

Shaw Healthcare Limited

Forest View

Inspection report

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Date of inspection visit: 14 July 2015
Date of publication: 02/09/2015

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?

Outstanding 

Is the service well-led?

Good 

Overall summary

The inspection took place on the 14 July 2015 and was unannounced.

Forest View is registered to provide residential care for up to 60 older persons. On the day of our inspection there were 60 people using the service with the majority of people living with dementia. The home is a purposed built dementia friendly home with six units accommodating up to ten people in each with a communal lounge and dining area and spread over two floors. On the ground floor there is access to a maintained garden and patio.

The home had a registered manager. 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 experiences of people were very positive. People told us they felt safe living at the home, staff were kind and the care they received was good. One person told us "I feel safe, very much so. There are enough carers on duty and I get my medication at the same time every day". We observed people at lunchtime and through the day and found people to be in a positive mood with warm and supportive staff interactions.

Summary of findings

Medicines were managed safely in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People were being supported to make decisions in their best interests. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Accidents and incidents were recorded appropriately and steps taken to minimise the risk of similar events happening in the future. Risks associated with the environment and equipment had been identified and managed. Emergency procedures were in place in the event of fire and people knew what to do, as did the staff.

Staff supported people to eat and they were given the time to eat at their own pace. The home met people's nutritional needs and people reported they had a good choice of food and drink. Staff were patient and polite, supported people to maintain their dignity and were respectful of their right to privacy. People had access to and could choose suitable social activities in line with their individual interests and hobbies. These included gardening, singing and arts and crafts.

Innovative methods were used that ensured care was delivered in accordance with people's individual preferences and needs. The service had been designed to help people living with dementia manage their surroundings, retain their independence, and reduce feelings of confusion and anxiety.

People were enabled to participate in activities that were based upon best practice in dementia care. People were actively supported in their care, This promoted positive care experiences and enhanced people's health and wellbeing.

Throughout the inspection we observed staff treated people with kindness and understanding. Interactions and conversations between staff and people were positive and constant. Staff made time to talk to people. It was clear staff knew people well but equally people were familiar with staff and happy to approach them if they had concerns or worries. One person told us "It's absolutely perfect, I can't fault the care here. I can't say more than that can I".

Care records were personalised and reflected the individualised care and support staff provided to people. Personal profiles and life histories were used effectively to create personalised care for people with their involvement. Staff were proactive in working with healthcare professionals to obtain specialist advice about people's care and treatment.

There were clear lines of accountability. The home had good leadership and direction from the management team. Staff felt fully supported by management to undertake their roles. Staff were given regular training updates, supervision and development opportunities. For example staff were offered to undertake additional training and development courses to increase their understanding of needs of people living at the home.

Resident and staff meetings regularly took place which provided an opportunity for staff and people to feedback on the quality of the service. Staff and people told us they liked having regular meetings and felt them to be beneficial, the provider took action in response to feedback received.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Staff understood their responsibilities in relation to protecting people from harm and abuse.

Potential risks were identified, appropriately assessed and planned for. Medicines were managed and administered safely.

The provider used safe recruitment practices and there were enough skilled and experienced staff to ensure people were safe and cared for.

Good



Is the service effective?

The service was effective. People received support from staff who understood their needs and preferences well. People were supported to eat and drink sufficient to their needs.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Staff had an understanding of and acted in line with the principles of the Mental Capacity Act 2005. This ensured that people's rights were protected in relation to making decisions about their care and treatment.

People had access to relevant health care professionals and received appropriate assessments and interventions in order to maintain good health

Good



Is the service caring?

The service was caring. People were supported by kind and caring staff.

People were involved in the planning of their care and offered choices in relation to their care and treatment.

People's privacy and dignity were respected and their independence was promoted.

Good



Is the service responsive?

The service demonstrated an outstanding level of care that was responsive.

Innovative methods were used that ensured care was delivered in accordance with people's individual preferences and needs.

People were enabled to participate in activities that were based upon best practice in dementia care. People were actively supported in their care, This promoted positive care experiences and enhanced people's health and wellbeing.

Staff regularly sought people's feedback about the care and this feedback was used to improve people's care.

Outstanding



Is the service well-led?

The service was well-led.

There was a positive and open working atmosphere at the home. People, staff and relatives found the management team approachable and professional.

Good



Summary of findings

The registered manager and operations director carried out regular audits in order to monitor the quality of the home and plan improvements.

There were clear lines of accountability. The registered manager and provider were available to support staff, relatives and people using the service.

Forest View

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 the 14 July 2015 and was unannounced.

The inspection team consisted of two inspectors, a specialist in nursing care. Although the service was not a nursing home, the specialist looked at the administration of medicines and care planning. An expert by experience also attended the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this case the expert had experience in older people's services.

The provider had 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.

Before the inspection we checked the information that we held about the service and the service provider. This

included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with five people and six relatives, four care staff, three team leaders, one activity coordinator and the registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. After the inspection we spoke with three health care professionals who worked with people at the service to gain feedback.

We reviewed a range of records about people's care and how the service was managed. These included the care records for nine people, medicine administration record (MAR) sheets, staff training, support and employment records, quality assurance audits, incident reports and records relating to the management of the service. We observed care and support in the communal lounges and dining areas during the day. We spoke with people in their rooms. We also spent time observing the lunchtime experience people had and staff administering medicines.

The service was last inspected on the 13 August 2013 with no concerns.

Is the service safe?

Our findings

People said they felt safe and would speak to staff if they were worried or unhappy about anything. One person told us “I feel safe, very much so. There are enough carers on duty and I get my medication at the same time every day”.

Another told us “Yes I feel safe here”. A relative told us “It feels safe here and there are enough staff who are sufficiently trained to do their job”. Another told us “My husband is fantastically well looked after, he gets his medication regularly, they are quite strict about medication”.

A health care professional told us “The service is very safe, there is a secure entry system which requires you to be buzzed in by a staff member from reception, relevant signing in/out procedures are in place and the staff I have contact with are aware of relevant safeguarding/ complaints policies/procedures should they need to access them”.

People were protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the policy and procedures if it occurred. They told us they had received training in keeping people safe from abuse and this was confirmed in the staff training records. Staff described the sequence of actions they would follow if they suspected abuse was taking place. They said they would report abuse and concerns and were confident that management would act on this. Staff were also aware of the whistle blowing policy and when to take concerns to appropriate agencies outside the home if they felt they were not being dealt with effectively. Staff could therefore protect people by identifying and acting on safeguarding concerns quickly.

People felt there was enough staff to meet their needs. One person told us “If I need anything there is always staff around to help me”. On the day of inspection call bells were answered without any undue delay. Staff rotas showed staffing levels were consistent over time. Staff confirmed that they felt there was enough staff to meet people’s needs. The provider used a dependency assessment tool. This enabled staff to look at people’s assessed care needs and adjust the number of staff on duty based on the needs of the number of people using the service.

We saw some people had complex care needs in relation to their health needs and behaviours that may challenge others. We asked staff about the care some of these people required and saw care plans reflected the care people received. People had their care reviewed regularly this included any changes that related to their health, care, support and risk assessments. We saw that people and, where appropriate, their relatives were involved in the reviews. Staff were regularly updated about changes in people’s needs at handovers and throughout the day. They told us, “If anything changes we’re told, we’re always talking and updating each other.”

Individual risk assessments were reviewed and updated to provide guidance and support for staff to provide safe care. Risk assessments identified the level of risks and the measures taken to minimise risk. These covered a range of possible risks such as nutrition, challenging behaviour and falls. Falls risk assessments were in place and information documented on how to safely manage the risk of falls. One person had a history of falls and it was clear the measures that had been put in place to minimise any risk for that person which included a sensor mat in their room which alerted staff to their movement. Input from relevant healthcare professionals were also recorded.

People were supported to receive their medicines safely. Policies and procedures had been drawn up by the provider to ensure medication was managed and administered safely. Medicines were safely administered by trained staff. All medicines were stored securely in a locked medicine room and appropriate arrangements were in place in relation to administering and recording of prescribed medicine. We spoke with a team leader who described how they completed the medication administration records (MAR) and we witnessed this while the morning medicines were being administered. Medicines were stored in a locked trolley which was not left unattended when open. The member of staff was polite and sensitive to people’s needs whilst administering their medicines. For example the member of staff asked if they would like their medication and explained what the medication was for. Once administered the member of staff completed the MAR sheets correctly. This ensured people received their medication safely. Weekly and monthly audits were undertaken by the deputy manager and registered manager. These audits included stock levels,

Is the service safe?

storage assessments and MAR sheets. Medicine competency assessments were completed on the staff that administered medicines, to ensure understanding and best practice.

On the day of the inspection a Consultant Psychiatrist and Mental Health Team were visiting and reviewing people and stated that staff at the service worked really well with them and had managed to reduce psychiatric medications and able to deal with residents with very difficult and challenging behaviour.

Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded in the accident and incident book. We saw specific details and any follow up action to prevent a reoccurrence. Any subsequent action was updated on the person's care plan with relatives informed and health care professionals where needed.

Recruitment procedures were in place to ensure that only suitable staff were employed. Records showed staff had completed an application form and interview and the provider had obtained written references from previous employers. Checks had been made with the Disclosure and Barring Service (DBS) before employing any new member of staff.

The premises were safe and well maintained. The environment was spacious which allowed people to move around freely without risk of harm. Staff told us about the regular checks and audits which had been completed in relation to fire, health and safety and infection control. Records confirmed these checks had been completed. The grounds were well maintained with clear pathways for those who used mobility aids and wheelchairs.

Is the service effective?

Our findings

People and relatives told us that staff were skilled to meet people's needs. One person told us "The whole staff are skilled at what they are doing". Another told us "Carers are always polite and respectful and respect my privacy and respond quickly if I press my call bell". A relative told us how they felt staff were polite and respectful and treated everyone in the same way.

A health professional told us "Staff and resident interactions I have seen have all been professional, caring and person-centred, the individuals dignity in particular have always been taken into account. Staff have responded to individuals needs even when on a break for example re-directing and reassuring a walking and confused resident".

People were positive about the food. One person told us "The food is nice and the meat is cut nicely". Another person told us "I like the food there is always something different, it was a lovely pie today with gravy". A relative told us "The food is fine and there is plenty of choice and the staff are polite".

Food was both nutritious and appetising. People could choose their meals from a daily menu displayed in the dining room and alternatives were available if they did not like the choices available. People could choose where they would like to eat and the majority of people ate in the dining areas. We observed the lunchtime period. Staff were kind and compassionate in their approach. One person was agitated and said they had changed their mind and wanted to eat in their own room. A member of staff was attentive and supported the person to eat in their room. Tables were set attractively with place mats and condiments and there were sufficient staff to ensure that everyone was served in a timely way. Some people were offered clothe protectors by staff, who helped to put them on. Staff ensured that people had drinks and that these were topped up when required. Staff explained what they were serving and helped some people to eat, either by cutting up food or offering encouragement. The atmosphere was quiet and relaxed with the majority of people supporting themselves to eat.

People's nutritional needs were assessed and recorded, and people's likes and dislikes had been discussed as part of the admissions process. Records were maintained to detail what people ate and to inform staff if people had had

adequate food and fluid during the day. People's weights were monitored regularly with people's permission and there were clear procedures in place regarding the actions to be taken if there were concerns about a person's weight. For example, where a person had lost weight, more frequent checks of their weight had been carried out and their diet reviewed and a fortified diet considered.

People were supported to maintain good health and have on going healthcare support. People told us that their health needs were met and that it was easy to get to see a doctor, or the staff would arrange this for them. One person told us "If I need a nurse or doctor they sort it out for me straight away". A member of staff told us "We really get to know everyone individually and make sure people get health care support when needed. We can tell if someone is not feeling well or needs assistance and ensure they get it".

Care staff had knowledge and understanding of the Mental Capacity Act (MCA) because they had received training in this area. Staff had been given a small card to keep with them as a reminder on the MCA and the key areas. People were given choices in the way they wanted to be cared for. People's capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. If people did not have the capacity to make specific decisions around their care, the staff involved their family or other healthcare professionals as required to make a decision in their 'best interest' as required by the Mental Capacity Act 2005. A best interest meeting considers both the current and future interests of the person who lacks capacity, and decides which course of action will best meet their needs and keep them safe. When people where in the communal lounge and dining areas staff were always present to support people when required.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. People had been assessed due to a keypad entry system on the doors in and out of the home and people living at the service would possibly be subject to a

Is the service effective?

DoLS. Applications had been sent to the local authority, we found that the registered manager understood when an application should be made and how to submit one and staff were knowledgeable in this area.

Staff records showed they were up to date with their essential training in topics such as moving and handling and infection control. Staff were aware of their roles and responsibilities and had the skills knowledge and experience to support people. When they commenced work at the service, staff received a comprehensive induction programme which included in-house orientation for 5 days with an allocated experienced staff member. Training including manual handling and safeguarding which was completed within this period. This was then followed by four days of central training where company policies and procedures were explained. All staff spoken

with told us they had received detailed dementia training and this supported them to provide the appropriate care people needed. This meant staff had an understanding of their work and the policies procedures and practices expected of them.

Staff had supervisions and a planned annual appraisal. These meetings gave them an opportunity to discuss how they felt they were getting on and any development needs required. Staff met regularly with their manager to receive support and guidance about their work and to discuss training and development needs. Staff we spoke with said they felt they always had support and guidance from their manager. One told us "I have regular supervisions with my manager and always encouraged on areas I can improve in".

Is the service caring?

Our findings

People and their relatives found staff to be caring and attentive to their needs. One person told us "It's absolutely perfect, I can't fault the care here. I can't say more than that, can I". Another told "The carers are very good, always kind and will sit and talk to me". A relative told us "Care staff are very nice and very understanding to us both, they have a kind and caring attitude."

Throughout the inspection we observed staff treated people with kindness and understanding. Interactions and conversations between staff and people were positive and constant. Staff made time to talk to people whilst going about their day to day work. It was clear staff knew people well but equally people were familiar with staff and happy to approach them if they had concerns or worries.

Although the home was busy the atmosphere was calm and relaxed. People were getting up and spending their day in a manner that suited them. Some people chose to stay in their bedrooms, others in the lounge or activity room. We observed one person had decided to spend the day in bed as they wanted to rest. Staff supported them to do this and ensured they received appropriate support and attention when they required it. We observed staff checking on people who were in their bedrooms.

Staff told us how they assisted people to remain independent and said if a person wants to do things for themselves for as long as possible then their job was to ensure that happened. One told us "When someone gets confused or struggles to dress themselves we will get them to choose what they would like to wear and assist where needed, giving them time" We saw staff encourage and support people to walk around the service and help with food and drink.

We saw that people's differences were respected. We were able to look at all areas of the home, including people's own bedrooms. People's rooms were personalised with their belongings and memorabilia. There were photographs or pictures on people's door to remind them where their bedroom was. These had been chosen by the person as something they related to. For example, some people had a photograph of themselves doing an activity with a staff member, others had a picture with a family member. People told us that staff treated them with respect and dignity when providing personal care and otherwise. Staff asked people beforehand for their consent to provide the care, and doors were closed. A member of staff knocked on someone's door before entering and asking if they could come into their room to speak to them.

People's preferences, likes and dislikes were recorded in care plans and respected. People living with dementia were involved in their care planning where possible with relatives who were invited to contribute. Staff encouraged people to express their views and involve them in decisions in their care. One member of staff told us "We always ask people what they would like or what they would like to do. It is important to get as much information about a person so we can meet their needs and know what they like and dislike".

Advanced Care Planning documents were being used for four people who were identified as end of life care and had stated that they did not want to go to hospital but remain at the home as preferred place of care. We spoke with a member of staff who had recently completed a health and social care diploma in palliative care and told us that the relative's room at the service had a bed available if relatives wanted to stay.



Is the service responsive?

Our findings

One relative told us “I have a very high opinion, carer staff are absolutely marvellous. The home is clean and tidy. They are very quick to tell me of any issues. they are loving staff.” Another relative told us “I am very pleased with the staff, they are excellent. The management are inspirational. I feel very happy with the care my relative is receiving.”

A health care professional told us “In some nursing homes we are just pointed in the right direction to find the patient ourselves, however, at Forest View the carers stay with the patient to ensure they are reassured throughout. Residents are always clean and appear well cared for. They are treated as individuals and not made to fit into a standard routine. The staff appear to genuinely care for their residents, creating a warm caring atmosphere “. Another told us “Staff are very helpful and I have also found that standards of communication with me have been high”.

The service has good links with the local community. Staff were proactive, and made sure that people were able to keep relationships that matter to them. Staff utilised local support networks to assist with planning people’s care and actively involving the person and their families. The registered manager told us “We have a good working relationship with health professionals and the local authority teams within the Mid-Sussex region”.

There was a visible person centred culture which had been embedded by the registered manager and staff. Staff we spoke with were passionate about their approach to each person. One staff member told us “Everyone is individual with individual needs, we need to meet their needs and ensure they receive person centred care”. We spoke with the registered manager who told us about the Dementia Care Matters course he had completed over the last eighteen months. Dementia Care Matters is a leading UK organisation inspiring culture change in dementia care through five arms. Care home development, learning products and resources, tailored consultancy and training, maturing in hospital and university recognised learning in person centred care, leadership and training skills. They told us how they had implemented what they had learnt into the service and worked hard with the staff who were also innovative and motivated with their ideas to improve

the environment to become dementia friendly and how this had had a positive impact on people’s well-being and lives. This included creating various areas around the service with familiar objects for people to interact with.

The NICE ‘Quality standard for supporting people to live well with dementia’ states that housing should be designed or adapted to help people living with dementia manage their surroundings, retain their independence, and reduce feelings of confusion and anxiety. Each unit of the home had a theme for example in the main hallway there was a street theme which included park benches and a replica bus stop. Coats, handbags and hats were readily available for people to wear to simulate going for a walk if they chose to. These items are familiar objects that can help reduce anxiety in people living with dementia. We observed one person taking a handbag and going for a walk to the bus stop and sat there for a while then returned looking happy and smiling. Another area had a music theme and we observed people sitting relaxing listening to music and looking at the records and musical equipment attached to the wall. At the end of a corridor they had erected goalposts to reflect the needs of a person living within the home who had a deep interest in football. People were able to walk around freely, spend time in the lounges or sit in the hallways as they chose. This was effective for people who were restless and staff were readily available for support and reassurance. We saw that coloured corridors and dementia friendly signage and art were used to help people orientate themselves around the home. On one door we saw a painting of trees. The registered manager told us they had created this to help with a person who could become anxious and sometimes went up to that door and banged on it. Since the painting of the doors with trees on this has not occurred and the person will come up to the door and look at the paintings.

We spoke to one of the activities staff who showed an in-depth understanding of what constituted an activity and explained how each interaction should be meaningful for people, knowing their life history or likes and dislikes. They told us “People can join in the group activities or receive the one-to-one experience. When we provide support at mealtimes we make sure we talk with the person and they will engage with us.” We saw an example of this during lunch. Activities were matched to care plans and the “map of life” document which contained life history and profiles illustrating individual interests. Programmes planned for the week included gardening, flamenco dancing, sing



Is the service responsive?

along, reading poems, chair exercises, hand massage and manicure. There was a blackboard in each lounge with the day and date written on it to assist people with remembering.

Care records were personalised and reflected the individualised care and support staff provided to people. Personal profiles and histories were used effectively to create personalised care for example one person who had been in the RAF had their room adorned with memorabilia from the period as well as a model aircraft similar to the one that was familiar to them. People and their relatives were supported and encouraged to personalise their own rooms with items of their choice in order to make it homely. On the day of the inspection a hairdresser was visiting the home. We observed people attending the hairdressing salon where we saw great interactions between people. This included people talking and laughing with each other. On one occasion the hairdresser was singing songs with a lady who was having her hair washed and cut, she was smiling and looked like she was really enjoying herself.

The care records were easy to access, clear and gave descriptions of people's needs and the support staff should give to meet these. Staff completed daily records of the care and support that had been given to people. All those we looked at detailed task based activities such as assistance with personal care and moving and handling.

Moving and handling assessments, including specifying equipment to be used which included using hoists to safely move people and how staff should encourage the person to aid their mobility. Care records also contained a life Map which was completed for all people and included lifestyle preferences of likes and dislikes and daily routines.

People's and relatives feedback was regularly sought and used to improve people's care. Feedback came from regular meetings with people and their relatives and surveys. Minutes from recent meetings discussed taking people out if they wanted to go for a walk or to the local shops and further suggestions to improve the environment. One improvement that was currently taking place was a kitchen area for people to enjoy, this would include visual aids and kitchen utensils and equipment for people.

People and relatives we spoke with were aware how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible for people on display boards in the home and complaints made were recorded and addressed in line with the policy. Most people we spoke with told us they had not needed to complain and that any minor issues were dealt with informally and with a good response. One relative told us "Any issues or complaint I have is dealt with straight away, the staff and manager go above and beyond to make sure everyone is happy".

Is the service well-led?

Our findings

People commented on the leadership and management of the home. One person told us “The manager is lovely, always has time for me”. A relative told us that the management were very approachable. “When we came in they were very nice and helpful, there are regular meetings for us. I am delighted my relative is here. My daughter said “This is so nice I don’t think you need look anywhere else.” Another told us “This is run well, extremely well. It gives me confidence and great peace of mind to know that my husband is here”.

Health professionals were very positive about the management at the service. One told us “The manager has a highly approachable manner to both myself as a visitor and the staff and residents who live there. There is always an open-door policy and even when he has constant visits from residents and staff he has always remained professional and welcoming”. Another told us “I have a great deal of respect for the management and this has resulted from my experiences of working with them. I do recall Forest View having its share of problems some years ago prior to the current manager. I do believe that the current management is one of the key factors in Forest View now being a well-run and popular care home. He is an excellent manager and if the time comes that my mother needs to move into a care home then I would feel reassured if it was managed by someone like him”.

There was an open culture at the home and this was promoted by the registered manager who was visible and approachable. There was a clear management structure and staff were aware of the line of accountability and who to contact in the event of any emergency or concerns.

Staff told us it was a good place to work, they felt supported within their roles and said they could talk to the registered manager or deputy manager at any time. One said, “It’s a good place to work, its hard work at times but I go home smiling. We have a good management team and good staff, everyone’s supportive and we get along well as part of the team “The registered manager was approachable and supportive and took an active role in the

day to day running of the service. People appeared very comfortable and relaxed talking with him. On one occasion a person came into their office and started laughing and joking with them, there was a great rapport.

Staff felt able to raise concerns with the management team and they were confident concerns would be acted on. One told us “Our manager has an open door policy and we can speak about anything and everything , they are supportive”. Another told us “Any issues are dealt with straight away, we are a good team with a good manager”.

People were supported to be involved in the running of the home through meetings. The minutes of recent meetings showed a range of issues had been discussed, such as activities and an upcoming summer fete. Staff meetings were held on a regular basis, this gave an opportunity for staff to raise any concerns and share ideas as a team. Recent minutes of staff meetings demonstrated that staff were involved with discussing the new care standards and key working with people.

Regular audits of the quality and safety of the home were carried out by the registered manager and twice yearly by the provider. These included the environment, care plans, infection control and health and safety. Action plans were developed where needed and followed to address any issues identified during the audits.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). Staff had submitted notifications to us, in a timely manner, about any events or incidents they were required by law to tell us about. They were aware of the new requirements following the implementation of the Care Act 2014, for example they were aware of the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided.

We were also told on how the staff had worked closely with health care professionals such as GP’s and nurses when required. The registered manager told us “We work with many external teams which include the local in reach team and integrated response team. We are always looking on ways to improve the service and its environment to ensure people receive the best possible care”.