Greensleeves Homes Trust

Tickford Abbey

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 15 December 2015. It was unannounced.

Tickford Abbey is registered to provide a service for up to 32 people, who may have a range of needs, including old age, physical disabilities and dementia. Nursing care is not provided. During this inspection, 30 people were living in the home.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe living at the service. Staff had been trained to recognise signs of potential abuse and keep people safe.

Processes were in place to manage identifiable risks within the service, and ensure people did not have their freedom unnecessarily restricted.

There were sufficient numbers of suitable staff to ensure peoples' safety and meet their individual needs.

The provider carried out proper recruitment checks on new staff to make sure they were suitable to work at the service.

Systems were in place to ensure people's daily medicines were managed in a safe way and that they got their medication when they needed it.

Staff had received training to carry out their roles and meet people's assessed needs.

We found that the service worked to the Mental Capacity Act 2005 key principles, which meant that people's consent was sought in line with legislation and guidance.

People had enough to eat and drink. Assistance was provided to those who needed help with eating and drinking, in a discreet and helpful manner.

People's healthcare needs were met. The service had developed positive working relationships with external healthcare professionals to ensure effective arrangements were in place to meet people's healthcare needs.

Staff were motivated and provided care and support in a caring and meaningful way. They treated people with kindness and compassion and respected their privacy and dignity at all times.

We saw that people were given opportunities to be actively involved in making decisions about their care and support.

People's social needs were provided for and they were given opportunities to participate in meaningful activities.

A complaints procedure had been developed to let people know how to raise concerns about the service if they needed to.

There were effective management and leadership arrangements in place.

Systems were also in place to monitor the quality of the service provided. However, improvements were required to ensure these are more effective, in order to drive continuous improvement within 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

Staff understood how to protect people from avoidable harm and abuse.

Risks were managed so that peoples' freedom, choice and control were not restricted more than necessary.

There were sufficient numbers of suitable staff.

The provider carried out proper checks on new staff to make sure they were suitable to work at the service.

Systems were in place to ensure people's daily medicines were managed in a safe way and that they got their medication when they needed it.

Is the service effective?

Good

The service was effective.

Staff had the right support to carry out their roles and responsibilities.

The service acted in line with legislation and guidance in terms of seeking people's consent and assessing their capacity to make decisions about their care and support.

People were supported to have sufficient to eat and drink.

People were also supported to maintain good health and have access to relevant healthcare services.

Is the service caring?

Good

The service was caring

Staff were motivated and treated people with kindness and compassion.

Staff listened to people and supported them to make their own

decisions as far as possible.

People's privacy and dignity was respected and promoted.

Is the service responsive?

Good

The service was responsive

People received personalised care that was responsive to their needs.

Systems were in place to enable people to raise concerns or make a complaint, if they needed to.

Is the service well-led?

Good

The service was well led.

We found that the service promoted a positive culture that was person centred, inclusive and empowering.

There was a registered manager in post who provided effective leadership for the service.

There were systems in place to support the service to deliver good quality care.

Tickford Abbey

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 was unannounced and took place on 15 December 2015. It was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We checked the information we held about the service and the provider, such as notifications. A notification is information about important events which the provider is required to send us by law.

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. In addition, we asked for feedback from the local authority, who have a quality monitoring and commissioning role with the service.

During the inspection we used different methods to help us understand the experiences of people using the service, because some people had complex needs which meant they were not able to talk to us about their experiences.

We spoke with 12 people living in the home and observed the care being provided to a number of other people during key points of the day including lunch time and when medication was being administered. We also spoke with the registered manager, deputy manager, three care members of staff - including one senior, the chef, a laundry assistant, the activity coordinator, the maintenance lead for the home and four relatives.

We then looked at care records for three people, as well as other records relating to the running of the service - such as staff records, medication records, audits and meeting minutes; so that we could corroborate our findings and ensure the care being provided to people was appropriate for them.

Good

Is the service safe?

Our findings

Everyone we spoke with confirmed that they felt safe living at the service. One person told us: "Yes I do feel safe, I think it's quite a good home." Another person said: "Safe – yes very safe lovely – my second home for the last 7 years nearly 8 years." A third person talked to us about a recent incident where another person living in the home had come into their room. They told us that they felt safe too because staff had taken action quickly, to minimise the chance of it happening again. Family members also told us they felt their relatives were safe. One relative said: "I visit at all times of the day and I am satisfied that she is safe."

Staff told us they had been trained to recognise signs of potential abuse and were clear about their responsibilities in regard to keeping people safe. All of the staff told us they felt that people were safe in the home. One staff member told us: "I feel a lot happier now with this manager especially regarding the residents who are in their rooms – they are checked on a lot more now." We saw that information was on display which contained clear information about safeguarding, and who to contact in the event of suspected abuse. Records confirmed staff had received training in safeguarding, and that the service followed locally agreed safeguarding protocols.

Staff were able to describe the treatment and care required to minimise or prevent identifiable risks to people such as pressure ulcers and falls. One staff member said: "I would tell a senior straight away. I would record it on a body map and then put cream on to prevent it getting worse." Another staff member told us: "I would record the information on a body map and include the necessary care in the residents care plan. If the resident stays in bed I would ensure the information was communicated to care staff via the communication book – this information would give clear directions to carers about appropriate care including the use of [a cream] if it had been prescribed by a doctor. If we were not happy with how it was progressing, we would refer the matter to the High Impact Team to check it out and to provide us with further advice and guidance." A third member of staff added: "We don't have that many falls nowadays… there are risk assessments in place to prevent falls." The registered manager talked to us about someone who had been experiencing falls at night, because they were hungry and looking for food. Staff had responded by ensuring the person had supper and introducing snack boxes for people to graze from between meals. Records showed that falls for this person had decreased as a result and demonstrated that actions were taken when incidents happened, in order to learn lessons and inform practice.

We saw that individual risk assessments were in place to manage risks to individuals in a way that did not restrict their freedom, choice and control more than necessary. These included areas such as moving and handling, pressure care and falls. Risk assessments provided information about managing the risks identified, and had been reviewed regularly; to ensure the care being provided was still appropriate for each person. We observed staff on a number of occasions supporting people as they moved about the home. They demonstrated safe techniques and supported people in a reassuring manner. Other records showed that people received care and support in accordance with their care plans and risk assessments.

The registered manager and maintenance lead spoke to us about the arrangements for making sure the premises was managed in a way that ensured people's safety. A disaster plan had been developed which

covered events such as power outage, storms, fire and floods. Specialist equipment was seen throughout the home, to aid evacuation in the event of an emergency. Records showed that systems were in place to ensure the building and equipment was safe and fit for purpose, and that regular checks were carried out. Clear information was also available regarding fire safety and the arrangements to follow in the event of a fire.

People told us there were sufficient numbers of staff to keep them or their relative safe. Staff we spoke with were also content with staffing levels in the home. The registered manager told us the provider was responsive to requests for additional staff cover where there was a need, for example, at peak times or to support someone with end of life care. During the inspection we observed that there were enough staff on duty to meet people's needs. In addition to care staff and managers, there was an activity lead, maintenance lead, chef, kitchen assistant, dining room assistant, administrator, laundry and three domestic staff. Rotas were planned up to six months ahead, and showed staffing levels were consistent with those seen during the inspection. The registered manager confirmed there were no staff vacancies at that time.

The registered manager described the processes in place to ensure that safe recruitment practices were being followed; to ensure new staff were suitable to work with people living in the home. We were told that new staff did not take up employment until the appropriate checks such as, proof of identity, references and a satisfactory Disclosure and Barring Service [DBS] certificate had been obtained. A member of staff we spoke with confirmed they had not been able to work unsupervised until all their checks had come back. They told us: "I shadowed for a week or two because my CRB (Criminal Records Bureau) had not come through." We looked at a sample of staff records and found that all legally required checks had been carried out.

Systems were in place to ensure people's medicines were managed so that they received them safely. People we spoke with told us they felt their medication was managed well. One person said: "I get my tablets regularly and on time. No complaints." Another person said: "I take lots of tablets and I always get them on time." Everyone we spoke with said that they were able to ask for pain relief when they felt they needed it, and it was brought to them straight away.

Staff demonstrated a good understanding about medication processes such as administration, management and storage. They also confirmed they had received training and their competency was checked by a senior member of staff. Each person had a lockable facility for their medication in their bedroom. Staff told us this helped to prevent errors because the person administering was able to focus on one person at a time and their individually prescribed medication. We observed people receiving their medication and noted that the person administering gained people's consent before administering. We also noted that PRN (as required) medication was considered, but was not given unless it was actually required. Where PRN medication was for pain relief, people were asked whether they needed it or not first. Records showed that staff competency had been checked recently and that medication audits were carried out check people received their medication as prescribed.

Good

Is the service effective?

Our findings

People confirmed they received effective care from staff with the right skills and knowledge. One person said: "Staff are kind and helpful. They all seem well trained." Another person added: "They all appear well trained, they certainly know about my needs."

Staff talked to us about training that was offered. One member of staff told us: "We have all had every bit of training going. [The registered manager] is very strict about this." Another staff member said: "We can do any training we ask for - [the registered manager] is very good like that. The training has got a lot better since [the registered manager] came." A third member of staff told us about their induction: "My induction training was a 12 week induction. I was shadowed by a senior during this time before I was let loose. I also did all my mandatory training during this time." The registered manager told us that the local High Impact Team supported the home by delivering relevant training to support staff in caring for people with a stoma, and conditions such as asthma and diabetes. The High Impact Team works with care homes to reduce the need for unplanned hospital admissions by proactively managing people's health care needs.

A training matrix had been developed which provided information to enable the registered manager to review staff training and see when updates / refresher training was due. This confirmed that staff had received training that was relevant to their roles such as induction, safeguarding, diabetes, dementia, nutrition, Mental Capacity Act 2005, defibrillator, challenging behaviour / aggression management. The majority of staff, including staff not providing direct care, had taken part in 'virtual dementia tour' training. The registered manager explained that the training aimed to provide staff with the opportunity to experience first-hand some of the difficulties that someone living with dementia experiences on a day to day basis such as disorientation, confusion and communication. Other records showed that senior staff checked staff knowledge and competency following training.

Staff meetings were being held on a regular basis; to enable the registered manager to meet with staff as a group, and to discuss good practice and potential areas for staff development. Staff also confirmed they received individual supervision, which provided them with additional support in carrying out their roles and responsibilities.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the service was working within the principles of the MCA. The registered manager explained that key pads had been fitted to the

external doors, to keep people safe. She told us that people were assessed to determine their capacity and to see whether they were able to come and go from the home, without restriction. For other people, who had been assessed as lacking capacity and were at risk if they were to leave the home without supervision, DoLS applications had been made. The registered manager advised that plans were underway to remove the key pads and secure the grounds instead. She explained that this would be the least restrictive option and would enable people to leave the building whenever they wanted; to enjoy the substantial grounds safely, without restriction.

Throughout the inspection we observed staff seeking people's consent. Although some people did not communicate using many words, we observed that they were able to demonstrate their consent clearly through other methods such as actions and physical movement. Staff showed that they understood people's needs well and they encouraged people to make their own choices and decisions, as far as possible. People were seen to respond positively to this approach. Records showed that people's consent had been obtained in a number of areas such as checks undertaken at night and medication administration. Best interest decisions had been recorded for those unable to provide consent.

People told us they had enough to eat and drink and that they enjoyed the food provided. One person said: "The food is pretty good here, I can't complain about it." Another person told us: "The food is alright really, I am quite satisfied." A relative echoed these comments by adding: "[The] food seems good – what I have seen of it. My [relative] has put on weight here since she came out of hospital."

The registered manager showed us a presentation that she had delivered to people living in the home; based on feedback she had received from them about the food provided and the overall mealtime experience. This showed that people had asked for more variety and consistency in terms of the food provided. The presentation outlined significant improvements that were planned as a result, including changing the time of the main meal, improving the dining area and the introduction of a new cafe style 'light bites' menu for lunch times. It was evident that a lot of thought had been put into the proposed changes.

The registered manager told us that two members of staff had recently been identified as nutrition champions for the home, and had embarked on relevant training for that role. We spent time observing how people were supported during lunch. Staff demonstrated that they were used to serving large numbers of people quickly and efficiently. We noted that tables were set with table cloths and condiments; providing a visual clue for people living with dementia that it was time to eat. Some staff sat and ate meals with people who required assistance to eat. They explained later that this supported people by providing them with prompts to eat. We noted that where needed, people were also provided with eating aids such as adapted cutlery and crockery; to assist them in maintaining their independence as far as possible.

Throughout the day a choice of food, including snacks, and drinks were readily available and people were encouraged to help themselves in between meal times. A small number of people were not able to do this independently and staff told us they offered them drinks whenever they went to check on them. We observed this happening and records supported that this happened regularly. Other records showed that people's nutritional needs had been assessed, with any specific requirements such as soft options or assistance with eating outlined. Staff we spoke with, including the chef, were aware of these when we spoke with them. Records showed that people's weight was being monitored, to support staff in identifying any potential healthcare concerns. Records we saw showed that people had maintained a stable weight over a period of months. Specific care plans were in place for those at risk of malnutrition, and involvement from the local dietetic team was evident.

People confirmed they were supported to maintain good health and have access to relevant healthcare

services. One person told us: "They get the doctor no problem if I need to see him." Another person said: "If I needed to see the G.P. I would tell the carer. I have seen the doctor today." They added: "He gave me a prescription – the home will get that for me…they seem to be looking after my health." We also read some feedback from a visiting healthcare professional. They had written: 'Staff care for and have a good knowledge of the residents'

Staff told us they felt well supported by external healthcare professionals, who they called upon when they required more specialist support such as the High Impact Team. They spoke highly of the support they received from this service. Records showed that the service was also in regular contact with the local falls prevention service and dietician. An optician and chiropodist visited as required. Visits to and from external health care professionals were being recorded, and we noted a good level of detail in the records we looked at. A relative confirmed that staff always kept them informed about their relative's wellbeing and any changes to their health care needs.

Good

Is the service caring?

Our findings

People confirmed that they or their relative were treated with kindness and compassion. Lots of people spoke positively about the care and support they received. One person told us: "Staff are very good. I am very happy here actually. They always try and do things for us and look after us." Another person described the staff as their "extended family." Relatives confirmed this was their experience too. One relative told us: "[The] carers are kind, like my daughters really. They treat me with dignity and kindness." Everyone we spoke with reported that they had never seen or heard anyone spoken to in an inappropriate manner. We also read some recent written feedback from relatives and visiting healthcare professionals which echoed these comments. A healthcare professional had written: 'Staff have a positive and helpful attitude'. A relative had written: 'I am very grateful for the kindness shown…many members of staff go out of their way to help'. We noted this to be the case during the inspection where staff members stayed on beyond their contracted hours to support the inspection and spoke enthusiastically about their roles.

We observed many positive interactions between staff and the people using the service throughout the inspection. All of the staff demonstrated a good understanding of the needs of the people they were supporting. Their approach was meaningful and personalised. For example, a non-care member of staff was seen taking a person who was living with dementia outside, because they had requested to go. This demonstrated a team wide approach in meeting people's needs. On another occasion, staff were heard providing another person living with dementia with appropriate verbal reassurances. They were sensitive not to change the person's own perceptions and reality, and in doing so prevented the person from becoming anxious. This meant the staff team showed compassion and understanding in the way they supported people using the service.

A call bell system was in place so people could call for assistance when they needed to. When asked about response time to call bells and people reported it was generally around 10 minutes. One person living in the home told us: "Very often they come immediately; sometimes it can take 10 minutes." The registered manager confirmed the existing call bell system needed to be upgraded because it did not enable staff to see who was calling for help on each level of the home. Records showed that the upgrade had already been planned and budgeted for. In the interim, walkie talkies had been introduced to enable staff to communicate quickly with one another, and request additional support as required. We heard a number of conversations taking place in this way during the day, and noted that the system worked well in ensuring people's needs were met quickly and efficiently.

People confirmed they felt involved in making decisions about their care, support and day to day routines. Most people we spoke with managed their own personal care independently, but they all confirmed they felt able to request help if they needed it. One person told us: "I get myself washed and dressed – I can't see well so I have to get them to help me with choosing my clothes." We observed throughout the day that people made their own decisions in terms of when they got up, what they ate and how they spent their time. The staff were very relaxed in their approach and interactions, meaning that people were given time and were not pressured to do something they did not want to do. Care plans we looked at contained detailed information about people's individual preferences, and about how their wanted their care and support

provided. They referred to individual choice and people's capacity to make their own decisions as far as possible.

People told us that they were treated with dignity and respect. One person told us: "There are no problems with privacy and dignity when I have a bath; they are very good with that. A young girl started yesterday and she introduced herself quite nicely." The registered manager told us that she had identified two members of staff to undertake the role of dignity champions for the home, and they were awaiting further training on this. Throughout the inspection we observed that people's privacy and dignity was respected and upheld. In addition to the way that staff spoke and interacted with people, we also noted the building was maintained to a high standard which provided people with comfortable and dignified surroundings. Furthermore, people's laundry was well cared for. Soon after our arrival we observed a member of staff returning clothes to people from the laundry. The clothes smelt clean and fresh and had clearly been ironed to a good standard. Once again this demonstrated a team wide approach in how people's dignity was upheld and also respect for their property.

All the relatives we spoke with told us they were able to visit without restriction. It was clear from our observations that relatives felt at ease in the home and in speaking with the staff. One relative said: "I come several times a week…They always offer me a cup of tea and a biscuit. They are very friendly." Another relative joked with us about having to make their own drink when they visited, but it was clear they felt comfortable enough in the home to do this. The registered manager showed us a small kitchen that people living in the home and their visitors could access whenever they wanted to. Towards the end of the inspection we observed someone living in the home walking around with a glass of wine they had obtained from the kitchen. It was clear that this was appreciated by the person and showed that people's individual preferences were respected and upheld.

Good

Is the service responsive?

Our findings

People told us that they were able to contribute to the assessment and planning of their care. One person told us: "They come up here and sit on my bed and go through my care plan with me – the carers. They are very good with that. I then get to sign it." Another person said: "When I came here from hospital, I was not very well so my daughter went through the care plan with them. But more recently I have been through it; they seem to do it monthly. I am quite happy with this." Relatives confirmed they also felt involved with planning the care of their relatives. One relative said: "From time to time they come and we go over it together. I read it and sign it. Anything urgent they get in touch with me straight away." Records showed that people, and relatives, where appropriate, were encouraged to provide information about each person's life history, routines and individual preferences, before they moved in. Where someone was not able to sign their care records; to show their agreement, we saw that the reason had been clearly recorded. The home's activity lead told us that she was working with people on new 'life history' booklets, on a one to one basis but involving each person's keyworker too.

Care plans we looked at had been reviewed regularly; to ensure the care and support being provided to people was still appropriate for them. A member of staff told us: "I have four service users in my case load. We all are key workers for some residents. I review their care monthly with them; the care plan is then typed up by a senior on their admin day." Daily records were being maintained to demonstrate the care and support provided to people. These showed regular interventions and interactions being provided for people being cared for in bed.

People's independence was encouraged and supported. One person confirmed this by telling us: "I would not like anyone to be making decisions for me. I like to be as independent as possible. I still have all my faculties and I intend to use them while I can." We noted that each person had an in-tray for their post, which they could choose to collect if they were able to do so. Facilities had also been provided throughout the building to enable people to help themselves to a snack or drink at any time. This included cold drinks, drinking water, yoghurt and cereal.

People talked to us about their hobbies, social interests and about the activities that were provided by the home. It was clear that the home recognised this as an important part of people's lives. The registered manager showed us an application pack she had recently submitted to become 'Eden' accredited. She explained that the Eden process involved being able to provide evidence against a set of 10 principles which aimed to make a better life for people living in the home. Principle one for example refers to 'the three plagues of loneliness, helpless and boredom'. The home's activity lead expanded on this by talking to us about how the home followed the 'Ladder to the Moon' approach. She explained that this approach aimed to enhance the quality of care those living with dementia and old age, through the use of creativity and staff training. She told us activity boxes were sent to the home on a bi monthly basis, which contained objects relating to specific subjects such as dressing up. We saw photographs of people involved and enjoying a variety of activities such as visits from a variety of animals and birds, baking, dancing, dressing up, drama, and events held at the home. Relatives confirmed that activities took place on a regular basis and that they were sent reminders on their mobile phones when they were invited to attend. They told us for example,

that the home had put on an extra Christmas day for those families not able to spend Christmas day together. There had also been a Christmas bazaar selling items made by people living in the home, in order to raise funds for a mini bus. It was clear from speaking with staff that the home worked in partnership local community groups and organisations such as schools, the community policing team and other care homes; to enhance opportunities for people to develop friendships and companionships for people.

Throughout the inspection we noted that the use of the television was kept to a minimum, and people were encouraged to participate in activities that were meaningful for them. For example, we heard a group of people in the cinema room watching British astronaut Tim Peake's space launch with interest, but after this, staff engaged people in other activities such as listening to music, singing, dancing and a quiz. People who did not wish to join in were respected, and people were seen freely moving about the home as they chose. The home had its own pets including three cats and some fish, for people to enjoy, and a dedicated room had been provided for a visiting hair dresser / beautician. The registered manager told us people were encouraged to get involved in day to day tasks such as looking after the home's pets and helping out with the laundry. Records we looked at showed that a variety of different activities were planned on a regular basis and that these took into account people being cared for in bed; to reduce their risk of isolation and loneliness.

It was clear that a lot of thought had gone into refurbishing parts of the building to ensure people received meaningful care that was centred on them. We saw that a number of different areas had been created in the home including a large activity room that doubled up as a cinema room – complete with large screen, a reminiscence room set up as a lounge from the 1950s. This room contained equipment such as a telephone, television, record player and games appropriate to that era. In addition, people had access to a TV lounge, conservatory and large dining room; providing them with options about how to spend their time. To aid orientation around the home, corridors included signs that resembled street names. Bedroom doors were presented as external front doors – all painted a different colour with a picture of something that was meaningful to the occupant of each room. The registered manager showed us the home's business plan for 2016/17 which included additional plans to create a coffee bar in the entrance of the home and to secure the premises of the home, so that people could access the extensive grounds surrounding the building, as they wished to do so.

People told us they would feel happy making a complaint if they needed to. They told us that staff were approachable, and they would feel comfortable talking to them if they were unhappy about something. One person told us: "I would complain to the manager. She is really helpful." A relative echoed this by adding: "I would go and see [the registered manager], her door is always open. They are always there to talk to."

We saw clear information had been developed for people outlining the process they should follow if they had any concerns. Records showed that concerns were taken seriously and people were kept updated on the actions taken in response, in order to improve the service. This showed that people were listened to. We noted that the number of compliments received by the home outweighed the number of concerns. Some recent written compliments from relatives included: 'Thank you for supporting us as a family'. Another person commented on how welcome they had been made to feel, with friendly smiles and a cup of tea.

Good

Is the service well-led?

Our findings

People told us there were opportunities for them to be involved in developing the service such as satisfaction surveys, meetings and face to face contact with the manager and staff. Relatives told us they were not always able to get to meetings however, so did not always know what was discussed. The registered manager acknowledged this, and told us she was looking to build on existing communication methods with relatives. She told us that they were in the process of developing a newsletter, which she hoped would address this need. She also told us a mobile phone text service was already in place to keep staff and relatives informed of forthcoming events. Records showed that meetings were held with people living in the home where areas such as food, activities and refurbishment plans had been discussed.

A 'statement of purpose' had been developed, providing useful information to support people in understanding more about what they should expect from the service, including information about the assessment and admission process, additional services such as visiting healthcare and beauty professionals, staffing levels and training, activities, the arrangements to be followed in the event of a fire, how to complain and the process for reviewing people's care needs. In addition, the registered manager told us that the activity lead for the home was working on establishing two resident / relative focus groups, involving local community links such as the community policing team; to develop existing systems and fundraise for the home.

The service demonstrated good management and leadership. Everyone we talked with spoke positively about the management of the home. A relative described them as: "Very approachable." A member of staff told us: "[The registered manager] is really all for the residents." Staff were very clear about their roles and responsibilities, and knew what was expected of them. We observed them working cohesively together throughout the inspection, and noted the way they communicated with one another to be positive and supportive. We also found the registered manager to be open, organised and knowledgeable about the service. She responded positively to our findings and feedback.

The registered manager confirmed she felt well supported by the provider and confirmed appropriate resources were available to drive improvement in the home. For example, we were shown the home's business plan for 2016/17, which set out the home's plans to enhance people's experience in terms of the environment and service provided. This included information about the continuation of the refurbishment of the home, improving the meal time experience for everyone, upgrading the existing call bell system, reducing restrictions placed on people living at the home, and improving on the dementia care provided. Information that corresponded with the business plan was also seen and set out individually the 'special projects' and finances required to achieve these plans.

Systems were in place to ensure legally notifiable incidents were reported to us, the Care Quality Commission (CQC). Our records showed that the registered manager reported these incidents as required.

The registered manager talked to us about the quality monitoring systems in place to check the quality of service provided. She showed us that satisfaction surveys were given out to people, relatives, staff and other

professionals; to gain their feedback on how well the service was doing, and to see if there were areas that could be improved. Corresponding action plans had been developed to address areas identified for improvement as a result of these audits. Other internal audits were taking place on a regular basis, on behalf of the provider. These covered areas such as the environment, care plans, staff files and finances. We looked at the results of audits for the last four months and noted there to be a good overview of the service, with high expectations in terms of care records and personalisation. The registered manager showed us that she transferred areas identified for improvement to a senior staff communication book. This meant that there were arrangements in place to monitor the quality of service provided to people, in order to drive continuous improvement.