Aspen Village Limited

Forest Care Village Elstree and Borehamwood

Inspection report

Forest Care Village
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Date of inspection visit:
30 November 2016

Date of publication:
09 January 2017

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 30 November 2016 and was unannounced. At our last inspection on 1 and 6 July 2015 we found the service was not meeting the required standards at that time. This was in relation to an accurate, complete and contemporaneous record in respect of each service user, including a record of care and treatment provided to the service user and of decisions taken in relation to the care and treatment had not been maintained. However, at this inspection the provider had made the required improvements.

Forest Care Village provides accommodation; personal and nursing care for up to 178 people aged 18 and over with a range of complex care needs. At the time of our inspection 161 people were using the service.

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

People who used the services at Forest Care Village, their relatives and professionals involved with people's care and support gave us positive and complimentary feedback about the service and said that they had no concerns about the care and support that people received.

People told us they felt safe living at Forest Care Village. People had health care and support plans in place to help staff know how they liked their needs to be met. Risks to people's safety and welfare had been identified and support had been planned to enable people to live as safely as possible whilst enjoying a variety of opportunities for engagement and stimulation. There were appropriate numbers of staff available to meet people's care and support needs.

Staff members understood their roles and responsibilities and were supported by the registered manager and unit managers to maintain and develop their skills and knowledge. People enjoyed a varied healthy diet and their health needs were catered for.

The atmosphere at Forest Care Village was welcoming and there was a comfortable rapport between the staff and people who used the service. People's relatives were encouraged to be involved in developing people's support plans and to visit the home at any time. Staff treated people with compassion, promoted their dignity and treated them with respect.

There was an open culture at the home, people's relatives and staff told us that they were completely comfortable to speak with the registered manager if they had a concern. The provider had arrangements in place to regularly monitor health and safety and the quality of the care and support provided for people who used the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were kept safe by staff trained to recognise and respond effectively to the risks of abuse.

There were sufficient staff members available to meet people's needs safely and according to their needs and wishes.

People were supported by staff that had been safely recruited.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

People received support from staff that were appropriately trained and supported.

Staff sought people's consent before providing care and support.

People were supported to enjoy a healthy diet and individual dietary needs were supported.

People were supported to access health care professionals as needed to help ensure that their health and well-being was maintained.

Is the service caring?

Good

The service was caring.

People were treated with compassion, dignity, kindness and respect.

Staff and management had a good understanding of people's needs and wishes and responded accordingly.

People's dignity and privacy were promoted.

People had access to independent advocacy services and the confidentiality of personal information had been maintained.

Is the service responsive?

Good

The service was responsive.

People received personalised care that met their needs and took account of their preferences and personal circumstances.

Detailed guidance made available to staff enabled them to provide person centred care and support.

Opportunities were provided to help people pursue social interests and take part in meaningful activities relevant to their needs.

People and their relatives were confident to raise concerns which were dealt with promptly.

Is the service well-led?

Good

The service was well led.

Effective systems were in place to quality assure the services provided, manage risks and drive improvement.

People, staff and healthcare professionals were all very positive about the managers and how the home operated.

Staff understood their roles and responsibilities and felt well supported by the management team.

Forest Care Village Elstree and Borehamwood

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 30 November 2016 by three Inspectors, two experts by experience and two specialist advisors. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. Our specialist advisors were qualified nurses who reviewed people's care plans. The inspection was unannounced. Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with 17 people used the service, eight relatives, 14 staff members, and the registered manager, unit and administration managers. We also spoke with the head chef and a health and social care professional who was visiting Forest Care Village. We reviewed the commissioner's report of their most recent inspection. We looked at care plans relating to10 people and three staff files. 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 communicate with us.

Good

Is the service safe?

Our findings

People who lived at the home told us they felt safe and protected from the risks of abuse and avoidable harm by staff who knew them well. One person told us, "Of course I feel safe; it's like my home." Another person told us, "I feel safe because they check on me hourly, in case I do need something." One relative commented, "I feel that my [Relative] is safe everything they do is recorded so I can come and check how much they have eaten and the fluids they had." Another relative said, "I know that my [Relative] is safe all the time, there are safety measures and nobody can go in without signing."

We saw that information and guidance about how to recognise the signs of potential abuse and report concerns, together with relevant contact numbers, was prominently displayed throughout the home. Staff were aware of their responsibilities for protecting people against the risk of avoidable harm and abuse. Staff told us that safeguarding people from all forms of abuse was a subject they regularly discussed in staff meetings and their supervisions. They told us that the regular safeguarding training and updates they received helped them be competent in understanding how to keep people safe. One staff member said, "We are all clear what procedure to follow in case we suspect any abuse. We do know the signs and symptoms of abuse and we are paying attention."

Staff knew how to report their concerns internally and externally to local safeguarding authorities and they were knowledgeable about whistleblowing procedures. One staff member told us, "Safeguarding referrals are made by the nurses to the local safeguarding authorities. We always report to them any bruising or incident which needs to be investigated. We know about whistleblowing and we are not afraid to contact CQC or local authorities if there is a need."

Safe and effective recruitment practices were followed to make sure that all staff were of good character, physically and mentally fit for the roles they performed and relevant checks were in place such as verifying references. Staff told us before they started working at the service they went through a thorough recruitment process where their employment history was explored, references were asked from their previous employers and a criminal records check was done to help ensure they were suitable for the roles they had to perform. The registered manager told us that people who lived at the service were involved with the interview process and there were feedback sessions at the end to see what people's thoughts were.

There were enough suitably experienced, skilled and qualified staff available at all times to meet people's needs safely and effectively in a calm and patient way. Staff told us they felt there was enough staff to meet people`s needs in a timely way. They told us on occasion when staff reported short notice absence they had a protocol in place to ensure they booked an agency staff or the managers were helping. One staff member said, "We have a protocol to follow in case anyone rings on short notice that they are not coming in. We have regular agency staff who works in the home and we can request help from the managers. They will work with us." Another staff member said, "There is enough staff. We have the odd days when someone is not coming in but the managers are very good and hands on so we are not short."

On the day of the inspection we observed staff to be busy, however they answered call bells promptly and

regularly checked on people who remained in bed throughout the day. We heard them stopping and chatting to people in a calm and unhurried way.

People had their medicines administered by staff that had training with regards to medicines and had regular competency checks. One staff member told us, "I have medication training yearly and I am observed how I administer medication regularly. I am not allowed to give medication to people if I don't follow the correct procedures."

Medicine administration records (MAR) were accurately completed and signed by staff every time they administered medicines to people. There were suitable arrangements for the safe storage, management and disposal of medicines. Staff had access to detailed guidance about how to support people with their medicines in a safe and person centred way. Each person had a medication profile with their photo, known allergies and a short description of how they liked to take their medication to help staff administer these the way people wanted. For example, for one person it was detailed they liked to have their tablets one at a time and with plenty of water.
We found that staff followed best practice when dealing with people`s medicines. Hand written entries on the MAR charts were signed by two staff members and medicine boxes were dated on opening to ensure medicines could be accurately accounted for when audited.

People had protocols in place for any medicines they took as and when required basis (PRN). These were detailed in offering guidance to staff on when to give medicines to people, the amount and the frequency they could take them. The PRN protocols were checked and signed by a pharmacist contracted by the service. For people who lacked capacity to understand why they needed to take medicines there was a covert medication procedure which staff followed when administering their medicines. The decision to administer medicines covertly was taken following a best interest process which involved the person`s GP, pharmacist and family if it was appropriate.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. This included in areas such as pressure care, where people were at risk of developing pressure ulcers, nutrition, medicines, mobility, health and welfare. For example, we saw that one person who was at risk of choking had been assessed by the speech and language therapy team (SALT). The recommendation had been a purée food diet. However the person had refused this because, although they understood the risks, they wanted to remain on a normal food textured diet. Their family had supported their decision and everyone had been made aware of the risks.

We found the person was supported during meals by staff they supported them to cut their food. We found there was a care plan to prevent choking and manage this should it happen. Staff were familiar with the care plan. No incident of choking had been reported or recorded. During lunch one staff member observed them from the beginning until they had finished their meal. Staff were aware of the risks and the action to prevent choking and how to call for assistance and deal with the situation. One staff member told us, " I think that they have learned to eat small bits at a time and they do this well." This demonstrated that people were supported to take risks in a safe environment.

Staff were knowledgeable about risks associated with people`s daily living. Staff told us risks were identified and plans were in place for each person to offer them guidance in how to mitigate the risks and keep people safe. One staff member said, "People have their care plans and risk assessments. We have time to read these and ensure we know how to keep people safe. For example if people are at high risk of falls or they can roll out of bed. We know if we need bed rails or any walking aids."

Plans and guidance were available to help staff deal with unforeseen events and emergencies which included relevant training, for example in first aid and fire safety. Regular checks were carried out to ensure that both the environment and the equipment used were well maintained to keep people safe, for example, weekly fire alarm testing.

Good

Is the service effective?

Our findings

Throughout our inspection we saw that, wherever possible, staff sought to establish people's wishes and obtain their consent before providing care and support. One person said, "Staff are very quick to respond, they come to check often to see if I need anything. They are all very kind." A relative commented, "My [Relative] is very fussy and even they can't find anything wrong here. [They] would be happy to stay, as they bring [them] strong coffee that [person] likes."

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. We found that staff were knowledgeable about the principles of the MCA and they followed best interest processes to help ensure that the way people received care and support was in their best interest. One staff member told us, "Best interest decisions are taken after we consult with family, GP, social worker and managers. Best interest decisions are recorded in care plans for people who lack capacity to take certain decisions."

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). Staff told us about people who lacked capacity to take certain decisions and had restrictions applied to their freedom in order to keep them safe. They told us people had DoLS authorisations in place and these ensured that the least restrictive methods were used when people were deprived of their liberty. For example, staff told us about people who were at high risk of falls. They told us that they followed the best interest process for each person to establish the best way to keep people safe. For some people this meant that staff were using bedrails to prevent them rolling out of bed and for others they used a low raise bed and a crash mat. One staff member told us, "We have people who lack capacity and have a DoLS in place to keep them safe. We always assess what is in their best interest and consult family if appropriate and other professionals to make sure we give people as much freedom as possible but keep them safe."

Throughout our inspection we saw that staff sought to establish people's wishes and obtain their consent before providing care and support. We found one person who had full capacity to make decisions and was fully involved in planning their care. Their care plan reflected how they wanted to be supported. For example, they chose the people they wanted to be involved in their care and made their own arrangement for psychological support by contacting the psychologist of their choice. They were provided with all the information about their condition. On the day of the inspection they had made the decision to move from Forest Care Village to be nearer their family and the service was facilitating this for them.

People who lived at the home, their relatives and social care professionals were very positive about the skills, experience and abilities of the staff. One person said, "It's a very good team. Especially all nurses. I am treated absolutely beautifully. I feel very content and am not frightened to ask. I know if I ask I will get what I

need. Whatever they tell me makes absolute sense. Can't think of anything I would change. All slots together beautifully like a big jig saw." Another person said, "Staff are very quick to respond, they come to check often do I need anything. They are all very kind." One relative told us, "All the staff are friendly and help with everything needed. I cannot ask for more from a care home and it makes me feel happy my relative is in such good hands."

Staff told us they attended regular training and had yearly updates in subjects relevant to their job roles to keep their knowledge up to date. They told us they knew how to meet people`s needs effectively and they were knowledgeable about people`s changing needs. One staff member told us, "The training is good here. I am encouraged to learn and develop." Another staff member said, "We have a lot of training. We are reminded all the time how important training is and if we don't do it we cannot work." Staff were also encouraged and supported to obtain nationally recognised vocational qualifications (NVQ) and take part in additional training to aid both their personal and professional development. One staff member said, "The training is really good. All the staff were encouraged to complete NVQ Training. I have just finished my level five." Another staff member said, "I just finished my level three NVQ. I am very happy with the training."

Newly employed staff were required to complete a structured induction programme, during which they received training relevant to their roles, and had their competencies observed and assessed in the work place. One staff member told us, "I had my induction and training to prepare me working here." They told us that after their training they worked with experienced staff until they were competent to work independently. One staff member told us, "I came here and worked as a carer although I am a nurse. I just had to learn all the systems and policies and procedures before I was confident to take on my nursing role. I am very happy with the training." Agency staff that worked at Forest Care Village had to complete an induction and worked alongside an experienced team. Most of the training was class room based and there was a training plan and matrix to ensure all staff training was up to date.

Staff felt supported by the management team and were actively encouraged to have their say about any concerns they had and how the service operated. They had the opportunity to attend regular meetings and discuss issues that were important to them and had regular supervisions with a manager where their performance and development was reviewed. Staff told us they had regular supervisions and staff meetings where they could discuss their professional development and share any worries they had. One staff member said, "I really feel supported. I can ask support from the managers any time. They are really listening and help." One nurse told us, "I had to do my revalidation as a nurse recently. I had been helped by my manager with advice and I really feel supported in my role."

The chef was knowledgeable about people's nutritional needs and planned menu's to ensure that people were provided with a healthy balanced diet that took full account of their preferences and met their individual dietary requirements. They showed us that people had completed their food planner for the week and each person's dietary requirements were listed from likes to dislikes and consistency of food .For example, normal, soft or pureed. Allergies were also noted. They told us that the nurses sent nutrition sheets to the head chef for all new people and also when people's needs changed. The chef told us that they also used moulds for food that had to be pureed this ensured the food was visually more stimulating and helped people identify their food. Some people told us the food was OK while others commented the food was good. We were told there was a weekly food group meeting between the people and the caterers, where people had the opportunity to discuss the food and make suggestions for the menu.

We observed lunch being served various dining rooms and saw that staff provided appropriate levels of support to help people eat and drink in a calm, patient and unhurried way. Specialist equipment tailored to people's individual eating and mobility needs was available and used in a safe and effective way to help

them where necessary. We saw people had access to plenty of drinks and condiments. We observed on a couple of occasions where people had changed their mind regarding their food, alternatives were also on offer. People's cultural needs and preferences were supported. For example, there were vegetarian options and cultural food provided where required.

People were supported to access appropriate health and social care services in a timely way and received the on-going care they needed. People told us that they received good support with their health care needs. For example, we saw people had input from the GP weekly, Physiotherapist twice weekly, SALT monthly, Diabetic nurse Monthly, Chiropodist twice a year and when required, eye test annually. We noted that each therapist made an entry about their intervention in the notes. Staff supported people to attend their health appointments. Relatives were contacted in case they wanted to accompany them. The therapists carried out training sessions to ensure consistent and effective care for people. The tissue viability nurse told us that they visited Forest Care Village regularly and discussed wound care with the staff.

Good

Is the service caring?

Our findings

People were cared for and supported in a kind and compassionate way by staff that knew them well and were familiar with their needs. One person told us, "All staff are very kind, even the cleaner always smiles back." Another person said, "It's very easy to get what you need, just press the button and someone will come to help you." A relative said, "I am just happy that [person] is well looked after. Staff are very knowledgeable about [their] needs."

Staff were friendly, courteous and smiling when approaching people. We observed sensitive and kind interactions between staff and people who used the service. Staff were able to adapt their communication and approach to people`s needs. The way people related to staff demonstrated good relationships between them based on respect and trust. For example, a person approached a staff member asking for their help in finding a manager who could help them with a problem. The staff member asked politely if they could help and what the problem was. The person told them what they wanted and the staff member reassured them that they were going to talk to a manager to try and solve the problem. After a few minutes we observed the staff member talking to a more senior staff. They then went back to the person and updated them on the positive outcome which made the person smile and visibly relax. This indicated that staff acknowledged and valued people. They gave importance to the matters important to people and acted on them.

Staff told us they treated people as they wanted to be treated. One staff member told us, "I just care for people who live here. I treat them well as I would like to be treated. They become like family to us." Another staff member said, "Oh, I just love working here. I know people very well and they know me. I love when they smile and happy to see me."

Staff addressed people using their preferred names and it was clear that staff knew people well. They were knocking on bedroom doors and greeted people when they went in. Peoples` privacy and dignity was promoted. We observed staff closing bedroom doors when they offered personal care and they made sure people looked presentable and well kempt.

People and their relatives told us that the support the staff provided was excellent. They said that the staff were caring and respectful. One person said, "What I like about the staff here is that they do things for you without asking any questions, without any argument. When I was in hospital I used to get staff who told me to wait and sometimes never came back. This has never happened here and I don't think it will happen. This is how they are day in and day out." We observed at lunch time staff responded to people's preference. We noted when one staff member was preparing a drink for somebody, they asked "how would you like your orange juice" and afterwards checking "is it ok".

People were supported to maintain positive relationships with friends and family members who were welcome to visit them at any time. One person told us, "Our wishes are taken into account constantly." We were told about one person who owned a dog, the dog was brought to Forest Care Village to visit, and the person was assisted by staff to the ground floor so they could go out into the garden and spend time with

their dog.

We found that people and their relatives had been fully involved in the planning and reviews of the care and support provided, something that was reflected in the detailed guidance made available to staff about how people wanted to be cared for. One person that needed to be transferred to their chair using a hoist told us that staff helped them with their personal care and dressing, "At the usual time." Their relative said, "[Person] is fussy about time and the staff are aware of this. The staff make a lot of effort to adhere to the time. You can see, it is written everywhere, you can't miss it." Another person said, "I am fully involved in my care and the staff take photos of my back to show the progress I am making." A relative commented, "The staff here looks after my [Relative] very well. They continue to provide them with the care that they need. This is the reason they are still here. There is a program of care and rehabilitation and we are fully aware of all aspects of the care plan. It is very easy to follow."

We found that confidentiality was well maintained throughout the home and that information held about people's health, support needs and medical histories was kept secure. Information about local advocacy services and how to access independent advice, was made available to people and their relatives.

Good

Is the service responsive?

Our findings

People received care, treatment and support that met their needs in a safe and effective way. One person said, "They offer care I need and I am so grateful as I will not be able to live on my own." Another person commented, "My wishes are respected and listened, not that I ask much, but all I need is to ask."

Staff were very knowledgeable about people's health and care needs, many of which were both significant and complex. Identified needs were documented and reviewed on a regular basis to ensure that the care and support provided helped people to maintain good physical, mental and emotional health and well-being. One relative told us, "I visit [person] every day and this is not out of concern for their care here. They have made tremendous progress, thanks to the care they have received." They also told us their relative had a percutaneous endoscopic gastrostomy (PEG) this is used where people cannot maintain adequate nutrition with oral intake. However we found that they were now eating by themselves and need very little help with food. They also received support from the SALT team. The relative said, "I am able to take them home regularly and this is due to the excellent work that the physiotherapists and the staff have put in."

People received personalised care that took full account of their background history and personal circumstances. Staff had access to detailed information and guidance about how to look after people in a person centred way, based on their individual preferences, health and welfare needs. This included detailed information about people's preferred routines and how they liked to be supported with personal care, For example, an entry in the guidance for one person whose assessment process had identified that they had a stroke and had been left with some cognitive deficit, problems with mobility, they mobilized using a wheel chair. It stated they were at high risk of falls from their bed and from their wheelchair. They were also identified at risk of developing pressure ulcers and risks of choking and slight dysphasia. The care plan also noted they enjoyed the company of their family, reading, playing games, doing puzzles. We found that the risk assessment in place had good measures to effectively manage the risks. While not limiting their life and they included clear guidance for staff to support the person's needs.

Staff were aware of people's communication needs. They took time to listen to what people were saying. They also used simple and easy to understand gestures making sure that people understood. Care records had communication guidelines provided by SALT. Staff told us that they used the guidelines to help people with making simple decisions. For example, staff informed people about the actions they were going to carry out before they provided personal care. This meant that people knew what was going to happen and staff provided them with opportunities to express their preferences.

Staff also received specific training about the complex health conditions that people lived with to help them do their jobs more effectively in a way that was responsive to people's individual needs. We saw information for staff to meet the needs of people with stroke. A care plan for one person with a stroke illustrated the implementation of that training. The person was undergoing a program of rehabilitation to restore them to their previous level of functioning. Involved in their care was the SALT team to help with swallowing and speech, the physiotherapist was involved in helping to mobilize with a program of exercise with specific goals, the occupational therapist help with the provision of the wheel chair, the staff were helping in

supporting the person with their activities of daily living by support from the therapists in the form of training and guidelines.

Opportunities were made available for people to take part in meaningful activities and social interests relevant to their individual needs and requirements, both at the home and in the community. One person told us, "I love rock and pop music, so my room is very well equipped so I can listen. I love to play cards, so when one of the carers has time; they spend it playing with me. I also do crosswords, while my eyes are still good." One activities co-ordinator showed us people's folders that documented what activities people participated in. They also showed us their log books which documented all the people they had spent time with and activities facilitated. These were reviewed by the head person responsible for activities to ensure that all people were being supported with activities. We saw all over the home that weekly activity planners were displayed these were also in picture format to support easy reading. We saw throughout the day people were supported with activities and in the main reception area there was entertainment from a guitarist and people were enjoying the music and having a sing song. One person said, "I like it when we have music and sing a longs, it makes me think of how life used to be."

People told us that the activities were good and that they weren't pressured into doing them. One person who liked football told us they can watch a game on the television. There were trips out for people and they had recently been on a trip to Southend and had another trip planned to a restaurant in December.

The manager told us about changes they had made over the last year, these included. The people like me programme. This was designed to support people and staff in making connections. This involved the use of people like me trees that reflected the connections people had made on the leaves. We saw written on people's doors topics they were interested in, to promote discussion and social interaction. Other changes included a group run by the young physically disabled people (YPD) that met on a weekly basis to discuss topics that interested them. We also saw one project that was nearly completed the village shop. This was in the main reception area and the registered manager told us that this had been eagerly awaited by people who used the service and visitors. This showed that the provider was making improvements and involving people who lived at forest care village.

People and their relatives told us they were consulted and updated about the services provided and were encouraged to have their say about how the home operated. They felt listened to and told us that staff and the management responded to any complaints or concerns raised in a prompt and positive way. We saw that information and guidance about how to make a complaint was displayed at Forest Care Village. We saw that complaints made had been responded to and dealt with in line with the complaints policy.

People were aware of how to complain. One person told us that if they had a problem that they could go to the unit manager or the registered manager. Another person said, "I had to make a complaint in the past and it got dealt with quickly." There were regular resident and family meetings, where people and their family members could voice their concerns, views or ideas. This showed that people were supported to have their views and concerns addressed. One person said, "[Registered manager] has been here three years and made a lot of changes." They also stated if they had a problem they could speak to the unit managers and it gets sorted quickly.

Good

Is the service well-led?

Our findings

When we last inspected the service on 1 and 6 July 2015 we found that peoples care records were not always completed as required and documentation had not always been completed comprehensively with a clear record of how decisions were made. We saw that some records did not indicate that people had been involved in their care. People's care plans were not always person centred. At this inspection we found that the provider had made the required improvements

People who lived at the home, relatives and staff were positive about how the home was run. They were complimentary about the unit managers, deputy manager and the registered manager who were all described as being approachable and supportive. One staff member told us, "Managers are very approachable and you can talk to them any time."

The home had an annual and rolling maintenance and decorating programme in place. Anything that required attention on a day to day basis had been written in the maintenance team's action book that was checked and tended to daily. We found that the main lounge area in the unit named Lavender required urgent attention. One of the main pillars had plaster that had been knocked off exposing the metal corners. The room also required decorating. We were told that this was planned in the maintenance book and the registered manager has since confirmed that the decoration work for this area has started.

The registered manager confirmed that each month all audits were bought together and analysed for key point indicators in managing the environment. These are collated and a monthly report was produced for the Board. This was then followed by a monthly meeting to review quality based on things such as accidents and incidents, pressure ulcers, weight loss, critical incidents, good practice and successes. They also stated that they worked in an open and transparent way and welcomed external representatives from the local authority and other appropriate parties to these meetings should they wish to attend. These were independently chaired by the CEO and Nominated Individual. This assisted the provider to continuously monitor the service and make improvements where required.

There was a comprehensive auditing system used on each unit. The unit managers were responsible to audit all the aspects of the service people received. These audits included weekly and monthly medication checks, care plans, MCA and DoLS, equipment and people's weights. We found that where any issues were identified these were promptly allocated to a staff member for action and then signed off by the manager as complete. For example, we found that an audit identified that a person had no individual medication profile in place to detail important information like allergies and their photo. This was then allocated to be actioned by a staff member and signed off by the unit manager after they checked if this was done. The registered manager was required to gather and review this information about the homes performance in the context of risk management and quality assurance and prepare a monthly summary and progress update for the provider. The managers also carried out routine spot checks to ensure that the environment, performance of staff and quality of care and support provided.

Staff told us, and our observations confirmed that managers led by example and demonstrated strong and

visible leadership. The registered manager was very clear about their vision regarding the purpose of the home, how it operated and the level of care provided. There were regular management meetings to discuss any issues or updates. The Registered manager confirmed that they felt supported and said, "I can just pick up the phone if I need support. We have a good team here with good communication." They also confirmed they had an open door policy. One of the unit managers had been in post for a short time. However, they were knowledgeable about the people in their care. They were aware of the areas that needed improvement and had already actioned and delegated tasks. One staff member said, "We have regular staff meetings every two weeks and weekly meetings with the nurses and all the managers to discuss any issues about people." There were also multi-disciplinary team meeting to discuss people's needs.

The managers were very knowledgeable about the people who lived at the home, their complex needs, personal circumstances and relationships. Staff understood their roles and were clear about their responsibilities and what was expected of them. Staff told us that there was good team work. One staff member said, "The staff here really works as a team and we are all well supported by the managers." Staff completed daily logs and had regular handovers between shifts to help ensure that appropriate information was shared amongst the team as required. Staff told us that they found working with the therapists and nurses very rewarding because the standard of care was much better. One staff member said, "Working together means that people get the best of what they need from us." As part of their personal and professional development, staff were supported to obtain the skills, knowledge and experience necessary for them to perform their roles effectively. This included specific awareness about the complex needs of the people they supported.

Information gathered in relation to accidents and incidents that had occurred were personally reviewed by the managers who ensured that learning outcomes were identified and shared with staff. We saw a number of examples where this approach had been used to good effect, for example in relation to medication errors that had occurred. These had been thoroughly investigated and used to change and improve the practices and systems used to ensure people's medicines were managed safely and reduce the risks of reoccurrence.

We found that the views, experiences and feedback were regularly obtained from people who lived at the home, their relatives, and staff had been actively sought and responded to in a positive way. The provider had also had independent feedback to support obtaining people's views. Questionnaires seeking feedback about all aspects of the service were sent out and the responses used to develop and improve the home. For example, one person who attended residents meetings told us that recently people had been asking for automatic doors in the conservatory so the access to the smoking area was made easier for everyone. They confirmed that this had been completed by the provider. The registered manager confirmed that they had a system called 'You said, We did. There were notice boards around the units that showed what people had asked for and stated what had been done.