Brendoncare Foundation(The)

Brendoncare Stildon

Inspection report

Dorset Avenue
East Grinstead
West Sussex
RH19 1PZ

Tel: 01342305750
Website: www.brendoncare.org.uk

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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

We inspected Brendoncare Stildon on the 2 February 2016. Brendoncare Stildon provides care and support to people with personal care and nursing needs, several of whom were living with dementia or chronic conditions. The home was arranged over two floors and offered nursing care based on people's particular needs and requirements. The service provided care and support for up to 32 people. There were 75 people living at the home on the days of our inspections. Brendoncare Stildon belongs to a not for profit charitable organisation called Brendoncare. Brendoncare provide residential and nursing care across southern England.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People were happy and relaxed with staff. They said they felt safe and there were sufficient staff to support them. One person told us, "A very good safe home, like my own home". When staff were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure new staff were safe to work within the care sector. Staff were knowledgeable and trained in safeguarding adults and what action they should take if they suspected abuse was taking place.

Medicines were managed safely and in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People were being supported to make decisions in their best interests. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Accidents and incidents were recorded appropriately and steps taken to minimise the risk of similar events happening in the future. Risks associated with the environment and equipment had been identified and managed. Emergency procedures were in place in the event of fire and people knew what to do, as did the staff.

Staff had received essential training and there were opportunities for additional training specific to the needs of the service, including the treatment of pressure damage and the care of people with Huntington's disease. Staff had received both one-to-one and group supervision meetings with their manager, and formal personal development plans, such as annual appraisals were in place. One member of staff told us, "It is clear when you have to have training, it is all organised for us. I came here with an NVQ and they've put me forward for an NVQ 3 course (National Vocational Qualification)".

People were encouraged and supported to eat and drink well. There was a varied daily choice of meals and

people were able to give feedback and have choice in what they ate and drank. One person told us, "Lovely food here. The chef comes round and asks us what we would like". Special dietary requirements were met, and people's weight was monitored, with their permission. Health care was accessible for people and appointments were made for regular check-ups as needed.

People chose how to spend their day and they took part in activities in the service and the community. People told us they enjoyed the activities, which included quizzes, singing, word games, exercises, bingo, arts and crafts and themed events, such as celebrations for Chinese New Year and Seafood Week. One person told us, "I enjoy singing. There are nice things to do here". People were also encouraged to stay in touch with their families and receive visitors.

People felt well looked after and supported. We observed friendly and genuine relationships had developed between people and staff. One person told us, "Like my new family here. Happy people looking after us". Care plans described people's needs and preferences and they were encouraged to be as independent as possible.

People were encouraged to express their views and had completed surveys. Feedback received showed people were satisfied overall, and felt staff were friendly and helpful. People also said they felt listened to and any concerns or issues they raised were addressed.

Staff were asked for their opinions on the service and whether they were happy in their work. They felt supported within their roles, describing an 'open door' management approach, where managers were always available to discuss suggestions and address problems or concerns. The provider undertook quality assurance reviews to measure and monitor the standard of the service and drive improvement.

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.

Staff understood their responsibilities in relation to protecting people from harm and abuse.

Potential risks were identified, appropriately assessed and planned for. Medicines were managed and administered safely.

The provider used safe recruitment practices and there were enough skilled and experienced staff to ensure people were safe and cared for.

Is the service effective?

Good

The service was effective.

People spoke highly of staff members and were supported by staff who received appropriate training and supervision.

People were supported to have sufficient to eat and drink. Their health was monitored and staff responded when health needs changed.

Staff had a firm understanding of the Mental Capacity Act 2005 and the service was meeting the requirements of the Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff.

People were involved in the planning of their care and offered choices in relation to their care and treatment.

People's privacy and dignity were respected and their independence was promoted.

Is the service responsive?

Good

The service was responsive.

Care plans accurately recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide support in line with people's wishes.

People were supported to take part in meaningful activities. They were supported to maintain relationships with people important to them.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident they would be listened to and the appropriate action would be taken.

Is the service well-led?

Good

The service was well-led.

People, relatives and staff spoke highly of the registered manager. The provider promoted an inclusive and open culture and recognised the importance of effective communication.

There were effective systems in place to assure quality and identify any potential improvements to the service being provided.

Forums were in place to gain feedback from staff and people. Feedback was regularly used to drive improvement.

Brendoncare Stildon

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 2 February 2016. This visit was unannounced, which meant the provider and staff did not know we were coming. Brendoncare Stildon was previously inspected on 30 August 2013, where no concerns were identified.

Two inspectors and an Expert by Experience in older people's care undertook this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Before our inspection we reviewed the information we held about the service. We considered information which had been shared with us by the local authority and clinical commissioning group, and looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We observed care in the communal areas and over the two floors of the service. We spoke with people and staff, and observed how people were supported during their lunch. We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. We spent time looking at records, including five people's care records, four staff files and other records relating to the management of the service, such as policies and procedures, accident/incident recording and audit documentation.

During our inspection, we spoke with eight people living at the service, eight relatives, six members of staff including a registered nurse and the chef. We also 'pathway tracked' people living at the home. This is when we followed the care and support a person's receives and obtained their views. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Good

Is the service safe?

Our findings

People said they felt safe and staff made them feel comfortable. One person told us, "They are all so kind to me and that makes me feel safe". Another person said, "Very safe. The staff know me and have kept me safe since I came here". A relative added, "I've had three relatives in here. Very safe and wonderful". Everybody we spoke with said that they had no concern around safety for either themselves or their relative.

There were a number of policies to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These included clear systems on protecting people from abuse. Records confirmed staff had received safeguarding training as part of their essential training at induction and that this was refreshed regularly. Staff described different types of abuse and what action they would take if they suspected abuse had taken place.

There were systems to identify risks and protect people from harm. Each person's care plan had a number of risk assessments completed which were specific to their needs. The assessments outlined the activity, the associated hazards and what measures could be taken to reduce or eliminate the risk. We saw safe care practices taking place, such as staff transferring people from their wheelchair to armchair and assisting them to mobilise around the service.

We spoke with staff, and the registered manager about the need to balance minimising risk for people and ensuring they were enabled to try new experiences. The registered manager said, "People can take risks. We talk to the residents and their family and see what they want to do. We have one resident who regularly uses the garden. We update the risk assessments monthly or when needs change".

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. Health and safety checks had been undertaken to ensure safe management of electrics, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare. There was a business continuity plan. This instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property.

Staffing levels were assessed daily, or when the needs of people changed to ensure people's safety. The registered manager told us, "We use a dependency tool to establish staffing numbers and look on a case by case scenario for how many we need. We would increase staff as needed, for example is somebody was poorly". We were told existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave. Feedback from people and staff indicated they felt the service had enough staff and our own observations supported this. One person told us, "Carers are always popping in and out". Another person said, "My call bell is here. It is usually answered quickly". A member of staff added, "Staff numbers are good, and they are good at covering absences".

Staff had been recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through

the Disclosure and Barring Service (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. The home had obtained proof of identity, employment references and employment histories. We saw evidence that staff had been interviewed following the submission of a completed application form. Files contained evidence to show where necessary; staff belonged to the relevant professional body. Documentation confirmed that all nurses employed had registration with the nursing midwifery council (NMC) which were up to date.

We looked at the management of medicines. The registered nurses were trained in the administration of medicines. A registered nurse described how they completed the medication administration records (MAR). We saw these were accurate. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines as well as temperature checks and cleaning of the medicines fridge. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed.

We saw a nurse administering medicines sensitively and appropriately. Nobody we spoke with expressed any concerns around their medicines. Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of appropriately.

Good

Is the service effective?

Our findings

People told us they received effective care and their individual needs were met. One person told us, "They know me, they know what I need and they do it well". Another person said, "I feel that the staff are very well trained and know what to do". Everybody we spoke with said that they had confidence in the staff that provided care. They stated that staff knew what they were doing.

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 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. Staff had knowledge of the principles of the MCA and gave us examples of how they would follow appropriate procedures in practice. Staff told us they explained the person's care to them and gained consent before carrying out care. Throughout the inspection, we saw staff speaking clearly and gently and waiting for responses. Staff members recognised that people had the right to refuse consent. The registered manager and staff understood the principles of DoLS and how to keep people safe from being restricted unlawfully. They also knew how to make an application for consideration to deprive a person of their liberty, and we saw appropriate paperwork that supported this.

Staff told us the training they received was thorough and they felt they had the skills they needed to carry out their roles effectively. Training schedules confirmed staff received essential training on areas such as, moving and handling, equality and diversity and infection control. Staff had also received training that was specific to the needs of the people living at the service, this included caring for people with dementia, pressure care and Huntington's disease. Additional training had also been sought around end of life care and the use of syringe drivers. A syringe driver is a small, battery-powered pump that delivers medication through a soft plastic tube, into a syringe with a needle which is placed just under the skin. They are used to help control pain and sickness. Staff spoke highly of the opportunities for training. One staff member told us, "It is clear when you have to have training, it is all organised for us. I came here with an NVQ and they've put me forward for an NVQ 3 course (National Vocational Qualification)". Another added, "The training is efficiently organised".

The provider operated an effective induction programme which allowed new members of staff to be introduced to the running of Brendoncare Stildon and the people living at the service. Staff told us they had received a good induction which equipped them to work with people. One staff member told us, "My first day was spent mainly in the training room receiving verbal and documentary information regarding the care and the company induction. I was supernumerary for two weeks and completed training in this time". The registered manager added, "The induction involves shadowing and training. It can be extended depending

on the needs of the staff member. New staff are put on the Care Certificate. We are very good at making sure staff get qualifications with us". The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. There was an on-going programme of supervision. Supervision is a formal meeting where training needs, objectives and progress for the year are discussed. Staff members commented they found the forum of supervision useful and felt able to approach the registered manager with any concerns or queries.

People commented that their healthcare needs were effectively managed and met. Visiting relatives/friends felt confident in the skills of the staff meeting their loved one's healthcare needs. A relative told us, "The attended to [my relative's] medical needs. They got the doctor to cure a blood condition and chiropody for an ongoing foot problem, and they have organised physiotherapy sessions. We thought [my relative] would be here forever, and now [my relative] is going home". Staff were committed to providing high quality, effective care. One member of staff told us, "We see prevention as a major responsibility. For example around pressure care and the proof is that there are not many pressure sores in the home". The registered manager told us, "Care staff know the residents inside out and they would recognise any illness." People's health and wellbeing was monitored on a day to day basis.

Where required, people were supported to access routine medical support, for example, from an optician to check their eyesight. In addition, people had input into their care from healthcare professionals such as doctors, occupational therapists, speech and language therapists and dieticians whenever necessary. The registered manager added, "People have access to GP's, opticians, dentists and we would call extra staff in to assist people with appointments, such as going to hospital".

People were complimentary about the food and drink. One person told us, "The food is very good indeed, tasty and filling". Another person said, "Very nice food, good breakfasts". A further person told us how they could make specific requests to the cook. They said, "They would get me anything I want". People were involved in making their own decisions about the food they ate. Special diets were catered for, such as vegetarian, gluten free and culturally appropriate diets. For breakfast, lunch and supper, people were provided with options of what they would like to eat. A relative told us, "[My relative's] dietary needs are met, she always gets what she wants. She hates puddings, but loves fresh fruit, so that's what she gets". The chef confirmed that if relatives wanted to eat with their loved one, a meal would be prepared for them. The menu showed that fresh vegetables were used daily, as well as fresh fish and fresh meats.

We observed lunch in the dining rooms and lounges. It was relaxed and people were considerately supported to move to the dining areas, or could choose to eat in their room or the lounge. Tables were set with table cloths, place mats and napkins. The cutlery and crockery were of a good standard, and condiments were available. The food was presented in an appetising manner and people spoke highly of the lunchtime meal. One person told us, "Oh the food is lovely, very good". The atmosphere was calming and relaxing for people. People were encouraged to be independent throughout the meal and staff were available if people wanted support, extra food or additional choices. We observed some family and friends were sitting enjoying lunch with their loved ones.

Staff understood the importance of monitoring people's food and drink intake and monitored for any signs of dehydration or weight loss. Where people had been identified at risk of weight loss, food and fluid charts were in place which enabled staff to monitor people's nutritional intake. People's weights were recorded monthly, with permission by the individual. Where people had lost weight, we saw that advice was sought from the GP, dietician and speech and language therapist.

Good

Is the service caring?

Our findings

People were supported with kindness and compassion. People told us caring relationships had developed with staff who supported them. Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. One person told us, "The people who look after us are very good, and if you want anything they will get it for you". A relative said, "Nothing but praise. Wonderful staff. Everybody so kind". A further relative added, "We knew about this home from word of mouth. We visited four others and we chose this one because of the friendly and supportive staff".

Positive relationships had developed with people. One person told us, "Like my new family here. Happy people looking after us". Another said, "The staff are lovely. When they come past, they wave to me, call in and say a few things to me. I can't complain about my care". Staff showed kindness when speaking with them. Staff took their time to talk with people and showed them that they were important. Staff always approached people face on and at eye level, they demonstrated empathy and compassion for the people they supported. We saw that it was one person's birthday. Staff knocked on their door in the morning and when they were invited in, sang happy birthday to the person and gave them a cup of tea in bed. The person was clearly touched by this gesture and was heard saying, "Thank you, that is so kind".

Brendoncare Stildon had a calm, relaxing and homely feel. Throughout the inspection, people were observed freely moving around the service and spending time in the lounges. People's rooms were personalised with their belongings and memorabilia. People showed us their photographs and other items that were important to them. People were supported to maintain their personal and physical appearance. People were dressed in the clothes they preferred and in the way they wanted. Ladies had their handbags to hand which provided them with reassurance. Ladies were also seen wearing jewellery and makeup which represented their identity.

The registered manager and staff recognised that dignity in care also involved providing people with choice and control. Throughout the inspection, we observed people being given a variety of choices of what they would like to do and where they would like to spend time. People were empowered to make their own decisions. People told us they that they were free to do very much what they wanted throughout the day. They said they could choose what time they got up, when they went to bed and how and where to spend their day. One person told us, "I can choose who gives me personal care, but I don't really mind". Staff were committed to ensuring people remained in control and received support that centred on them as an individual. One member of staff told us, "People have a choice. For example, around who gives them personal care". The registered manager added, "Choice of what people want is recorded in their care plans. We respect when people want to get up and if they want a cup of tea".

We looked at the arrangements in place to protect and uphold people's confidentiality, privacy and dignity. Staff members had a firm understanding of the principles of privacy and dignity. As part of staff's induction this was covered and the registered manager undertook competency checks to ensure staff were adhering to the principles of privacy and dignity. They were able to describe how they worked in a way that protected people's privacy and dignity. People confirmed staff upheld their privacy and dignity, and we saw doors

were closed when a member of staff was engaged with a person.

Staff supported people and encouraged them, where they were able, to be as independent as possible. The registered manager told us, "We prioritise independence. For example, one resident had given up and wanted to stay in bed all day. We encouraged them to get up and involved them in arranging their room. Now they are getting better". Staff informed us that they always encouraged people to carry out personal care tasks for themselves, such as brushing their teeth and hair. One person told us, They have got me walking now. I use my frame and like to do it myself".

People were able to maintain relationships with those who mattered to them. Visiting was not restricted and guests were welcome at any time. People could see their visitors in the communal areas or in their own room. A visiting relative said, "Always get a warm welcome when you arrive, offered a drink and asked how we are". We also saw that there were guest rooms available and areas could be hired for special events like birthday parties.

Good

Is the service responsive?

Our findings

People told us they were listened to and the service responded to their needs and concerns. People had access to a range of activities and could choose what they wanted to do. One person told us "I enjoy singing. There are nice things to do here". A relative said, "[My relative] has not been here very long, but has improved significantly".

There was regular involvement in activities and the service employed a specific activity co-ordinator. Keeping occupied and stimulated can improve the quality of life for a person, including those living with dementia and chronic conditions. There was a range of activities organised by the service. Activities on offer included quizzes, singing, word games, exercises, bingo, arts and crafts and themed events, such as celebrations for Chinese New Year and Seafood Week. There were also other themed events, such as, a Valentine's Day lunch, a Spanish themed day, a Father's Day lunch and a tennis themed day. One person told us, "We go out on trips and they take me out shopping". Another person said, "If I want to go anywhere, they [staff] come with me". Meetings with residents were held to gather peoples' ideas, personal choices and preferences on how to spend their leisure time. The registered manager told us, "The activity co-ordinator runs meetings to get feedback on what people want to do". The service was part of the local community and that links had been made with a local primary school who visited the service and provided entertainment for people. The service was also supported by the 'Friends of Stildon' group of volunteers. This group was made up of ex-members of staff, relatives and friends of people who were currently living, or had lived at the service. We were told that they visited people regularly, accompanied them to appointments when required, took them shopping and organised activities for people.

On the day of the inspection, we saw activities taking place for people. We saw staff interacting with people, chatting with them, and helping them with puzzles and arts and crafts. In the afternoon, we observed a chair based exercise session. People were encouraged to take part in a series of safe exercises designed to maintain and increase their mobility. The session was vibrant and lively and people were clearly enjoying themselves. Relatives and friends were also involved in the session and there was a lot of smiling and laughter. We saw that religious services took place in the service and people were also supported to attend local churches and friendship groups in the area.

The service ensured that people who remained in their rooms and may be at risk of social isolation were included in activities and received social interaction. There was an individual one to one activities programme for people who were bedbound or preferred to remain in their rooms. Everybody at the service had access to free Wi-Fi. One person told us, I've got my iPad and that's my link to the world. I use it to keep in touch, do my shopping and all sorts of things. The registered manager told us, "The activity co-ordinator and staff make time to sit with people on a one to one basis in their rooms", and we saw this was the case. The service also supported people to maintain their hobbies and interests, for example one person used to be a dog trainer in the army and the service had organised for dogs and cats to visit. People who liked gardening were also involved with planting and maintaining a sensory garden.

We saw that people's needs were assessed and plans of care were developed to meet those needs, in a

structured and consistent manner. People confirmed they were involved in the formation of the initial care plans and were subsequently asked if they would like to be involved in any care plan reviews. Care plans contained personal information, which recorded details about people and their lives. A relative told us, "There was a meeting to talk about the care plan. We are consulted and told if anything changes". Comprehensive life histories had been completed with assistance of relatives and gave a picture of each person's life and preferences. Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person centred care.

Each section of the care plan was relevant to the person and their needs. Areas covered included; mobility, nutrition, continence and personal care. Information was also clearly documented regarding people's healthcare needs and the support required to meet those needs. Care plans contained detailed information on the person's likes, dislikes and daily routine with clear guidance for staff on how best to support that individual. For example, one care plan stated that a person loved bubbles in their bath, but did not wish to get their hair wet. Another care plan stated that a person likes to watch golf and tennis on television and liked to have the subtitles switched on. The registered manager told us that staff ensured that they read peoples care plans in order to know more about them. We spoke with staff who confirmed this was the case and gave us examples of people's individual personalities and character traits that were reflected in peoples care plans. One member of staff said, "We learn about people's backgrounds and interests and we learn things from them too". Another added, "It's more than care, we get to know people and spend time with them".

There were systems and processes in place to consult with people, relatives, staff and healthcare professionals. A relative told us, "The staff have always discussed everything with us. We have never needed to ask about anything". Satisfaction surveys were carried out, providing the registered manager with a mechanism for monitoring people's satisfaction with the service provided. Feedback from the surveys was on the whole positive, and changes were made in light of peoples' suggestions.

People and relatives were aware of how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible and displayed around the service. Complaints made were recorded and addressed in line with the policy, with a detailed response. Most people we spoke with told us they had not needed to complain and that any minor issues were dealt with informally.

Good

Is the service well-led?

Our findings

People, relatives and staff all told us that they were satisfied with the service provided at the home and the way it was managed. Staff commented they felt supported and could approach the registered manager with any concerns or questions. One person told us, "This is my new family". A relative added, "My [relative] regards this as her home". A further relative added, "[The service] Open and transparent". A member of staff said, "I find the management at all levels very approachable".

People were actively involved in developing the service. We were told that people gave feedback about staff and the service, and that residents' meetings also took place. The service was also supported by the 'Friends of Stildon' group of volunteers. This group was made up of ex-members of staff, relatives and friends of people who were currently living, or had lived at the service. We saw that the group held meeting with people living at the service and their relatives to gain feedback and suggest recommendations to improve the service. One recommendation form people and the 'Friends of Stildon' group was to install a sensory garden at the service, and we saw that this had been done.

We discussed the culture and ethos of the service with the registered manager and staff. They told us, "We are passionate about staff getting to know the residents and really understanding them". A member of staff added, "I think the home is brilliant". In respect to staff, the registered manager added, "Morale is good and the staff are happy. We have long service awards and an 'Extra Mile' award to reward good practice. The staff are really great". Staff said they felt well supported within their roles and described an 'open door' management approach. One said, "I really feel part of the organisation". Another said, "Management listens and responds to staff".

Staff were encouraged to ask questions, make suggestions about how the service is run and address problems or concerns with management. We were given an example whereby from feedback from staff, forms were redesigned to make them more user friendly. The registered manager told us, "All the staff understand their responsibilities and that they are accountable". A member of staff said, "I would feel confident to raise any concerns". Staff were aware of the whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. We saw that policies, procedures and contact details were available for staff to do this.

Management was visible within the service and the registered manager took a hands on approach. The registered manager told us, "I have an open door management style. Staff can approach me. I get to know the staff really well and know what is happening on a daily basis". The service had a strong emphasis on team work and communication sharing. There were open and transparent methods of communication within the home. Staff attended daily handovers. This kept them informed of any developments or changes to people's needs. One member of staff told us, "From handover today, I know about the changed needs of a person receiving end of life care, so before I went in, I knew they had deteriorated since my last shift". Staff commented that they all worked together and approached concerns as a team. One member of staff said, "It's a team here, everyone pulls their weight".

The provider undertook quality assurance audits to ensure a good level of quality was maintained. They showed us audit activity which included health and safety, medication, care planning and infection control. The results of which were analysed in order to determine trends and introduce preventative measures. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered. Accidents and incidents were reported, monitored and patterns were analysed, so appropriate measures could be put in place when needed.

Mechanisms were in place for the registered manager to keep up to date with changes in policy, legislation and best practice. The registered manager was supported and monitored by a senior management team and was able to regularly meet with managers from other services in the group. Up to date sector specific information was also made available for staff, including guidance around meaningful activities, updates from the nursing and midwifery council (NMC) and the care of people with dementia. We saw that the service also liaised regularly with the Local Authority and Clinical Commissioning Group (CCG) in order to share information and learning around local issues and best practice in care delivery, and learning was cascaded down to staff.

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. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The registered manager was also aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.