Care Quality Commission

Lifestyle Care Management Ltd

River View Care Centre

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 10 and 11 May 2016 and was unannounced. This was the first inspection of the service under the management of a new provider.

River View Care Centre provides accommodation for up to 137 people who may be living with dementia and need personal and nursing care. The service was purpose built as a care home and provides accommodation over three floors. The service is divided into seven individual units, two on the ground floor, three on the first floor and two on the second floor. There is a well maintained garden which provides safe outdoor space for people to enjoy.

At the time of the inspection there were 95 people living at the service. There was a registered manager in post 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 living at River View Care Centre received safe, high quality care from staff who knew them well. There were sufficient staff with the appropriate skills and knowledge to support people in a safe and effective manner.

People and when appropriate their relatives had been involved in planning the support and care they required. Staff encouraged people to communicate their wishes and respected the choices they made.

People were treated with kindness and compassion. They were respected and had their privacy and dignity maintained by staff who understood and were trained in these values.

A programme of activities was available and people were supported to take part in those of interest to them. Social and celebratory activities were enjoyed by many people living at the service.

Staff were well supported by the senior staff and the registered manager. They spoke highly of the guidance they received and felt valued and listened to. Staff had received appropriate and regular training to equip them to provide support and care to people effectively.

Staff were knowledgeable with regard to safeguarding people and their responsibilities. They were confident any concerns raised would be dealt with promptly by the management team.

People's right to make decisions was protected. Staff understood their responsibilities and worked in accordance with the Mental Capacity Act 2005. When people's freedom had been restricted for their own safety appropriate authorisations were in place under the Deprivation of Liberty Safeguards.

Visitors were welcomed at the service. There were no restrictions on visiting times and people were encouraged to maintain relationships important to them.

People had a choice of food and drink which they enjoyed. When necessary their nutrition was monitored to help ensure their well-being. If people required support to eat and drink this was provided in a safe, unhurried manner.

People received appropriate health care support. Health and social care professionals were contacted promptly and appropriate referrals were made when people required specialist support.

There was an open, calm and friendly atmosphere in the service. The registered manager and the provider carried out checks and audits to monitor the quality of the service. People were asked for feedback on their experience of the service and any concerns were addressed appropriately.

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 were protected by staff who were trained and understood their responsibilities to identify and report any abuse or concerns.

Safe recruitment procedures and checks were carried out to help ensure suitable staff were employed. There were sufficient staff to provide safe care to people.

Risks associated with individuals and the environment had been conducted. Appropriate actions were taken to minimise any risks identified.

Medicines were managed and administered safely.

Is the service effective?

Good

The service was effective.

Staff received induction, training and support in their roles. They felt confident to seek advice and guidance from their line managers, the clinical managers and the registered manager.

People's right to make decisions was protected in accordance with relevant legislation.

People had their health and nutritional needs met effectively.

Is the service caring?

Good

The service was caring.

People were treated with kindness and staff demonstrated a caring attitude toward people.

People were shown respect and their privacy and dignity were protected.

People were happy. Staff interacted with people in a positive and supportive manner.

Is the service responsive?

Good

The service was responsive.

Assessments and care plans provided the information staff needed to support and meet people's needs.

A programme of activities was provided along with regular social and celebratory events. People were encouraged to take part in activities of interest and of their choosing.

Complaints were responded to in line with the provider's policy and feedback was sought from people, visitors and staff. Feedback was used to address concerns and look for ways to develop the service.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in post supported by a senior clinical manager and three clinical managers. All had a clear presence within the service and were known by people and staff alike.

There was a welcoming, open, friendly and positive culture in the service.

Staff spoke highly of the support and guidance provided by the registered manager and their team. Staff felt valued and listened to.

Care Quality Commission

River View Care Centre

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 10 and 11 May 2016 and was unannounced. The inspection was carried out by one inspector and two specialist advisors on the first day and one inspector and an inspection manager on the second day. Specialist Advisors are senior clinicians and professionals who assist us with inspections.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at notifications we had received. Notifications are sent to the Care Quality Commission to inform us of events relating to the service which they are required to tell us about by law. We contacted the quality and performance team at the local authority and requested feedback from other professionals with knowledge of the service.

During the inspection we spoke with fifteen people who use the service and three relatives. We also spoke with 16 members of staff including four registered nurses, four care staff, two housekeeping staff, an activity co-ordinator, the training manager, two clinical managers, the senior clinical manager and the registered manager.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed the lunch time activity on both days of the inspection, attended an 11 at 11meeting and observed people taking part in group and individual activities. We reviewed 16 people's care plans and seven staff files including recruitment records. We also looked at staff duty rotas, quality assurance surveys, audits and a selection of other documents relating to the management of the service.

Good

Is the service safe?

Our findings

People were safe at River View Care Centre. There was a relaxed and calm atmosphere throughout the service during the inspection. People who were able to speak with us told us they felt safe. One person said, "Oh yes, I feel safe, it's absolutely wonderful here." Other people who were unable to tell us verbally smiled or nodded when asked if they felt safe.

Staff had received training in safeguarding people. This training was refreshed regularly and staff confirmed their training was up to date. Guidance with regard to safeguarding people was displayed throughout the service. This provided important information for staff to refer to if they had any concerns. Staff gave examples of forms of abuse such as physical and emotional or psychological abuse. They were aware of signs to look for which may indicate abuse and knew their responsibility to report and record any concerns promptly. One member of staff told us if they had a concern they would, "First of all report it to the clinical manager." Staff felt confident appropriate action would be taken by senior staff. Records confirmed that when safeguarding concerns had been raised they had been dealt with appropriately and reported to the relevant authorities.

Staff were aware of the provider's whistleblowing policy. A nurse told us this was stressed to all staff during induction and spoken about in one to one meetings. They added, "…and it's been used". They went on to say the registered manager took action to deal with any whistleblowing issues promptly. Disciplinary procedures were in place and action had been taken against staff when necessary.

Thorough and detailed risk assessments were carried out. Individual risks were identified relating to people who use the service. These included risks associated with falls, skin integrity and malnutrition. Management plans were formulated from the assessments to reduce the risks as far as possible but still respected people's choice and freedom. Risk assessments were reviewed monthly or whenever a change in a person's condition was noted. For example, one person no longer required the use of bed rails. The records had been updated accordingly to reflect this change.

Risks associated with the service building and the environment were also assessed. They included those related to fire, use and maintenance of equipment, food hygiene and infection control. The service employed maintenance staff who monitored many of the risks associated with the environment. Routine remedial work was carried out promptly. During the inspection we saw the maintenance staff carrying out work that had been requested. For example, a particular chair used by an individual was checked and fixed to ensure its safety. The provider used outside contractors with the required competence and knowledge to maintain specialist equipment. This included equipment such as passenger lifts, hoists for moving people and all gas and electrical appliances.

Fire safety equipment was tested to ensure it was in working order and staff conducted fire and evacuation drills regularly. Each person had an individual personal emergency evacuation plan. This contained important information such as people's mobility needs. All upper floors of the service were equipped with 'ski pads' to assist with evacuation. A ski pad is a mattress with secure fastenings and is used where non-

ambulant people require assistance to be evacuated from a building. The provider had a contingency plan detailing actions to be taken by staff in the event of an emergency, for example, loss of utilities.

There were sufficient staff to care for people safely. People's dependency was assessed monthly or more frequently if necessary. Staffing levels were determined based on these assessments. We reviewed a sample of the duty rota and saw minimum staffing levels had been maintained over the four weeks prior to the inspection. People told us they felt there were enough staff to care for their needs. Staff also felt there were enough of them to provide safe, unhurried care. During the inspection we noted that call bells were answered promptly and staff worked at the pace of the people they were caring for.

Agency staff were used when shifts could not be covered due to illness or leave. A regular agency was employed to provide staff and every effort was made to have consistent workers from the agency. Appropriate records were kept for agency staff with regard to their recruitment and training. They were provided with an induction when they first worked at the service.

Safe recruitment procedures were followed and included completion of Disclosure and Barring Service (DBS) checks. A DBS check allows an employer to check if an applicant has any criminal convictions which would prevent them from working with vulnerable people. References were sought from past employers with regard to an applicant's previous performance and behaviour in their employment. In two of the seven recruitment files we looked at, gaps in employment had not been explained and in another two files employment history detailed only the year applicants' changed employment. This had not impacted on people using the service, however, we raised it with the registered manager. They assured us a full employment history would be obtained for all future applicants, detailing and explaining any gaps in employment. All other recruitment information was available and had been checked appropriately. For example, personal identification numbers for registered nurses.

The provider had a clear policy on recording accidents and incidents. We saw they were recorded, investigated and appropriate action was taken to learn from them and prevent similar incidents recurring. Monthly audits of accidents and incidents were used to identify any emerging trends.

There was a comprehensive medicines policy which covered areas such as equipment, consent and the procedure to follow if a medicine was omitted. All medicines were managed by registered nurses who follow the Nursing and Midwifery Council guidance. Each floor had a treatment room which was air conditioned and kept locked when not in use. Medicines were all stored in the treatment rooms in trollies secured to the wall, locked fridges or locked cabinets. A monitored dosage system (MDS) was used for administration of most prescribed medicines which were ordered on a 28 day cycle. MDS is a system where medicines are provided in blister packs prepared by a pharmacist.

Some prescribed medicines were not supplied in blister packs and we noted that for one of these a record had been made stating 28 tablets had been received. This had not been added to previous stock and therefore the running total was incorrect. We brought this to the attention of the nurse on the unit and the registered manager. The registered manager showed us an audit which had picked up the issue and how they were addressing it. A series of 'mini-teaches' had been organised to communicate the issue and ensure staff were aware of the correct procedure.

Where people required medicines to be given 'as required' (PRN), protocols had been written and were in place for each person. This ensured staff were aware of when and for what reason these medicines should be given. Staff were familiar with signs that may indicate a person needed this medicine even if they were unable to ask for it themselves. For example, watching for facial expressions or body language that may

indicate pain. Denaturing ('doom') kits were available for the destruction of medicines that were no longer required. Disposal of medicines was recorded as were any medicines returned to the pharmacy.

There was an internal audit of medicines monthly and an annual audit carried out by the community pharmacist. Any issues identified were noted on an action plan which was followed up at the following audit.

Good

Is the service effective?

Our findings

Staff had received an induction when they began working at the service and then completed a number of the company's mandatory training units. These included, moving and handling, infection control, Mental Capacity Act, dignity in care and fire safety. This training was refreshed regularly in line with the provider's training policy. The training manager monitored and managed all staff training. They used a system that alerted them to when refresher training was due and we saw training was then booked promptly. In addition to mandatory subjects staff were also provided with training in areas related to the people they cared for such as dementia awareness and tissue viability.

The training manager confirmed that new staff were now enrolled on to the care certificate. Once they had completed the theoretical knowledge for the units they were assessed to ensure they had gained the appropriate knowledge and skills. A blended learning approach was taken to training and included, face to face sessions, eLearning and workbooks. New staff also spent time with more experienced staff shadowing them and being mentored by them. Staff confirmed this had helped them settle into their role and gain confidence. They felt the training they received equipped them to do their work effectively.

The registered nurses spoke highly of the training provided. They told us they were given opportunities to take part in continuous professional development activities. These are necessary to retain their registration with the Nursing and Midwifery Council. One nurse was looking forward to a session the next day on tissue viability and two others told us they had attended this training two weeks ago. All staff received training relevant to their role, a housekeeper told us they had undergone all their mandatory training, they said, "I've done all the manual handling, hoist training as well. You had to do it."

All staff were regularly assessed in their work and the training manager made a point of spending time working with staff on a practical basis to monitor their skills and knowledge. If any issues were identified in practice additional training would be put in place and support given to staff in order to overcome any difficulties.

Staff were well supported by the registered manager and the team of clinical managers. Individual meetings were held between staff and their line manager every two months. Staff felt these meetings were useful and said they were used to discuss any work related issues from care to training. The senior clinical manager told us these sessions were, "Kept very positive." They told us they wanted staff to feel supported by these sessions and therefore any negative issues were dealt with separately in recorded discussions so they could be addressed.

Staff felt they always received the guidance and support they needed. One nurse commented, "We get loads of support from [Name] and [Name], I never have palpitations when I have to go them." Staff had an annual appraisal of their work, this provided an opportunity to reflect on the last year and plan for the next. A number of meetings were held for different staff groups providing opportunity for staff to express their views as well as discuss ways to improve practice.

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 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.

Training had been provided for staff in understanding the MCA and DoLS. They were knowledgeable about their role in protecting people's rights to make decisions. Staff sought people's consent before they did anything for them. We saw people were offered choices and staff would phrase options in different ways to try and support people's understanding of what was being offered. Mental capacity assessments had been carried out when appropriate. Where people did not have the capacity to make a decision a best interests meeting had been held and the decision recorded in line with the MCA.

The registered manager and the senior staff had a good understanding of the requirements of DoLS and made referrals to the supervisory body when necessary. A number of authorisations had been granted and the service was awaiting decisions on other referrals. Where conditions had been applied to an authorisation they had been met. Where people's liberty had been restricted for their own safety, the service considered various options to find the least restrictive.

We observed lunch time activities on both days of the inspection. This was seen to be a pleasant and social time. It was quiet and relaxed, staff engaged well with people while they had their meals. Staff tried hard to concentrate on the individual they were supporting and assisted them at their own pace. People appeared relaxed and comfortable, tables were nicely set, napkins were available and condiments were offered. A jug of juice was available on each table and people were offered alternative drinks if they did not want or like the juice.

People ate where they wished, some chose to eat in the dining room while others preferred to stay in the lounge area. People who were nursed in bed were supported to eat in their rooms and we noted that they always had drinks within reach. Regular encouragement was given to people to drink plenty and when necessary this was recorded to provide an accurate record of a person's intake. Food was well presented and people appeared to be enjoying it. Several people told us the food was very good and there was plenty of choice. Staff asked people what they would like to eat and supported others to choose with the help of a pictorial menu.

We were told by the registered manager a new chef had been appointed and would be starting work as soon as their recruitment checks were complete. In the absence of a trained chef the kitchen staff were currently receiving support from the provider's head office with menu design and special dietary requirements.

People's weight was recorded monthly and a recognised tool was used to monitor if people were at risk of malnutrition. Where necessary people had been referred to specialist health professionals such as dietitians and speech and language therapists for advice on maintaining adequate nutrition. We saw advice was followed, for example thickener was used for a person's drinks where they had problems with swallowing. Others received dietary supplements when their weight had decreased.

People were able to see healthcare professionals when they required. A GP visited the service weekly and at

other times when there was a need for someone to be seen. The service also had links with the rapid response team which supported people in crisis and helps them to remain at home and avoid admission to hospital. The senior clinical manager explained this team had been specifically set up to respond to emergencies and had nursing, occupational therapy and physiotherapy members. On the day of the inspection the team had been called to a person at the service who was thought to have an infection. The rapid response team worked with the service's staff to treat and monitor the person without them having to go to hospital.

Good

Is the service caring?

Our findings

People told us they were cared for in a kind and compassionate manner and they praised the staff. One person said, "I'm happy here, I love the girls (staff) we have some fun. It doesn't matter what you ask them to do they do it." Another person told us, "It's wonderful here." They then went on to tell us how the staff treated them with kindness. A relative who was visiting this person confirmed this view and spoke about the respect given to their family member. They also told us they had good communication with the staff team who kept them informed of how their family member was. However, some negative comments were received with regard to some of the night staff. We raised this with the registered manager and senior clinical manager. We were shown evidence of how these issues had been investigated fully and found to be unsubstantiated. The registered manager completed regular night visits which were unannounced and recorded their findings. Call bell audits also confirmed people were attended to promptly during the night.

Staff responded to people and attended to their needs in an unhurried manner. People told us they never felt rushed. The atmosphere in the service was calm, one person said, "It's quite nice, actually. It's quiet and peaceful." We observed many examples of friendly approaches made by staff toward people in order to check they were alright or to strike up a conversation. Most people responded positively to interactions with staff and it was clear staff knew people well. For example, one person preferred a quieter place to eat and staff assisted them to move twice in order to ensure they had the most suitable environment. Other examples included appropriate reassurance being given to people who became distressed and staff recognising the best way to distract people who were upset or anxious. For instance, one person shouted at a member of staff in an offensive manner and was clearly distressed. The member of staff offered reassurance and spoke with the person. As this did not appear to help the situation they remained calm and moved away to request the assistance of other members of staff. The person responded well to these staff members and was then assisted to another area where they became calmer. This illustrated how staff knew people well, responded to their needs and worked together as a team to support people.

People were seen laughing and smiling. Some people teased staff members and there was a sense of fun during meal times and throughout the activities we observed. This banter relied on people and staff knowing each other well and drawing on that knowledge to respond to each other. Staff also showed compassion towards people. One person said they were anxious about an appointment they had to attend and being on time. Staff reassured them and spoke with them about their worries giving them details of times of transport and who would be going with them. This helped to calm the person.

Staff respected people's privacy and dignity. One staff member said, "I love all the residents, (I) treat them like I would my own family members." We saw staff knock on doors before entering people's rooms and asking was it alright to come in. There were also examples of staff preserving people's dignity when the person found this difficult to do for themselves. Staff had received training in maintaining dignity and the service had dignity champions who took a particular interest in ensuring this was maintained. The service was also part of the local authority 'Dignity Charter' scheme. This meant they were assessed against recognised criteria and had to maintain certain standards.

Staff told us they got to know people's personal preferences and individual care needs by reading the care plan and talking to people and their relatives. It was clear they had spent time finding out about people's past history and interests whenever they could. We observed staff talking to people about jobs they had done and hobbies they had enjoyed. Cultural and religious needs were also considered and respected. Church services were held regularly and religious ministers brought communion for those who wished to receive it. We were told hymn singing was a favourite activity but people were free to join in or not as they wished. During the inspection we saw people practiced their faith and had items associated with this in their rooms.

When people moved into the service they were encouraged to bring personal items to make their room their own. One person told us they had recently decided to stay at the service and said, "Now I'm here I am going to have some shelves put up and photos." A relative said their family member was, "At home here with all her things around her." They said staff looked after her like, "A family member." Each person's room had a door designed to resemble a front door to a house with door furniture including a brass knocker. This enhanced the feeling of people being in their own home and also supported people's privacy.

People were involved in planning and reviewing their care and when appropriate relatives had also been involved. Whenever possible staff encouraged people to be independent. People's care plans gave guidance for staff to support and encourage independence. For example, one care plan referred to the person liking to wash their own face but requiring assistance with other areas of personal hygiene.

The senior clinical manager explained how they had worked hard with the GP to give people the opportunity to discuss their wishes in relation to how they would like to be cared for at the end of their life. Each person and their family were invited to meet with the GP and the senior clinical manager shortly after admission and encouraged to have an open conversation about their wishes. This was acknowledged as difficult for some people and therefore every individual meeting was handled sensitively and with compassion. Not all people chose to discuss their wishes but when they did this was recorded clearly and staff were made aware.

Good

Is the service responsive?

Our findings

People's needs were assessed before they moved into the service. This information fed into the care plans which were further developed as staff got to know people better and they settled in. One member of staff told us, "Pay attention and you see things. You learn about people every day." Assessments had involved people and family members so that important information could be captured to assist staff in meeting people's needs in accordance with their preferences. The service was in the process of introducing new care plan paperwork and it was noted they were working hard to make people's care plans as person centred as possible.

People's care plans recorded detailed information and provided good guidance for staff to follow in order to ensure the care provided met people's needs. They were reviewed regularly each month. In addition to the main care plans, 'snap shot' folders were kept in people's rooms. They provided an overview of each person and essential information for staff to refer to. Where people required such things as fluid intake and their positioning to be monitored, charts were completed. However, we noted on the first day of the inspection these records were not always completed in a timely fashion on every unit. We raised this with the registered manager who informed us they were working with staff to ensure records were completed as soon as an episode of care or an observation had taken place. On the second day of the inspection we saw records were being completed at the appropriate time.

Staff were kept up to date with any changes in people's well-being and the care they required. Each morning a meeting was held between senior clinical staff and the registered nurses. This was referred to as the '11at 11' meeting. We observed this meeting on the first day of the inspection. Information was exchanged relating to people, the service, visitors and other important events taking place that day. Staff told us they felt this meeting was important and enabled them to keep their care teams informed. They were then able to respond and deliver the most appropriate care to people. Handover meetings were also held at the start of each shift to ensure all staff were familiar with any new information regarding the people they cared for.

Staff were clear that the person using the service was at the centre of everything they did. They told us families also played a very important part and were involved as much as they and the people using the service wanted them to be. One staff member said they felt it was important to listen to and support relatives who sometimes needed to "have a chat". There were no restrictions to visiting and relatives could come at any time and stay as long as they wished.

A varied activity programme was available for people. There were three activity staff who worked across the service. Care staff also provided some assistance with activities and students from a local college assisted when they were on placement. The activity programme was displayed on the units so people were aware of the activities taking place each day. During the first day of the inspection we observed a game of bingo on one unit, saw a quiz taking place and were told about an entertainer who would be visiting in the afternoon. Singing of favourite songs appeared to happen naturally as people and staff mixed together. Other regular activities included table games, reminiscence, pampering sessions and exercise programmes.

People who were nursed in bed or chose to spend most of their time in their rooms were also offered activities. We were told they usually took place in the afternoons on a one to one basis. During the inspection we observed one person passing a balloon back and forth with a member of staff. They were clearly enjoying this activity as they were laughing and smiling with the staff member. Activity staff told us there were monthly lunch clubs organised and having fish and chips from the local chip shop was very popular, as were the monthly cheese and wine parties. Special days were celebrated as were significant events such as the Queen's 90th birthday and the annual garden fete. Photographs were displayed to remind people of these celebrations.

The provider's complaints policy was displayed in people's rooms so they and their relatives were aware of how to raise concerns or complaints if necessary. The service had received twelve complaints since December 2015 and all had been investigated and responded to appropriately. When possible the service had checked if people were happy with the outcome.

Feedback was sought from people using the service. Meetings were held quarterly for people living in the service to express their views. In addition, meetings were also held for relatives. Action plans were drawn up from the comments received at these meetings. We saw actions had been taken to improve things for people. For example, people had said they weren't sure who the provider's management staff were. As a result photographs and interviews were to be included in the next newsletter.

Good

Is the service well-led?

Our findings

There was a registered manager who had been in post since 2014. Staff said they found the registered manager to be extremely supportive and paid compliments to their knowledge and skills. One member of staff felt their confidence had been built due to the support they received from the registered manager. This had enabled them to take on more responsibility and in turn support other staff. The nurses and care staff all spoke about how the registered manager and the senior clinical manager made them feel valued and thanked them for their hard work. One told us they were asked for their opinion and made to feel it matters, "(they ask) what do you think?" Then they went on to say, "I feel valued, it's a pleasure to come to work and they always say thank you." Another said, "(there is) loads of support from management." Other comments described them as, "understanding, flexible and approachable."

We found the culture in the service to be friendly, honest and open. The registered manager had clear expectations and standards which staff were aware of. We were told regular checks were made to ensure staff were meeting the standards expected of them and the manager would question any practice that did not meet these. There was a good team working spirit and staff commented on how they all got on well and, "help each other out". Three members of staff told us, "I love it here." One said they hoped to still be there in 20 or 30 years' time while two said they definitely would not stay if they were unhappy.

People, relatives, staff and visiting professionals had been asked to provide their views on the service by completing survey questionnaires. The vast majority showed positive responses with an odd negative comment regarding laundry from a relative and staff feeling they did not know what was happening when the new provider began to run the service. However they told us the registered manager had given them information promptly and supported them through the ups and downs a change in provider causes. One health professional had commented on a survey, "I recommend (the service) wholeheartedly." While a number of relatives commented on care provided for both people and their family.

The registered manager worked with the staff to maintain links with the local community. There were good relations with local schools who performed carol concerts and visited the service throughout the year. Walks to local shops for coffee and picnics in the surrounding parks assisted by volunteers were some of the opportunities for people to be involved in the community.

The registered manager and the senior management team completed a series of audits and quality assurance checks to monitor the quality of the service. These included infection control, health and safety, meal time experience, call bell response and care plan audits. The provider also conducted quality assurance visits. The most recent one carried out in March 2016 highlighted some areas for improvement and an action plan had been drawn up. We noted that actions had been completed and signed off, for example, the preparation of detailed protocols for giving 'as required' medicines. A number of regular management meetings were held with different departments. This helped to ensure the registered manager had an overview of the whole service and could offer guidance to all.

The registered manager had sent notifications to the Care Quality Commission as required by law in a

prompt and timely manner.