when they were unable to consent to their care and treatment at the home. Staff had received training in, and understood, the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The service was working within the principles of the MCA.

Systems were in place to help ensure people's health and nutritional needs were met. People made positive comments about the food provided at Longfield. During the inspection we observed meals were well presented and nutritionally balanced. Staff provided individual support to people who required assistance to eat.

All the people we spoke with during the inspection spoke positively about the caring nature of staff. Our observations showed staff were caring and respectful in all their interactions with people who used the service. All staff took time to help ensure people felt cared for and listened to.

People's care records contained detailed information to guide staff on the care and support required. Care records showed that risks to people's health and well-being had been identified and regularly reviewed. All the staff we spoke with had a good understanding of the care and support that people required. They demonstrated a commitment to providing high quality, person-centred care.

A programme of activities was in place to help stimulate people and maintain their contacts within the local community. Individual reminiscence books had been developed with people who used the service to help engage them in discussions about their interests, family and past events.

Records we reviewed showed people had opportunities to comment on the care provided at Longfield. All the people we spoke with told us they would feel confident to raise any concerns with the staff and registered manager.

We saw that the service had a range of policies and procedures to help guide staff on good practice. Staff told us they enjoyed working at the home and received good support from both the registered manager and senior staff. Staff meetings provided staff with an opportunity to comment on the service provided and to suggest any improvements they felt could be made.

To help ensure that people received safe and effective care, robust systems were in place to monitor the quality of the service provided. There were procedures in place for receiving, handling and responding appropriately to complaints. Our discussions with the registered manager showed they were committed to driving forward improvements in the service.

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 we spoke with told us they had no concerns regarding the safety of the care provided in Longfield.

Staff had received training in safeguarding adults. The registered manager told us staff had been confident to report poor practice they had observed in order to protect people who used the service.

Sufficient numbers of staff, who had been safely recruited, were available to meet the needs of people who used the service. People were cared for in a safe, clean and hygienic environment.

Is the service effective?

Good ●

The service was effective.

Staff received the induction, training and supervision they required to be able to deliver effective care.

Staff understood the principles of the Mental Capacity Act (2005). Arrangements were in place to ensure people's rights were protected where they were unable to consent to their care and treatment in the service.

Systems were in place to help ensure people's health and nutritional needs were met.

Is the service caring?

Good ●

The service was caring.

People we spoke with during the inspection spoke positively about the attitude and approach of staff. We observed staff to be kind and caring in all their interactions with people who used the service.

Staff demonstrated a commitment to providing high quality care which was centred on people's individual needs.

Is the service responsive?

Good ●

The service was responsive.

Care records contained sufficient information to guide staff on the support people required. The records were reviewed regularly to ensure the information contained within them was fully reflective of each individual's needs.

A range of activities were provided to help improve the well-being of people who used the service. Individual memory books had been developed to help staff to interact with people in a meaningful way.

Systems were in place for receiving, handling and responding to complaints. People were encouraged to provide feedback on the care provided in Longfield.

Is the service well-led?

Good ●

The service was well-led.

The service had a manager who was registered with the Care Quality Commission and was qualified to undertake the role. They demonstrated a commitment to driving forward improvements in the service.

Staff told us they enjoyed working in the service and found the registered manager to be very approachable. We noted the registered manager encouraged staff to take on additional responsibilities whilst ensuring they were provided with the necessary support to do so.

Robust systems were in place to assess and monitor the quality of the service provided to help ensure people received safe and effective care.

Longfield Residential Home – MD

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 2 June 2016 and was unannounced. The inspection team consisted of an adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of services for people living with a dementia.

Before our inspection we reviewed the information we held about the service including notifications the provider had made to us. We contacted the Local Authority safeguarding team, the local commissioning team and the local Healthwatch organisation to obtain their views about the service. Prior to our inspection of the service, we were provided with a copy of a completed provider information return (PIR); this is a document that asked the provider to give us some key information about the service, what the service does well and any improvements they are planning to make.

During the inspection we spoke with six people who used the service and two visitors. We also spoke with the registered manager, three members of care staff, the domestic and the chef on duty. We also spoke with two visiting health professionals.

As many of the people living at Longfield were unable to clearly tell us about their experiences, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care and medication records for four people who used the service. In addition we looked at

a range of records relating to how the service was managed; these included four staff personnel files, training records, quality assurance systems and policies and procedures.

Is the service safe?

Our findings

People who used the service told us they felt safe in Longfield and had no concerns about the care they received. One person commented, "I feel safe here." Another person told us that there had previously been an issue with another person who used the service wandering into their bedroom. They told us that, following a meeting with the registered manager about this issue, they had been given their own room key to prevent unauthorised access. They told us this meant they felt safer and they also liked the added privacy these arrangements afforded them.

We found that suitable arrangements were in place for safeguarding people who used the service from abuse. Policies and procedures were in place that provided staff with guidance on identifying and responding to the signs and allegations of abuse. Staff told us they had received training in safeguarding adults; this was confirmed by our review of staff training records. All the staff we spoke with were able to tell us the correct action to take should they witness or suspect any abuse.

The registered manager told us there had been occasions recently when staff had reported poor practice they had observed by another member of staff. The registered manager told us they were happy that staff had recognised when a colleague's practice fell short of the standards expected in the service. The registered manager told us of the action they had taken to address the issues with the staff member concerned and the improvements which had subsequently been observed in their performance.

We looked at the systems in place to ensure staff were safely recruited. We reviewed four staff personnel files. We saw that all of the files contained an application form, two references and confirmation of the person's identity. We saw that the application form asked applicant to document a full employment history and to explain any gaps in their employment. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

The registered manager told us they had experienced difficulties with appointing staff who then decided they did not feel they could work in a service where people were living with a dementia. They told us they therefore now required staff who had passed the interview process to spend two days as a volunteer at the service. They told us that following this process the prospective staff member, other staff and people who used the service were asked for feedback; no appointment was made unless all people consulted provided positive feedback. The registered manager told us that the introduction of this process had made a positive impact on the retention of newly appointed staff and helped to ensure people who used the service were supported by staff who understood their needs.

We looked at the staffing arrangements in place to support the people who lived at the home. We saw that the registered manager was completing a monthly review of people's needs and the numbers of staff required to support them safely. They told us they regularly asked staff for their opinions about staffing levels in the service. Our review of the staffing rota showed that the number of staff identified as required to meet the needs of people who used the service were always on duty. During the inspection we observed that

sufficient staff were available to provide the care and support people needed in an unhurried and relaxed manner. Staff told us they always had time to spend with people and did not feel rushed when carrying out their duties.

We reviewed the systems in place to ensure the safe administration of medicines. We saw that there was a policy and procedure in place to guide staff regarding the safe handling of medicines. All staff responsible for the task had completed training in the administration of medicines. The registered manager had undertaken regular medication audits and assessments of the competence of staff to administer medicines safely.

We looked at the medication administration record (MAR) charts for all the people who used the service. We found the MAR charts contained the photograph of each individual and a list of their allergies; this reduces the risk of medicines being given to the wrong person or to someone with an allergy and is in line with current guidance. We noted that all of the MAR charts were fully completed to confirm people had received their medicines as prescribed.

We noted that appropriate arrangements were in place when staff were required to administer medicines covertly in food or drink to ensure individuals received them as prescribed. We saw that best interest meetings had been carried out, involving the person concerned wherever possible, to help ensure any decision taken regarding the need for medicines to be administered without the person's knowledge or consent was necessary for their health. During our inspection we observed staff always remained with people to ensure they had taken their medicines and that other people were unable to access medicines which were not prescribed for them.

We noted that a number of people were prescribed pain relief on an 'as required basis'. We noted that staff had access to a pain assessment tool which helped them to recognise different facial expressions which people living with a dementia might use to express pain. All the staff we spoke with told us they were confident in being able to recognise the individual signs people might present to indicate they were experiencing pain. One staff member commented, "I look at facial expressions. Each individual is different. Sometimes I can tell from the way a person is walking that they are in pain." The registered manager told us that they did not currently have written protocols in place for 'as required' medicines. These protocols provide guidance for staff to help ensure people always received the medicines they needed. The registered manager told us they would introduce these protocols as soon as possible.

Care records we looked at contained good information about the risks people who used the service might experience including those relating to falls, skin integrity and restricted mobility. It was clear from the care plans how many staff were required to support people with particular tasks and the action staff should take to minimise any risks. Risk assessments had been regularly reviewed and, where necessary updated to reflect people's changing needs.

Records we looked at showed us risk management policies and procedures were in place; these were designed to protect people who used the service and staff from risk including those associated with cross infection, the handling of medicines and the use of equipment. Records we looked at showed us all equipment used in the service was maintained and regularly serviced to help ensure the safety of people in Longfield.

We saw a fire risk assessment had been completed for the service and that this was reviewed on an annual basis. Personal emergency evacuation plan (PEEP) had also been completed for each person who used the service. These plans should help ensure staff were aware of the correct action to take to protect people in

the event of an emergency.

We found that regular checks of fire safety equipment took place and staff had received annual fire safety training. We also noted a business continuity plan was in place to provide information for staff about the action they should take in the event of an emergency such as a failure of the gas or electricity supply to the premises.

We reviewed the systems in place to help ensure people were protected by the prevention and control of infection. We looked around all areas of the home and saw the bedrooms, dining room, lounges, bathrooms and toilets were clean. Our observations during the inspection showed staff used appropriate personal protective equipment (PPE) when carrying out tasks. Staff we spoke with demonstrated their awareness of their responsibilities to protect people from the risk of cross infection.

People who used the service told us they considered the home was clean. Comments people made to us included, "Very clean home" and "No prevailing smell as is the case elsewhere".

Is the service effective?

Our findings

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can 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). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

At the time of this inspection authorisations for DoLS were in place for all the people who used the service. This was because all the people cared for in the home were living with a dementia and unable to consent to their care. These authorisations helped to ensure that people were looked after in a way that protected their rights and did not inappropriately restrict their freedom. The registered manager told us they regularly discussed DoLS and the MCA at staff meetings and at the meetings which were held with people who used the service. They told us this helped people to understand the legal safeguards which were in place.

The registered manager told us they regularly delivered in house training to staff regarding the principles underpinning the MCA. All the staff we spoke with told us they knew the wishes and preferences of people who used the service. Staff also told us how they had regard to both the verbal and non-verbal communication of people to help ensure they had their consent before they provided any care or support. One staff member told us, "We always ask people what they want us to do."

We were told by the registered manager that when staff started to work at the service they received an induction. Records we reviewed showed this included an introduction to policies and procedures as well as mandatory training including moving and handling, safeguarding and health and safety. Staff also shadowed experienced staff on at least their first two shifts. Staff told us the induction helped them understand their role and what they needed to do to support people effectively. All the staff personnel files we reviewed contained an induction checklist which was completed by the registered manager to confirm staff had received all the necessary information. The registered manager told us all care staff had achieved or were working towards a nationally recognised qualification in care. This should help ensure staff had the necessary skills and knowledge to effectively meet people's needs.

We looked to see how staff were supported to develop their knowledge and skills. Records we reviewed showed that all staff employed in the service had received the essential training to help ensure they were able to safely care for and support people. This included areas such as infection control, safeguarding adults, moving and handling, first aid and food hygiene. We saw that all staff had also completed training in how best to support people living with a dementia.

All the staff we spoke with told us they were supported to access any training they identified as relevant to their role. One staff member told us, "You can always request additional training. I am starting my NVQ5 and have been told I will be supported in anything I want to do."

We noted there was a system in place to record the training staff were required to complete. We saw this was updated regularly and provided information for the registered manager to help ensure staff had the skills and knowledge they required for their roles. We saw that there were also systems in place to help ensure staff received regular supervision and an annual appraisal of their performance.

We looked at the systems in place to ensure people's nutritional needs were met. All of the care records we reviewed contained a care plan which identified each person's needs and risks in relation to their nutritional intake. We saw that people were weighed regularly and that, where necessary, staff took appropriate action such as making a referral to a dietician for advice and support.

We spoke with the chef on duty who told us they were aware of the likes, dislikes and any allergies people who used the service might have. They told us they always made meals with fresh ingredients and took care to ensure people received a balanced diet. We noted drinks were served to people throughout the day of the inspection and people were able to access fresh fruit at their request. The chef told us they took pride in ensuring food was always attractively presented to encourage people to eat. They also told us that they used a number of different types of crockery when serving meals, including plates with lipped edges, to help people to be as independent as possible when eating.

People who used the service told us they enjoyed the food provided in Longfield. Comments people made to us included, "I like the food here", "They're very good, I don't like jam or marmalade so they've got me some marmite for with my toast" and "The food is wonderful, we always get fresh cake".

We observed the lunchtime experience during our inspection. We noted that the food looked nutritious and was well presented. We observed that, wherever possible, people were encouraged to eat independently. Where necessary staff provided individual support to people who needed assistance to eat. We noted staff were calm and unhurried in their approach. This meant people were supported to eat as much as possible. People were also offered an alternative if they did not want to eat what was on the menu.

We saw that food and drink questionnaire was completed when a person was admitted to the service in order to inform kitchen staff about allergies and preferences. This included preferred meal times and specific dietary requirements. We noted that people were regularly asked to complete a review questionnaire in which they were asked to comment on the quality of food they received. The chef told us that, if necessary, changes were made to the menu to accommodate people's preferences.

We saw there were systems in place to assess and regularly review people's nutritional needs. The registered manager told us they would ensure referrals were made to a person's GP and dietician if there were concerns about them losing weight.

We were told that staff were made aware of changes in people's support needs during the handover that happened at each change of shift. We observed that the handover was detailed; it included any changes in people's behaviour and their nutritional intake. We saw that records were kept of the handover.

Care records we looked at showed care staff at Longfield regularly contacted health care professionals if they had any concerns regarding a person's health. This was confirmed by a visitor who told us, "Last week [my relative's] mouth was swollen and they got the doctor straight away". We noted a record was

maintained of all contacts and of any advice given; this should help ensure people received the care and treatment they required. A visiting health professional we spoke with during the inspection told us, "Staff here are always thorough with the paperwork. They always follow our advice about the care people need."

We noted that the registered manager had a plan in place to help ensure the environment best met the needs of people living with a dementia; this included improved signage and the painting of bathroom/toilet doors in particular colours to help direct people around the home. Pictures on display throughout the home were used to encourage people to discuss past events and interests. The registered manager showed us a development plan they had in place to continue to improve the environment, taking into account best practice guidance. The local authority quality assurance team had recently reported that the home should be commended for its innovative and creative approach to the care needs of people who used the service.

Is the service caring?

Our findings

All the people we spoke with during the inspection were complimentary about the staff who worked in Longfield. Comments people made to us included, "Staff are fantastic", "Very obliging", "Staff are really good" and ""Really good, care is excellent".

During the inspection we observed warm and friendly interactions between staff and people who used the service. We saw that staff knocked and waited for an answer before entering bathrooms, toilets and people's bedrooms. This was to ensure people had their privacy and dignity respected. We also noted that all staff, including the handyman and chef, took every opportunity to speak with people including when they passed them on corridors or went into the lounges. We heard staff ask people, "Are you feeling OK" and "Do you need anything?" This personal contact helps to ensure that people feel cared for and that they matter.

We saw that a number of relatives visited the service during the inspection. We observed that all visitors were made welcome by staff. Relatives we spoke with confirmed they were able to visit without any restrictions. One visitor commented, "Staff are very accommodating; they don't mind what time you come to visit including over mealtimes". The registered manager told us that they had encouraged one relative to take on the responsibility for the garden area of the home. They told us this helped the person to feel involved in the running of the service.

Care records we reviewed contained information about people's family history and their likes and dislikes. Our conversations with staff showed they had a good understanding of the needs of people who used the service. Staff also demonstrated a commitment to providing high quality, compassionate care. One staff member told us, "I would be happy for a family member to live here." Staff also told us they recognised the importance of providing person centred care. One staff member told us, "We treat people as individuals. It's about finding out how they want us to provide their care. We also involve the family when appropriate in finding out about people's preferences."

We noted that the registered manager had developed a 'family tree' for Longfield which was on display in the dining room. Branches of the tree contained pictures of people who had previously lived at the home as well as people who currently used the service; this helped to give an impression of a caring and family atmosphere at the home.

Staff told us they would always try and support people who used the service to be as independent as possible. This was confirmed by the visitors we spoke with. One relative commented, "[My relative] now showers regularly; we could never get them to do that at home".

The registered manager told us that they and several members of care staff were in the progress of completing the Six Steps end of life training. This programme aims to guarantee that every possible resource is made available to people in order to facilitate a private, comfortable, dignified and pain free death. We saw that care records included details about the care people wanted to receive at the end of their life.

We noted that care records were stored securely and policies and procedures we looked at showed the service placed great importance on protecting people's confidential information.

Is the service responsive?

Our findings

We asked the registered manager to tell us how they ensured people received care and treatment that met their individual needs. The registered manager told us that they always completed an assessment of the support people required before they were admitted to the home. This was to help the service decide if the placement would be suitable and also to ensure the person's individual needs could be met by staff. Care records we reviewed confirmed this assessment had taken place.

Care plans we reviewed addressed all areas of people's lives including physical health, nutrition, medication, communication and mental health needs. They contained a good level of detail to guide staff on the care people required. We saw that family members were regularly invited to attend formal care plan reviews to help ensure care records accurately reflected the care people needed. Staff told us they would also spend time with people to check they were happy with the care they received. One person we spoke with during the inspection confirmed, "We update my care plan together". Staff told us they would always refer to people's care records to help ensure they were responding appropriately to people's needs.

We saw that a relative had written a detailed plan of care for their family member when they entered the home. The registered manager told us they had incorporated many of the relative's views into the care plan developed by the service, whilst ensuring that the person who used the service remained central to the care planning process.

We asked the registered manager and care staff about the activities available for people who used the service. We were told that a senior member of staff was responsible for co-ordinating the daily activities with the help of care staff and volunteers. We reviewed the log of activities which showed regular sessions included chair based exercises, board games, nail painting and craft sessions. On the day of the inspection we observed a senior member of staff encouraged people to take part in craft activities in the dining room. We also saw significant events such as St Georges Day, Easter Sunday, Valentine's Day and Mother's/Father's Days were celebrated in the service.

Staff told us that, in addition to group activities, they would always try to spend 1-1 time with people who used the service. We were shown reminiscence books which had been developed by a member of staff to help engage people in discussion. These included pictures, newspaper cuttings and other information relevant to each individual's interests and previous life experiences. All the staff we spoke with told us these books were a valuable tool in supporting people's emotional well-being.

The registered manager told us they had developed a weekly 'residents' shop' which was run by two people who used the service with the support of staff. They told us this provided people involved in running the shop with an important role and helped them to feel valued. Any profits generated from the shop were given to the funds which supported people to attend visits and trips organised by the service.

The registered manager had also undertaken a number of initiatives to help promote the community presence of people who used the service. A closed group had been developed on social media to help

people maintain contact with family and friends. The registered manager had also developed networks with local schools and community groups which meant that there were regular visitors to the home.

We looked at the system for managing complaints in the service. We noted a complaints procedure was in place which provided information about the process for responding to and investigating complaints; this was also included in the service user guide which was given to people on admission to the service. We looked at the complaints log which showed that only one very minor complaint had been received since our last inspection. We saw that action had been taken to address the concerns raised by a relative. They had indicated they were happy with the way the registered manager had addressed the matter.

Where they were able to express a view, people who used the service told us the registered manager always listened to any concerns they raised and took appropriate action to deal with the issues. Comments people made to us included, "Any complaints are very quickly dealt with" and "I can always go and talk to her, she always listens and things do change". The registered manager told us they ensured they spent time with people who used the service on a daily basis to check they were happy with the care they received.

We saw there were regular meetings in the home between staff, people who used the service and their relatives. These were used as a forum to allow people the opportunity to provide feedback on the service. The minutes from the most recent meeting in February 2016 were on display on a notice board in the home. We saw that all the people attending this meeting had confirmed they knew they could always approach the registered manager or senior staff if they wanted to discuss any concerns.

Is the service well-led?

Our findings

The service had a registered manager in place as required under the conditions of their registration with CQC. They were also the registered manager for the provider's other home which was located close by. They were supported in the day to day running of Longfield by a deputy manager and an office manager.

We asked the registered manager what they considered to be the key achievements in the service since our last inspection. They told us they had improved the environment to help make it more suitable for the needs of people living with a dementia. They told us they were also proud of the fact that they had continued to be awarded 'enhanced' status by the local authority following their recent quality assurance visit to the service.

The registered manager demonstrated a drive to improve the service. They told us that they regularly visited other services to develop their knowledge regarding best practice in the care of people living with a dementia. They told us they also reviewed inspection reports to learn from services which had been rated as 'good' or 'outstanding' in the care of people living with a dementia. As a result of this the registered manager had developed the idea of providing all care staff with a small bag to be carried around their waist; these bags included a number of items to engage or distract people who used the service, including notepads, hairbrushes and bubbles. The registered manager told us they intended to provide staff with training about the best use of these items and encourage feedback about how helpful they were in providing care to people who used the service.

The registered manager told us that a number of people who used the service found it difficult to sleep at nights due to their disorientation about the time of day. They told us that as a result they had suggested that staff trial wearing pyjamas at night time to see if this change helped people who used the service to better recognise when it was night time. Although the registered manager told us the change had not had any significant impact on the routines of people who used the service, the willingness to try new things demonstrated the registered manager's commitment to driving forward improvements in the service.

Our conversations with the staff showed they felt included and consulted with. Staff spoke positively about working at the home. They told us they felt valued and that the registered manager was very approachable. One staff member told us, "I like working here and feel very supported." Another staff member commented, "[The registered manager] is a good manager." The registered manager told us they were keen to harness the potential of staff working in the service and had encouraged staff to take on additional responsibilities with appropriate support. This was confirmed by two staff we spoke with who had been promoted to take on the role of senior carer.

The registered manager demonstrated a commitment to encouraging staff to put forward suggestions as to how the service could be improved. We saw that one staff member had suggested how care records could be better organised to provide immediate information to staff about people's needs. The registered manager had supported the staff member to take the necessary action to achieve this. The staff member told us the registered manager had also taken the time to contact them outside of working hours to provide positive feedback on the work they had done.

We asked the registered manager to tell us what systems were in place to monitor the quality of the service to ensure people received safe and effective care. They showed us the monthly report they completed which covered all areas of the home. We saw that action had been taken to address any areas identified as requiring improvement.

We saw that there was a monthly task sheet in place. This detailed the actions which staff needed to take to ensure records were up to date and all required equipment was available and clean. On the day of our inspection we noted that all required tasks for the month had been completed. The registered manager also completed monthly audits relating to medicines, care plans and infection control.

The registered manager told us they completed regular out of hours spot checks at the service. They told us the last spot check had been conducted to review how long it took staff to answer buzzers at night. They told us no concerns had been raised by this visit.

We saw that the provider regularly distributed satisfaction surveys to people who used the service and their relatives. We reviewed the most recent feedback provided in January 2016 by eight people and noted all the comments were very positive. Comments people had made included, "I am extremely satisfied; first class service", "Each time I have visited I am treated with a good balance of both friendliness and professionalism" and "The staff are very friendly and [my relative] is treated with dignity, respect and a sense of humour."

Records showed that staff meetings were held regularly. Staff meetings are a valuable means of motivating staff, keeping them informed of any developments within the service and giving them an opportunity to discuss good practice. Staff we spoke with told us they were encouraged to contribute to discussions at staff meetings and that their ideas were always listened to. One staff member told us, "We have put things to [registered manager]. They are open to listening to how we think things should be done."

We checked our records before the inspection and saw that accidents or incidents that CQC needed to be informed about had been notified to us by the registered manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.