

Inspire Care Outreach Limited

Ellens Court Care Home

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

The inspection took place on 7 and 13 February 2017. The inspection was unannounced.

Ellens Court is registered to provide accommodation with nursing or personal care for up to 9 people. There were eight people living at the home on the day of our inspection.

Ellens Court supported people who had a learning disability, sometimes as a result of an acquired brain injury. Most of the people living at Ellens Court had lived at the home for a number of years. People had varying care and support needs, some requiring staff support for most of their needs and others who needed relatively minimal support.

Ellens Court is situated in the countryside in between Sittingbourne and Maidstone. The home has a mini bus to help people to get to the places they need to go and staff also used their own cars to drive people. The home had a lovely garden and three and a half acres of land surrounding the property. The property was homely but required updating. The registered provider had taken over the management of the home in November 2015 and planned refurbishments to enhance the facilities for people.

There was a registered manager based 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.

The provider and registered manager had processes in place to safeguard people from experiencing forms of abuse. Staff had been trained in safeguarding people and understood their responsibilities in keeping people safe. They were confident that they could raise any matters of concern with the registered manager and these would be acted on. Staff knew they could go outside of their organisation and raise concerns with the local authority safeguarding team if necessary.

There were sufficient staff with a mix of skills on duty to support people with their needs. Staff had received the training they required to be able to support the people living in the home, although some refresher training was necessary. Staff were supported by the registered manager and felt able to raise any concerns they had or to make suggestions to improve the service for people.

The provider and registered manager had robust recruitment practices in place. Applicants went through an assessment process to make sure they were suitable for their job role. All staff received induction training at the start of their employment and had to pass a probationary period to show they were suitable for the role.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who lived in the home.

People were encouraged and supported to be as independent as possible. They were involved in all aspects of the home, from planning and cooking meals to choosing how they furnished and decorated their bedroom or what activities and interests they wanted to take part in.

People were fully involved in the assessment and planning of their care and support, deciding how they wanted staff to support them. Their relatives were also involved where appropriate and if people wanted this. Individual risks were identified when planning people's care and control measures put in place to manage risks, keeping people safe from harm without compromising their independence.

People had choice and control over food planning, shopping for food and the preparation of meals. Where people had specific nutritional support needs, these were assessed and managed well. People were supported to access health care professionals to be able to maintain their physical and mental well-being.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The provider and staff understood their responsibilities under the Mental Capacity Act 2005.

The home had a friendly atmosphere where people were comfortable and confident in their environment. Staff were happy in their work and were chatty and relaxed.

People had individual plans to support their engagement in activities both inside and outside of the home. People regularly accessed the local communities, involved in regular interests. People pursued activities within the home if this was their preference, making choices day to day.

People knew how to complain and were given information how to do this and who to should they need to. No complaints had been recorded, however the registered manager believed the processes were in place to respond appropriately when a complaint was made.

Staff were well supported, through one to one supervision meetings as well as staff meetings. Communication was good and people, relatives and staff spoke highly of the registered manager and their management of the service.

Effective systems to monitor and improve the quality of the service provided were in the early stages of development. We saw that some audits and checking had been undertaken throughout the year. The registered manager and provider had started to assess and monitor the quality of care to ensure standards were met and maintained.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Staff were trained and up to date in safeguarding adult procedures, and knew the appropriate action to take to keep people safe.

The registered manager carried out individual risk assessments to protect people from harm or injury.

Accidents and incidents were monitored to identify any specific risks, and how to minimise these.

Staff were recruited safely, and there were enough staff to provide the support people needed.

Is the service effective?

Good 

The service was effective.

Staff were supported to perform well and develop in their role through one to one supervision meetings.

People had choice over all meals and were fully involved in menu planning. People were supported to carry out the weekly food shop.

Staff were knowledgeable about people's health needs, and supported people to maintain their physical and mental well-being.

People's human and legal rights were respected by staff. Staff had knowledge of the Mental Capacity Act and the associated Deprivation of Liberty Safeguards.

Is the service caring?

Good 

The service was caring.

People were fully involved in making decisions about their care and staff took account of their individual needs and preferences.

Staff protected people's privacy and dignity. The principle of encouraging and promoting people to be as independent as possible was evident.

People were happy and told us they were well supported by staff who cared.

Is the service responsive?

Good ●

The service was responsive.

People's care and support needs were assessed and care plans were produced, identifying how people wanted their support.

People were encouraged to take part in outside activities as much as possible and supported to maintain these links.

The provider had a complaints procedure and people and their relatives told us they felt able to complain if they needed to.

Is the service well-led?

Good ●

The service was well led.

There was an open and inclusive culture which focused on people.

The registered manager was well thought of and clearly knew people and staff well.

The new provider had started to implement quality assurance and monitoring procedures.

There was good communication amongst the staff team and between the registered manager and staff.

Ellens Court Care Home

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.

The inspection took place on 7 and 13 February 2017 and was unannounced. The inspection team consisted of one inspector.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. We used this information to inform our inspection planning.

Prior to the inspection we also looked at previous inspection reports and notifications about important events that had taken place at the service. A notification is information about important events which the home is required to send us by law.

We spoke with five people who lived at the home, and two relatives, to gain their views and experience of the service provided. We also spoke to the registered manager, and members of care staff. We also asked health and social care professionals for feedback about the service.

We looked at three people's care files and the medicine administration records, three staff records as well as staff training records, the staff rota and staff meeting minutes. We spent time looking at the provider's records, including policies and procedures, complaints and incident and accident recording systems, and quality assurance systems.

Is the service safe?

Our findings

Some people told us and others indicated to us that they felt safe living at Ellens Court. One person said, "I am safe here". People were clearly comfortable within their living environment. We observed people chatting to staff openly and moving around the home freely and confidently.

The relatives we spoke with told us they thought their loved ones were safe. One relative said, "I have no concerns about safety at all".

The provider helped to keep people safe by having a safeguarding procedure in place for staff to follow if they had concerns or suspicions of abuse. Staff received appropriate training to make sure they had the knowledge required to fulfil their responsibilities in keeping people safe. Staff were confident that the registered manager would deal with any issues quickly. They knew how to report and who to report to, as well as which bodies outside of their own organisation they could go to if they needed to. A member of staff told us, "I would do everything properly". Another said, "I would treat any situation as if it was one of my relatives".

The risks relating to individuals were identified and managed well. For instance, the types of risks identified included when people were at risk of acquiring pressure sores when they had poor mobility and were being cared for mainly in bed. Community nurses had been contacted and their advice and guidance had been included in an individual risk assessment to control the risks to the integrity of the person's skin. A specialist bed and mattress had been acquired and the person was supported to move position every two hours during the daytime and every four hours at night. Moving and handling risk assessments had been undertaken with a person whose health had deteriorated and they required more support from staff and hoisting equipment to be able to move out of bed and back into bed. Control measures to minimise the risks included providing extra training for staff to ensure they knew how to carry out the moving and handling manoeuvres safely. Staff had a good understanding of why it is important to carry out risk assessments to help to keep people safe. Although the registered manager wrote the risk assessments, staff contributed to them by reporting any changes. Some risk assessments had not been dated. We spoke to the registered manager about the importance of making sure all documents were dated. He agreed with this, saying this was an oversight and immediately checked the risk assessments, dating them where necessary.

Health and safety checks of the premises were undertaken every month and where maintenance was required this was recorded and actioned. A range of environmental risk assessments had been carried out by the registered manager. Risks identified around the property and environment included electrical safety, fire safety and risks within the kitchen. All essential servicing had been carried out to ensure the safety of the building and equipment. The regular maintenance and servicing carried out included; portable appliance testing, gas safety, electrical installation and the servicing of all fire equipment and appliances. An up to date fire risk assessment was in place as well as an emergency fire procedure so that people and staff knew what to do in the event of a fire. Fire evacuation drills had been carried out regularly and randomly to ensure people and staff had the opportunity to practice the procedure. A personal emergency evacuation plan (PEEP) had been developed for each person to make sure individual support needs were taken into account

should there be a need to evacuate the building. For example, if people needed physical assistance, if they needed to be reminded what to do or some people who may actually refuse to leave the building. Detailed individual risk assessments were also completed for people who were at greater risk in this situation. The registered manager helped to keep people, staff and visitors safe by having processes in place to identify and manage situations that might be a risk.

The provider and registered manager had an emergency plan in place to make sure they were prepared for the circumstances that would have an impact on their ability to run the service. These included adverse weather conditions or an infectious illness. The contact details of staff, including senior members of staff, were listed to ensure the support was available at any time of day or night.

The registered manager had an out of hours on call service in place for staff to make contact in case of emergency or advice needed. The on call was shared between the registered manager and the team leader.

All accidents and incidents were recorded in a file by staff when the incident occurred. The registered manager reviewed and signed each document, recording if further action needed to be taken.

The registered manager told us there was adequate staffing to meet people's needs. Through our observations and discussions with people and staff members, we found there were enough staff with the right experience and training to meet the needs of the people who used the service. The records we looked at such as the rotas and training files confirmed this. The home did have a preferred provider who provided agency staff if required although this was not often used. The agency had been used recently as one person required one to one support for a period of five hours each day as a temporary arrangement. Due to the temporary nature of need, the registered manager had felt it was appropriate to use agency staff for this purpose. We noted that the same agency member of staff was requested as much as possible for these shifts. The registered manager also provided support on a regular basis, sometimes working weekends in order to ensure continuity and also to make sure he kept up to date with people and their needs.

Safe recruitment practices were used. New staff went through an interview and selection process. The registered manager gained a full employment record from each applicant and pursued references before new staff could commence employment. All new staff had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with vulnerable people. People were protected from the risk of receiving care from unsuitable staff.

People living at Ellens Court required the support of staff with their prescribed medicines as there was a danger that people may forget to take them or get their medicines mixed up if they administered their medicines themselves. Medicine administration guidelines were in place within care plans when people needed extra assistance to take their medicines. For example, when people had required advice from a speech and language therapist due to difficulties swallowing, or if people did not always want to take their medicines so sometimes refused them.

People were protected from the risks associated with the management of medicines. Medicines were managed well, helping to keep people safe from errors being made. All medicines were stored in a locked cupboard which was well organised. Creams and ointments had the date recorded when they had been opened to make sure they did not lose their efficacy. The medicines administration records (MAR) were neat with legible handwriting, reducing the risks of mistakes. No gaps in recording were seen, indicating that staff knew their responsibilities in ensuring their record keeping was good to keep people safe. Where people were prescribed medicines 'as and when necessary' (PRN) a guidance sheet accompanied these to make sure staff knew what the medicine was for and when and why to administer it. For example, when prescribed

paracetamol for pain, the guidelines made sure people were not given this too often or left in pain too long. This meant that people were consistently given the medicine when they required it.

Is the service effective?

Our findings

People's relatives told us they thought staff were experienced and had the skills needed to support their loved ones. One relative said, "There is a consistent team, many of whom have worked there a long time so there is a good solid base". We observed staff who knew what their role was and were confident in their support of people.

Newly employed staff had an induction programme to work through which included training courses to attend and spending a week shadowing the more experienced members of staff. One new staff member was undertaking shadow shifts while we were visiting. They told us they had plenty opportunity to chat to people and thoroughly read their care plans in this period so felt well equipped to support people well. Staff had received the training they required to carry out their role providing care and support for people living at Ellens Court. Some refresher training had been undertaken since the new provider had taken over the management of the home. For example, all staff had received refreshers in safeguarding vulnerable adults, food hygiene, first aid and moving and handling. However, further refresher training was required for some staff to update their knowledge and skills. The registered manager was aware of this and told us there was further training planned for staff through 2017.

Staff were provided with the support necessary to enable them to carry out their role to the required standard. One to one supervision sessions were held regularly by the registered manager with each member of staff. The team leader was due to start undertaking one to one meetings with some of the staff team in March 2017 as part of their on-going development. These meetings provided opportunities for staff to discuss their performance, development, any concerns they had and to receive direct feedback. The registered manager had not undertaken any annual appraisals as he felt he needed to have over a full year to be able to assess staff's performance and to support them to set targets towards their development for the next 12 months. Annual appraisals were therefore planned to take place in April 2017.

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 living at Ellens Court were able to make their own choices and decisions with individually based support available when necessary. Mental capacity assessments had been undertaken when appropriate to establish whether people had the capacity to make particular decisions and to identify any support that may be needed to assist them to do this. For example, identifying the support staff may provide or if people wanted a family member to help them. Where people may at times find it difficult to express themselves, care plans detailed individual information about how to support each person to make choices. Staff had a good understanding of the MCA and how it related to them in their role supporting people. Staff told us that people were supported to make their own decisions and choices and they would always double check to make sure people understood the options available to them.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. People's capacity to be able to choose where they lived and to be able to consent to care and support had been assessed. None of the people living at Ellens Court lacked the capacity to make these decisions themselves, with support. This meant that applications had not been made to deprive people of their liberty, although the registered manager was aware this needed to be kept under review.

People had been included in decisions about their care and interventions that could restrain them. For example, one person was at risk of falling out of bed and potentially causing themselves harm. An assessment was completed and the use of bed rails was discussed with the person and their family members who all agreed this was the best course of action in the person's present circumstances. The decision was reviewed at a later date to ensure the person was still comfortable with the arrangement.

The provider employed a cook four days a week with the responsibility for meals and safety within the kitchen area. The staff took care of cooking meals on the days the cook was not available. One member of staff was allocated the task within the rota. Staff sat with people living at the service to eat their meal. People and staff liked this arrangement as they could chat in an informal atmosphere making it an enjoyable shared experience.

Shopping for all the food for the home was done at the supermarket. The registered manager told us they would usually carry out this task with three people who lived at the home. Each person had an area of responsibility while shopping and took their role in purchasing the weekly shop seriously. Another day of the week, some shopping took place at a local farm shop. Another person liked to do this part of the weekly shopping, supported by a staff member.

Some people required support and encouragement to drink enough fluids. Fluid charts, recording all the drinks people had through the day and night were fully completed. This meant that the registered manager could check if people at risk of dehydration were taking enough fluids on a daily basis. Eating and drinking guidelines were in place to make sure people were assisted in a safe and confident way by staff.

People were supported to maintain their health by support to attend regular and routine appointments and also by prompt referrals to healthcare professionals when needed. For example, one person had been referred to a speech and language therapist (SALT) when they started to have difficulties in swallowing. The SALT had given specific guidance on the types of food and the consistency of pureed foods the person must have. The guidelines were incorporated into the person's daily care plan, including how their drinks must be prepared and how medicines must be taken. This ensured the health and the safety of people who required specialist care and advice.

People who suffered with epileptic seizures had clear guidelines in place within their care plan to give staff the information they needed to support people if they had a seizure. Plans were detailed to guide staff at what point they should seek further help from emergency services. For example, one person's guidelines advised that staff should call 999 if they had a second seizure closely following the first seizure. Records of health care professional's appointment or visits were detailed and well kept. For example, staff documented GP visits, dentist appointments, the optician or GP practice nurses. People had a well detailed hospital passport which was available to be taken to hospital if people needed to be admitted for any reason. This would help the hospital staff to understand the person, their communication needs and their likes and dislikes to help to make a stay less stressful for people.

Is the service caring?

Our findings

People living at Ellens Court appeared happy and confident, those who could were keen to chat and could be seen taking part in many conversations with staff. One person told us, "I like it here. I like talking to (registered manager name)".

People's relatives thought the staff were caring and supported their family members well. One relative said, "It is a great feeling of comfort that he is safe and well cared for. This provides a great comfort to me". Another told us, "I think the staff are very kind and look after them all well".

People appeared happy and comfortable throughout the visit, confident to chat with us and show us around the home. There were jokes and banter between people and staff. We heard and observed many positive conversations and interaction between people and staff and the registered manager. One person was talking about how they enjoyed going to the theatre and talking about the plays and pantomimes they had seen. A relative told us, "Ellens Court is the nearest to home you can get without being at home with your family".

People's care plans included a lot of historical information about each person, telling a story about their life and who was and is important to them. Life histories detailing where they lived, where they worked and their interests showed people's progression through life. This gave new staff a detailed picture not just of the person they saw now but also the person and the life they had so far.

People had a key worker, who was one of the staff team, and met with them regularly to make sure their views were heard and their support was provided in the way they wanted it. People knew who their key worker was and what their role was. One person had a key worker meeting in January 2017 when they said they wanted to buy some new clothes. Their keyworker was planning this with them.

People were supported to not only maintain their independence but to increase their skills. This was evident during our visit. One person helped out with health and safety inspections and had the opportunity to attend a training course to provide the learning required. The person also accompanied the registered manager to other services within the provider's group of services to undertake health and safety checks. One person had made their own packed lunch in preparation for the planned day activity they attended outside of Ellens Court every week. Relatives told us their loved ones were socialising and going out more.

We observed staff being respectful of people's privacy and dignity. Staff described how they made sure people's privacy and dignity were respected. They told us how some people who required personal care within their bedroom had a door curtain as well as a door to ensure their privacy was completely respected. Staff told us they would always knock on people's bedroom door before entering as this was their only completely personal space.

There was evidence that people who required help to make a specific decision had been referred to independent advocacy services. The registered manager made sure that people had the support to make

important decisions from an independent agency when necessary, helping them to speak up for themselves.

People had been asked what their wishes were for their funeral arrangements. This gave people the opportunity to think about this carefully and take their time to enable them to make an informed choice and decision. Their decisions were recorded in their care plan and reviewed if necessary.

Is the service responsive?

Our findings

People told us about the many activities they took part in throughout the week. People told us they chose what they wanted to do and although most had some planned activities, they could choose on a day to day basis what they wanted to do.

Relatives said their family members had lots of opportunities. One relative said, "He is encouraged to do more and more. His opportunities have increased which has given him a feeling of responsibility". Another relative told us, "They seem to choose what they want to do and go out a lot".

People were supported to follow the interests of their choice on an individual as well as a group basis. Access to the local communities was encouraged and supported on a daily basis. People had an activity plan so the registered manager could make sure staff were available to support people to continue with their activities and interests. One person was being supported to take a course in food hygiene to be able to pursue their interest in food and cooking further. They were also learning more about infection control in relation to the kitchen environment and the risks around chemicals and cleaning products. Individual risk assessments had been completed in preparation to support the person to stay safe while having the opportunity to be more involved in the kitchen at Ellens Court one day a week to gain experience.

People had the opportunity to go on holiday every year if they wished to do so. People chose where they wanted to go as a group and were assisted to plan and book the holiday. The group chose to go to Blackpool in 2016. Those people who did not want to go on the chosen holiday, or preferred not to go in a group were supported to choose weekend or day trips out on an individual basis.

People were involved in in-house activities including everyday domestic tasks such as tidying and cleaning their bedrooms and washing their clothes. People also got involved in making cakes or playing board games such as draughts or bingo. A games room was available for people to use where they could play pool or darts.

Although all the information required was recorded in people's care plan, we found the care files we looked at to be in quite chaotic order and it was not easy to find the most up to date documents we were looking for. We spoke to the registered manager about this who agreed they needed to be rearranged into a methodical system. The registered manager made a start on this straight away.

People had a person centred plan that had all the personal information known about the person. The types of information within the person centred plans included a life history, important people, where people had lived before, previous employment or activities as well as current interests. The person centred plan had originally been developed some years ago and built on over the years. One new member of staff told us the person centred plans had been invaluable for them and they felt they knew people really well very quickly. This meant staff had crucial information about each person to be able to understand them well and be able have conversations about previous events.

Care plans detailed the care and support people required throughout the day. Plans were individual and had clearly been developed with each person. One person's care plan described how they liked to get up out of bed in the morning. The plan recorded, 'I like to be woken at 07.00 and have a cup of coffee before I get ready for my day'. Another person's care plan showed how their care and support was changing over recent months following an operation. They had required more care and support with mobility when first discharged from hospital and this had now reduced as health care professional advice and guidance was followed to support their rehabilitation.

The registered manager made sure every person had a review of their care and support every year. People's family members and involved healthcare professionals were invited to attend to make sure no areas were missed. In between these annual reviews, regular reviews of people's care plans were carried out to make sure the support provided continued to be what people wanted and was appropriate and relevant. At one person's annual review there was a discussion about the deterioration in their speech communication. Picture cards were suggested, these were tried by the person and the staff team however, the person did not wish to carry on with these aids and so they were discontinued.

The registered manager made sure that resident's meetings were held regularly, giving the opportunity for people living in the home to have their say about the running of the service. At the last meeting, on 13 January 2017, each person had the opportunity to join in and speak about what they wanted, these included; when would the bathroom be finished and would some of the chairs be replaced or repaired. Previous meetings had included discussions about food menus, recycling and Christmas plans. Although the new registered provider had not sought the views of relatives or other people involved in the home about the service provided, a survey was due to go out to these groups on 28 February 2017. The survey had been designed and was ready to send via an online link. The registered manager told us they intended to use the results of the survey to be able to assess where they could make improvements to the service after their first year was now completed.

The organisation had a complaints procedure that the registered manager followed. This included all the information people or their family members would need if they wished to make a complaint. Including who to go to outside of the organisation if they felt their complaint had not been dealt with appropriately. The registered manager had produced an easy to read leaflet to try to help people to understand the information better. However, the people living at Ellens Court had rejected this so the leaflet was in the process of being designed again. We saw the draft version of the new easy read leaflet. This meant the registered manager was trying to support people to understand their rights with information that was more accessible to them.

Is the service well-led?

Our findings

People clearly knew the registered manager well and were seen to seek him out to talk to him regularly throughout the day. We had only positive comments about the registered manager from people, their relatives and staff.

A relative told us, "(the registered manager) has proved to be a good manager; he is a great advocate for all the people living there and is a great role model". Another relative said, "Yes I do think the home is well run and the manager has fitted in well".

Staff said the registered manager knew people living in the home well and spent time with them. One member of staff said, "He is always in and out, always spending time with the residents, he knows them all really well". The registered manager often worked 'on shift', supporting people and providing personal care. He told us he thought this was crucial to be able to get to know people well and to be aware of what was happening within the home.

The registered provider had taken over the management of Ellens Court in November 2015. The registered manager had spent time getting to know the people living at the home, their relatives and the staff in this time. Many staff had worked at the home for a number of years. Some had found the transition to a new registered provider difficult at times but most felt things had settled well and were happy with their new employer.

Staff found the registered manager to be approachable and thought there was an open door policy. Staff said they were able to take any concerns to the registered manager and were confident he would take action straight away. One member of staff said, "If you have a problem you can always go to him". Another said, "He is very hands on and tries to take the pressure off staff".

The registered manager held regular team meetings with his staff. The meetings were used to update staff, to share important information between them and to aid communication and team working. The records made of the meetings were detailed and well documented so staff who were not able to make the meeting could catch up with what was discussed. Staff told us there was a real team spirit where everyone got on well together, supporting each other. One staff member said, "It is quite laidback and there are no tensions". Another said, "It is a lovely place to work".

Some of the registered provider's policies and procedures were out of date as they referred to the previous provider. The registered manager had told us before we looked at them that this was the case and the provider was continuing to update all of them as a matter of priority.

The provider and registered manager undertook some checks to monitor the quality and safety of the services provided at Ellens Court. Some of these had been in place for some months and some were still in their infancy so a work in progress. The registered manager was responsible for most of the monitoring systems in place and those recently commenced. However, the provider visited at least once a week and

they had commenced a monthly quality audit they carried out themselves, checking a different area each month such as care plans, food, medicines or activities. The registered manager said these would be used to improve the services provided as well as ensuring the provider had a good insight into the service.