

Streatfeild House Limited

Streatfeild House

Inspection report

Cornfield Terrace
St Leonards On Sea
East Sussex
TN37 6JD

Tel: 01424439103

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07 September 2017
11 September 2017

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

We inspected Streatfeild House on 7 and 11 September 2017. This was an unannounced inspection. The service provides care and support for up to 22 people living with a range of learning disabilities and a variety of longer term complex healthcare needs such as epilepsy and diabetes. The age range of people at this time was from 50 years upwards. Several people have been living at the service for over 20 years. There were 20 people living at the service on the day of our inspection.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Streatfeild House was last inspected in June 2016. At this comprehensive the overall rating for this service was Requires Improvement. Two breaches of Regulation of the Health and Social Care Act 2008 (Regulated Activities) 2014 were identified. This was because the provider had not taken adequate steps to ensure people's safety in relation to fire risks, medicines and checks on staff suitability to work within the service. We also found kitchen staff had not consistently followed basic food hygiene principles. Following the inspection, we received an action plan which set out what actions were to be taken to achieve compliance by May 2017.

This inspection on 7 and 11 September 2017 was to see if improvements had been made and embedded into practice. We found that significant improvements had been made and the breaches of Regulation met.

This inspection found that the management and storage of medicines were safe. As discussed with us on inspection, there were areas to further develop in respect of the management of 'as required' (PRN) medicines and these were immediately actioned. Risks related to fire exit safety had been reviewed and advice sought as required. Fire exit safety was now effectively managed and all exits could be accessed immediately in the event of an evacuation. The provider had systems to monitor and drive improvements in the quality of the service.

People who were supported by the service felt safe. Staff had a clear understanding on how to safeguard people and protect their health and well-being. People had a range of individualised risk assessments to keep them safe and to help them maintain their independence. Where risks to people had been identified, risk assessments were in place and action had been taken to manage the risks. Staff were aware of people's needs and followed guidance to keep them safe.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and applied its principles in their work. Where people were thought to lack capacity to make certain decisions, assessments had been completed in line with the principles of the MCA. The registered manager and staff understood

their responsibilities under the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be deprived of their liberty for their own safety. Staff received a wide range training to ensure they could support people safely and received support to carry out their roles effectively. People felt supported by competent staff that benefitted from regular supervision (one to one meetings with their line manager) and team meetings to help them meet the needs of the people they cared for. People's nutritional needs were met. People were given choices and were supported to have their meals when they needed them. Staff treated people with kindness, compassion and respect and promoted people's independence and right to privacy.

People received care that was personalised to meet their needs. People were supported to maintain their health and were referred for specialist advice as required. There were good systems that ensured safe transitioning between services. Staff knew the people they cared for and what was important to them. Staff appreciated people's life histories and understood how these could influence the way people wanted to be cared for. Staff supported and encouraged people to engage with a variety of social activities of their choice in house and in the community.

The service looked for ways to continually improve the quality of the service. Feedback was sought from people and their relatives and used to improve the care. People knew how to make a complaint and complaints were managed in accordance with the provider's complaints policy. Leadership within the service was open, transparent and promoted strong staff values. This had resulted in a caring culture that put the people they supported at its centre.

People, their relatives and staff were complimentary about the management team and how the service was run. The registered manager informed us of all notifiable incidents. Staff spoke positively about the management support and leadership they received from the management team.

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 ●

Streatfeild House was safe and was meeting the legal requirements that were previously in breach.

People had individual assessments of potential risks to their health and welfare. Staff responded to these risks to promote people's safety. The environment and equipment was well maintained to ensure safety.

Medicines were stored, administered and disposed of safely. Staff had received training on how to safeguard people and were clear on how to respond to any allegation or suspicion of abuse.

There were enough staff on duty to meet the needs of people. Appropriate checks were undertaken to ensure suitable staff were employed to work at the service. There has been high agency usage that was now reduced with new staff being employed by the organisation.

People told us they were happy living in the home and relatives felt people were safe.

Is the service effective?

Good ●

Streatfeild House was effective. Mental capacity assessments met with the principles of the Mental Capacity Act 2005.

People received appropriate person centred care and treatment which was based on an assessment of their needs and preferences.

Training had been identified as required and the training plan confirmed training completed, and training in progress. This meant staff were working with the necessary knowledge and skills to support people effectively.

People received a nutritious and varied diet. People were provided with menu choices and the cook catered for people's dietary needs.

Is the service caring?

Good ●

Streatfeild House was caring. Staff knew people well and had good relationships with them. People were treated with respect and their dignity promoted. People were involved in day to day decisions and given support when needed.

People and relatives were extremely positive about the care and support provided by staff.

Care records were maintained safely and people's information kept confidentially.

Is the service responsive?

Good ●

Streatfeild House was responsive. Support plans contained information to guide staff in responding to people's individual health needs.

There were activities for people to participate in as groups or individually.

People told us that they were able to make everyday choices, and we saw this happening during our visit.

A complaints policy was available and complaints were handled appropriately. People felt their complaint or concern would be resolved and investigated

Is the service well-led?

Good ●

Streatfeild House was well led. People and staff told us the management team was open and approachable.

The leadership created a culture of openness that made staff and people feel included and well supported.

There were systems in place to monitor the quality and safety of the service and drive improvement.

Streatfeild House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We inspected the service on the 7 and 11 September 2017. This was an unannounced inspection. The inspection was undertaken by an inspector.

We reviewed the information we held about the home, including previous inspection reports and the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at the action plan provided following our last inspection. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we reviewed the records at the home. These included staff files which contained staff recruitment, training and supervision records. Also, medicine records, complaints, accidents and incidents, quality audits and policies and procedures along with information in regards to the upkeep of the premises.

We looked at four support plans and risk assessments along with other relevant documentation to support our findings. We also 'pathway tracked' people living at the home. This is when we looked at their care documentation in depth and how they obtained their care and treatment at the home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

During the inspection we spoke and met with 15 people and two relatives to seek their views and experiences of the services provided at the home. We also spoke with the registered manager, deputy managers, five care staff and two members of ancillary staff. During the inspection process we spoke to health and social care professionals that worked alongside the service to gain their views.

We observed the care which was delivered in communal areas and spent time sitting and observing people throughout the home and were able to see the interaction between people and staff. This helped us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

At our inspection in June 2016, we found people's health, safety and welfare had not always safeguarded. The provider had not taken appropriate steps to ensure there were measures to keep people safe. This was a breach of Regulation 12 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

An action plan was submitted by the provider which detailed how they would meet the legal requirements by May 2017. We found improvements had been made and the provider was now meeting the requirements of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People felt safe in the home. Our observations found people were relaxed and comfortable in approaching and interacting with staff. People told us they felt safe living at Streatfeild House. One person told us, "I'm very safe here, I know they will look after me." Another said, "They help me, give me my medicine and take me to the doctor when I need to go."

At our inspection in June 2016 the provider needed to improve their fire procedures and policies and ensure that all fire exits were easily opened in the event of a fire. This inspection found that risks related to fire exit safety had been reviewed and were now effectively managed. The provider had reviewed their fire procedures and liaised with a fire prevention officer to ensure that in an emergency all fire exits opened easily by use of a thumbscrew lock.

The last inspection identified that some areas of medicine management needed to improve. This inspection found that people received their medicines as prescribed. There were systems in place to manage medicines safely. This included the storage, ordering, disposal and administering of medicines. The provider had up to date medicine policies, procedures and protocols which included 'as required' medicines (PRN) and covert medicines. The protocols for PRN medicines provided clear guidelines as to when they would be required and had visual cues for those people who were not able to verbally communicate. We looked at people's PRN documents. There were some minor improvements needed to the PRN document, in that the effectiveness of the PRN medicine was not monitored, this was actioned immediately. Records relating to the administration of medicine were accurately completed. Medicine administration records (MAR) detailed the medicine administered from a monitored dosage system (MDS). Where medicines were not dispensed using a MDS the MAR had details of the medicine which included; dose, strength, method of administration and frequency. Staff had completed medicines training which included competency checks.

People who had been assessed as being at risk of skin pressure damage had a specialist pressure relieving airflow mattress. The airflow mattress was set correctly for their weight and was used as directed by the district nurses. The care staff checked the settings of the air mattress twice a day. This meant the equipment would be effective at protecting the person's skin integrity.

At the last inspection safe food hygiene principles had not been consistently followed. This inspection found that systems for checking food temperatures had improved and the food fridges checked regularly to ensure

all perishable foods are monitored. The environmental Health Organisation visited the service in May 2016 and awarded the highest rating of 5.

This inspection found that safe recruitment procedures were followed before staff were appointed to work at Streatfeild House. Appropriate checks were undertaken to ensure that staff were of good character and were suitable for their role. Staff files included application forms, records of identification and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS) to make sure staff were suitable to work with vulnerable people. The DBS check helps employers make safe recruitment decisions and prevents unsuitable people from working with vulnerable people.

People's support plans included risk assessments and where risks were identified there were management plans to manage the risks. Staff were aware of the risks to people and used the risk assessments to inform care delivery and to support people to be as independent as possible. Risk assessments included risks associated with: medicines, using the shower, community based activities, nutrition and environment. Records showed people had Personal Emergency Evacuation Plans (PEEP). Ways of reducing the risks to people had been documented and staff knew the action they would take to keep people safe. For example, when the risk of falls had increased staff had placed sensor mats or sensor alarms in their rooms and regularly checked the person's safety. There was clear guidance to manage health related risks such as seizures, and swallowing difficulties. Staff had good knowledge about the people they supported. They knew each person's individual traits and were quick to respond to signs of distress, agitation and discomfort with appropriate techniques.

The provider recorded and reported accidents and incidents appropriately. Records clearly documented when incidents and accidents had occurred and what action was taken following the event. For example, we saw an incident reported on missed medicine. The member of staff involved was retrained and had their medicine administration competencies checked. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. One member of staff told us, "Yes, we normally discuss accidents and incidents with colleagues and the manager, and come up with different ideas to reduce accidents and falls."

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Staff had completed safeguarding training and understood their responsibilities to identify and report any concerns relating to abuse of vulnerable adults. Staff told us, "If I had any safeguarding concerns I would tell the manager, CQC or a social worker" and, "There is a local authority concern procedure that is displayed in the office that guides me on what to do. If the manager is available at the time, and I suspect abuse, I report to her immediately so that she can take action." Staff knew where to report to outside agencies and named the Care Quality Commission (CQC) and the local authority safeguarding team.

People were supported by sufficient staff to meet their individual needs. The provider employed permanent staff who were supported by bank staff. Staffing levels were determined by the people's needs as well as the number of people using the service. Staff rotas showed there were enough staff on duty to meet the required amount of support hours. They also showed there was enough staff to meet people's needs.

Suitable checks had been undertaken to ensure the safe routine management of the environment including areas such as electrical systems and legionella. Maintenance and servicing of equipment such as fire alarm, portable appliance testing (PAT) and boiler routinely undertaken. Staff were clear on how to raise issues regarding maintenance. One member of staff told us, "Things don't get left for long if something is broken we report it and will get fixed quickly."

Is the service effective?

Our findings

People received care from staff who had the skills and knowledge needed to carry out their roles. New staff were supported to complete a comprehensive induction programme before working on their own. The induction programme included training for their role and shadowing an experienced member of staff. The induction plan was designed to ensure staff were safe and sufficiently skilled to carry out their roles before working independently. One member of staff told us, "Induction was really helpful. I had training in health and safety, infection control, safeguarding, fire, medication, manual handling, challenging behaviour training and MCA. It prepared me for the role." Eighteen members of staff have completed a NVQ qualification. Staff were supported to study for further qualifications. Staff told us training was available to them. One member of staff said, "We get training on illnesses such as dementia, diabetes and anything we feel we need as people's health changes."

Staff were supported to improve the quality of care they delivered to people through the supervision and appraisal process. Staff received their one to one supervision meetings with their line manager. This gave staff the opportunity to discuss their performance, raise concerns and identify any development needs they might have. Records showed that these checks were undertaken and identified any areas where the quality of care people received could be improved. Staff spoke positively about their experience of appraisals and supervisions and welcomed any feedback to improve their practice where they could. One member of staff told us, "I have had regular one to one's and am asked how I was doing, if I'm struggling with anything" and "My supervisions give me an opportunity to meet my manager to discuss care, residents and any issues."

People were supported to have enough to eat and drink to maintain their health and well-being. Most people told us the food was 'good,' 'tasty,' and 'really good'. People told us that their favourite foods were always available. Diabetic, vegan, soft or pureed and other special diets were available when required. The menu offered choices of well-balanced nutritional food at mealtimes. Staff were aware of people's dietary needs and preferences. Staff told us they had the information they needed and were aware of people's individual needs. People's needs and preferences were also clearly recorded in their support plans. Care records showed staff discussed people's dietary needs and support on a day to day basis and people received the support they required. Staff told us they were aware of the importance of encouraging people to have a good intake of fluids and food.

People's nutritional risk had been assessed, reviewed and monitored if people were at risk of weight loss. People who required their weight to be monitored had been weighed regularly and staff were aware that any changes in people's weight required prompt action. There was clear information available for kitchen staff on people's nutritional requirements and where appropriate this reflected the guidance from health care professionals such as speech and language therapists (SALT).

People were supported to access health professionals when needed. People's support plans showed people had been referred to GP, district nurses and dentists when required. Records showed people were supported to access on going health care.

People's consent was sought before any care or support was given. Staff told us they would explain support to be given and seek the person's consent. We observed staff seeking verbal consent whenever they offered support. We also saw in care files that people, or family members and advocates on their behalf, gave consent for care they received and in line with best interest decision making guidance. For example, all files reviewed showed consent for support and taking and using photographs. Staff told us consent was always sought and the response was not necessarily obtained verbally. Staff observed people's body language which determined if a person was happy with the support offered. One member of staff told us, "I knock at their [people's] door, and say 'are you ok, can we clean your room' if they say later then you'd give them privacy and some space."

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). 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.

Records showed staff knowledge on MCA was often discussed during supervisions and appraisals. People were always asked to give their consent to their care, treatment and support. Where people were thought to lack the capacity to consent or make some decisions, staff had followed good practice guidance by carrying out capacity assessments and involving advocates. Where people did not have capacity, there was evidence of decisions being on their behalf by those that were legally authorised to do so and were in a person's best interests.

Staff understood their responsibilities in relation to MCA. One member of staff said, "We support people and their choice, and support their needs." Another member of staff told us, "The MCA is designed to protect and empower people who may lack the capacity to make their own decisions about their care and treatment. I support people through enabling them to exercise choice and control over all aspects of their lives."

Staff had a good understanding of their responsibilities under the Deprivation of Liberty Safeguards (DoLS). These provide legal safeguards for people who may be restricted of their liberty for their safety. The registered manager told us and records showed that DoLS applications had been submitted appropriately and in line with good practice.

Is the service caring?

Our findings

People were happy with the care they received. One person told us, "I love everyone, everyone one is lovely." People's relatives were positive about the care people received. One person's relative said, "A home that offers love, care and respect."

We observed many caring interactions between staff and the people they were supporting during our inspection. People's preferred names were used on all occasions and we saw warmth and affection being shown to people. The atmosphere was calm and pleasant. There was chatting, laughter and use of appropriate humour throughout the day. Staff were respectful in their approach to ensure people were not distressed or worried by having an inspector in their home.

The inspector was introduced to people and to staff. Staff took time to explain the purpose of our visit to people and sought people's consent for us to speak with them. Staff told us how each person preferred to communicate and shared any special methods of communication such as by body language to ensure we were able to obtain views from all people. Understanding people's specific ways of communicating also meant staff ensured people were able to consent to and be involved in decisions about their care. For example, if one person walked away staff knew this meant the person did not want to engage at that moment and would leave them until they could try again.

Staff spoke about people in a caring and respectful way. Support records reflected how staff should support people in a dignified way and respect their privacy. Support plans were written in a respectful manner. People were involved in their care. Records showed where appropriate, people's relatives and advocates signed documents in support plans to show they wished to be involved in the plan of care. People's relatives told us they had been involved in developing support plans and reviewing care. One person's relative said, "They involve me and respect my thoughts about my daughters care, I go to all the (care) reviews."

Staff understood the importance of confidentiality. They told us, "You need to protect confidentiality. I do not talk about a resident with another resident" and "I only disclose personal information with prior consent of the person concerned except where there is clear safety risk or legal reason." People's support records were kept in locked cabinets in the office and only accessible to staff. Each person's support plans detailed repeatedly the importance of people maintaining their independence where possible. For example, people were supported to be in relationships and to go out with family and friends." Staff told us that people were encouraged to be as independent as possible. One member of staff said, "If you did all for them you'd take away their independence."

Staff told us they enjoyed working at the service. One member of staff said, "The residents are like my family now, I love my job." Staff showed they cared for people by attending to them in a caring manner. We observed people being assisted in a patient way offering choices and involving people in the decisions about their care. People were given options and the time to consider and choose. People were treated with dignity and respect by staff. Staff ensured people received their support in private and staff respected people's dignity. Staff described how they treated people with dignity and respect. One member of staff said, "By respecting their choices, wishes and privacy. For example, when giving personal care, I ensure that

the doors/curtains are closed."

People benefited from a culture that encouraged positive risk taking and this promoted personal growth and independence. Risk assessments and decision making pathways were used to allow choice and enable the development of people's independence. For example, one person had recently been supported in visiting their family for a holiday. People were given an option of having an end of life care plan. Families had been involved in making these important decisions. Staff admitted this was often a sensitive area to discuss with some families and we saw that this had been dealt with sensitively. When required advocates were involved to support people in making complex and difficult decisions.

People's bedrooms were decorated in line with their interests and preferences and were comfortable and homely. One person told us they had chosen their wallpaper and colour schemes. Staff confirmed that everyone was involved in the décor choices and that they encouraged people to bring in items of furniture and possessions which they had prior to moving into the home. The staff member said it helped people settle in and made it their home. There were personal mementoes and photographs on display and staff ensured that people were supported to live their life in the way they wished.

Is the service responsive?

Our findings

People and relatives told us they were involved in their care and that of their family member; relatives told us they were updated with any changes or issues that affected care.

People's needs were assessed prior to accessing the service to ensure their needs could be met. The registered manager met with people, their relatives and other healthcare professionals to perform these assessments. These assessments were used to create a person centred plan of support which included people's preferences, choices, needs, interests and rights. Support plans were personalised and contained detailed specific routines that were important to certain people. This prevented triggering any behaviour that may challenge due to a change of routine. These included what was important and essential to people.

Staff told us and records confirmed the provider had a keyworker system in place. A keyworker is a staff member responsible for overseeing the care a person receives. They liaised with families and professionals involved in a person's life. This allowed staff to build relationships with people and their relatives and aimed at providing personalised care through consistency. People knew their keyworkers and worked very closely with them as well as relatives to ensure support planning was specific to each individual. Support plans were reviewed regularly to ensure they reflected people's changing needs. Where a person's needs had changed, the care plan had been updated to reflect these changes. For example, one person's health needs had changed which had affected their emotional and mental health needs. A full review with other healthcare professionals had been initiated and the person's medicine changed and their vital signs monitored. The support plan and risk assessments were updated to show the changes.

Staff told us they always gave people options and choices during support. For example, choice of what to wear, food or where to spend their time. Staff completed records of daily support given to each person. These provided key information on the support provided and the person's general mood. Where complex support was provided the daily notes reflected this. One person's health had deteriorated and staff were adapting the care to meet their fluctuating health needs. One staff member said, "We assess their health on a day to day basis, because one day they may eat really well but the next day they might need specific changes such as how we support them with their food and drinks."

The service had good systems in place to ensure smooth transition between services. People had 'hospital passports' which had all the important information to allow continuity of care. These included important information on communication, likes and dislikes, health information and allergies.

People's wishes and preferences were used to identify meaningful activities of interest for people. People were supported to partake in in-house activities and to access the local community as they wished. Some people attended a theatre group which they enjoyed. One person spoke of the pets that visited them in the service and said that they had been allowed to stroke them. Photographs of people enjoying their chosen activities were displayed in their bedrooms and in communal areas. Staff told us that people chose everyday what they wanted to do and staff supported them. There were art sessions and people's art works were displayed throughout the home. We saw staff painting people's nails and sitting and chatting with people

throughout the inspection. There were people that loved music and we saw people involved in this activity which they thoroughly enjoyed. People tended to choose their own activity in the afternoon and staff supported people and spent time with them. Some people watched a film, some went back to their bedroom and others sat and chatted to staff.

People were supported to have holidays of their own choosing. These included visits to holiday parks, the sea side and local cities. The holidays were planned well in advance and people and their relatives were fully involved throughout the planning process. People had holiday risk assessments done to ensure their safety.

People and their relatives knew how to make a complaint if required and were confident action would be taken. The provider had a complaints policy in place. One person told us, "Never had reasons to complain, I am fine." Staff were clear about their responsibility and the action they would take if people made a complaint. Records showed complaints raised had been responded to sympathetically and followed up to ensure actions completed. Relatives spoke about an open culture and felt that the home was responsive to any concerns raised. One person's relative told us, "I can complain to the manager if I have to." Since our last inspection there had also been compliments and positive feedback received about the staff and the support people had received.

Is the service well-led?

Our findings

People, staff and relatives spoke positively about the leadership at Streatfeild House. Comments from relatives included, "All the staff put people first, they are amazing, very calm, kind and caring," "I can't thank them enough, they have given me total peace of mind, I don't worry about anything, and I trust the staff 100%." Staff said, "We work as a team, we all want to do our best, we are led by a great management team."

This inspection found the provider had robust quality assurance systems to assess and monitor the quality of service provision. For example, key quality audits for service users. Quality assurance systems were operated effectively and used to drive improvement in the service. For example, the medicine audit had identified some poor recording and this was managed in monitoring, supervisions and further support by senior staff. This had been actioned and errors have decreased. The kitchen team had clear lines of accountability and documentation to ensure safe practices in the kitchen had been embedded into everyday practices. The audits of staff recruitment had ensured that recruitment processes were safe.

During our visit, management and staff were open and transparent and proud of the improvements they made. They were keen to demonstrate their caring practices and relationships with people. Staff told us they felt the service was transparent and honest. Staff we spoke with felt the service was well led and that the registered manager was supportive. They told us they had good relationships with the registered manager. Staff comments included, "Yes, manager is approachable. She is always available in the service and when she is away, there are two deputies really good supportive team "and "If I want to raise any issues I talk to my manager, who is always open and endeavours to address the issue." People and their relatives knew the registered manager and told us the service was well managed. Comments from people's relatives included, "All the staff are terrific, approachable the manager is available and approachable" and "The home is well managed. I can talk to the manager about anything."

People benefited from staff who understood and were confident about using the whistleblowing procedure. The provider had a whistle blowing policy that was available to staff across the service. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening. Staff were confident the management team and organisation would support them if they used the whistleblowing policy. One member of staff told us, "Yes. There is a whistleblowing policy to follow that gives me guidance on what to do."

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems to report appropriately to the CQC about reportable events.

Streatfeild House had clear values and principles established at provider level. All new staff had a thorough induction programme that covered the service's history and underlying principles, aims and objectives. These were reviewed and discussed within supervision sessions with staff.

The provider sought feedback from people and those who mattered to them in order to improve their service. Meetings were used to update people and families on events and works completed in the home and any changes including those of staff. People also used these meetings to talk about the quality of the food and activities in the home. Meetings were minuted and available to view.

Staff meetings were regularly held to provide a forum for open communication. Staff said meetings were an important part of communication as they could raise ideas, concerns, issues and feel supported by the staff team.

Responses from the most recent survey sent to families were seen to be positive however the response had been minimal. The registered manager had ensured relatives who were unable to visit the service regularly were posted out a form. We spoke to health and social care professionals who were very positive in their feedback. Comments included, "Genuine caring approach, they know their people very well," "They approach us for advice and they really want to give the right care and make sure the care is right," and "Polite, caring and knowledgeable."

We found the registered manager and senior staff were responsive to our comments and feedback throughout the inspection and made some minor amendments immediately that they felt could enhance their care delivery.