Care Worldwide (Bradford) Limited

Owlett Hall

Inspection report

Bradford Road
Drighlington
Bradford
West Yorkshire
BD11 1ED

Tel: 01132859710

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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 6 and 12 June 2018 and was unannounced. At the last inspection in March 2017 we rated the service as Requires improvement. At that inspection we found the provider was in breach of Regulation 19, Fit and proper persons employed, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found improvements had been made and recruitment was now managed safely.

Owlett Hall is purpose built and provides both residential and nursing care for a maximum number of 57 older people. The home is set over three floors, and each room has an ensuite shower room. It has car parking and outside space for people to use. The home has lifts to every floor and is fully accessible. On the first day of our inspection, there were 41 people using the service. On the second day there were 43 people.

Owlett Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was a registered manager 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.

We received mixed views from people who used the service, relatives and staff about staffing levels and how staff were organised. Some said staff were available in sufficient numbers to meet people's needs and to keep them safe whilst others said they did not always feel there were enough staff and this led to people waiting for their care needs to be met. The registered manager said they would review the deployment and organisation of staff to ensure there were sufficient staff at the times they were needed.

People told us they felt safe. Staff understood how to keep people safe and told us any potential risks were identified and managed. Risk assessments contained enough detail to enable staff to keep people safe from harm. Risk assessments were reviewed regularly, and any changes were incorporated into people's care plans. Some documentation to support risk management plans was not completed consistently. The registered manager addressed this at the time of our inspection.

Safeguarding procedures and policies were in place. Staff and the registered manager were aware of their responsibilities to identify and report any allegations of abuse to the local authority. There was a robust recruitment process to ensure people were protected and cared for by suitable staff. Incidents and accidents were being documented and analysed for patterns and trends to reduce the risk of their re-occurrence.

Staff felt well supported and received appropriate training. Staff said they enjoyed working for the service.

They were well motivated and committed to providing a service that was personalised to each individual.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People's care records clearly identified where people had capacity to make decisions about their care and support. Staff understood people needed to consent to their care and were confident they supported people to make their own decisions. The service operated within the principles of the Mental Capacity Act 2005.

People received assistance with meals and healthcare when required. This supported people to maintain their health and well-being. People engaged in activities which were meaningful and that they enjoyed.

People we spoke with told us they were happy with the care they received and were complimentary about the staff who supported them. We observed positive interactions between people who used the service and the staff. Staff demonstrated that they knew people well.

We saw people were supported by staff who were kind and caring. It was evident that positive relationships had been built between people and staff. Staff treated people with dignity and respect. People were fully involved in planning their care and support. Care plans were comprehensive to make sure staff had all the information required to support people as they wished.

People told us they knew how to raise concerns and when they had raised any issues, they were dealt with quickly and appropriately. Systems in place showed any complaints made were fully investigated and treated as learning to enable the service to improve.

The registered manager and the provider monitored and reviewed the quality of care through effective audits and reviews of the service. This demonstrated a commitment to continuous improvement of the service. People, their relatives and staff all spoke highly about the way the service was managed.

All of the staff, relatives and people who used the service spoke positively about the registered manager. Our conversations with the registered manger showed they were clearly passionate about providing good support and outcomes for people.

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.

Overall, staffing levels ensured peoples care needs were met. However, some people told us at times they had to wait longer than they expected for staff to attend to them.

People were protected from abuse and there were risk assessments in place which showed specific areas of risk, and the measures put in place to minimise those risks. Some documentation to support risk management plans was not completed consistently.

Safe systems were in place to manage medicines, health and safety and recruitment of staff.

Is the service effective?

Good

The service was effective.

Staff told us they received good training and support to carry out their role. Records we looked at confirmed this.

People consented to their care and the service operated within the principles of the Mental Capacity Act 2005.

People received the support they needed to maintain their nutrition and hydration, and ensure their health needs were met.

Is the service caring?

Good

The service was caring.

People were supported by kind, caring staff who respected their privacy and dignity and promoted independence.

Staff were familiar with people's preferences and needs.

Care and support was individualised to meet people's needs.

Is the service responsive?

Good

The service was responsive.

People who used the service and relatives were involved in decisions about their care and support needs. There was a sensitive approach to the consideration of people's end of life care.

People enjoyed the activities they participated in. Care plans contained sufficient and relevant information to provide consistent, person centred care and support.

People felt confident raising concerns or complaints and these were listened to and acted upon.

Is the service well-led?

Good

The service was well led.

The service had a registered manager who fully understood the responsibilities of their role. Everyone spoke positively regarding the registered manager and their commitment to, and management of the service.

Effective quality assurance procedures were in place which checked the safety and quality of service provision and ensured continuous improvement in the service.

The registered manager and staff worked in partnership with other services to help ensure people received effective care.

Owlett Hall

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 comprehensive inspection took place on 6 and 12 June 2018 and was unannounced. On day one, three adult social care inspectors and an expert-by-experience carried out 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. On day two, one adult social care inspector carried out the inspection.

Before the inspection we reviewed all the information we held about the service including statutory notifications. We contacted relevant agencies such as the local authority and clinical commissioning groups, safeguarding and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider had completed a Provider Information Return (PIR) in February 2018. 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.

During the visits we looked around the service, spent time in each unit and observed how people were being cared for. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with nine people who used the service and two relatives. We spoke with six members of staff, an activity organiser, a housekeeper, the chef, the administrator, the regional manager and the registered manager.

We spent time looking at documents and records that related to people's care and the management of the service. We looked at six people's care plans and six people's medicines records.

Good

Is the service safe?

Our findings

At the last inspection in September 2017 we rated this key question as Requires improvement. We found the provider was not carrying out appropriate checks before staff were employed. We found at this inspection, systems had been put in place to ensure recruitment was now managed safely. However we found the deployment of staff was not always keeping people safe and recommend the provider keeps this under review.

There were mixed views from people who used the service and their relatives as to whether there were enough staff. Some people and relatives told us there were not always enough staff. People's comments included: "Depends on if we all want to go to the toilet (at same time) then have to wait", "Could do with more staff; sometimes waiting a long time as not enough staff", "Mum needs two carers and others do, so if only two staff on, people are left longer. Staff are brilliant but need help all around." One person told us they had waited up to an hour but were kept informed that staff were aware they needed them. They said, "They (staff) bob in and say we are coming but take an hour." Other people were not concerned about staffing sufficiency. Their comments included; "Yes enough staff", " Mainly (enough staff) yes and they do chat", "I've never had to wait more than five or six minutes I'd say" and "They come in with a smile that is all that matters to me. They are lovely."

Some staff we spoke with said they always made sure people's needs were met but at times they felt rushed when delivering care. One staff member said, "I'd just like to be able to spend more time with people, have time to chat more." Other staff told us they had plenty of staff to meet people's needs well. One staff member said, "It's all about being well organised."

We discussed the staffing arrangements with the registered manager. They showed us they used a recognised dependency tool to work out what staffing levels they required to meet people's needs. We reviewed rotas and saw staffing was provided according to people's assessed dependency. The registered manager explained that staffing levels would be increasing as occupancy in the home increased. We saw this had recently happened in response to increased occupancy and dependency. The registered manager said they would review the deployment and organisation of staff to ensure there were sufficient staff at the times they were needed. They had also introduced a weekly audit of call bell response times to ensure people's needs were met and responded to in a timely manner.

We reviewed six staff's recruitment records which included application forms, full employment details including reasons for when there were gaps, interview notes, references, personal identification checks and a Disclosure and Barring Service (DBS) check. The DBS assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable adults or children.

People who used the service and their relatives told us they or their family members were safe living at the service. People's comments included; "You couldn't feel safer, it's lovely here", "Property is safe and respected" and "The fact that Mum is in a safe and caring environment takes a lot of pressure off us. Mum's

not only treated well and not falling but we feel comfortable her being here."

Staff demonstrated their understanding of safeguarding procedures to ensure people were protected from any harm. Staff told us they would have no hesitation in reporting safeguarding concerns and they described the process to follow. One staff member told us they had every confidence that anything they reported would be acted upon by the registered manager. They said, "[Name of registered manager] would not tolerate anyone here doing wrong to people." Records showed all incidences were recorded and reported appropriately.

Risk assessments were in place and regularly reviewed to ensure people were kept safe from possible risks. Some of these included, wound care, catheter care, nutritional risks, mobility and falls assessments. Staff were proactive in preventing and monitoring risk. For example, a risk assessment for mobility had been updated following a person's admission to hospital as their needs had changed. We saw a choking risk assessment in place for a person at risk from choking. There had been SALT (Speech and Language Therapy) input which helped staff understand how best to support the person. This included using thickening powders to thicken drinks, a soft diet and encouraging the person to sit up right when eating or drinking to prevent the risk of choking.

Reposition charts were implemented for those people at risk of pressure damage. Although charts were in place, we found records to show when people had been re-positioned had not always been completed. We discussed this with the registered manager. On the second day of our inspection we saw the registered manager had held meetings with staff to re-inforce the importance of full completion of these records. One staff member also told us; "We do make sure people change position regularly to stop them getting any pressure sores, but I have to say we may forget to write it on the chart sometimes if we are really busy."

Medicines were managed safely. We looked at people's medication administration records (MARs) and found medicines had been administered as prescribed. Some people living in the home were prescribed 'As required' medicines and there were protocols in place to instruct staff on why these may be required and maximum and minimum doses were recorded. Body maps were used to guide staff on the application of creams and staff recorded when these were administered.

Peoples medication needs were recorded including allergies, preferences of how to take their medication and if the person was able to consent to their treatment. Pictures of each person, date of birth and their names were recorded which meant staff knew who to administer to and prevent possible medication errors. Medicines were ordered when needed, stored safely and checked regularly. Controlled drugs were also stored, administered and recorded correctly. People told us they received good support with their medicines. One person said, "Never any problems with medicines, all is fine." Staff received training to enable them to perform their role with medicines and their competency was checked annually.

The premises were safe, clean and well maintained. Records confirmed checks of the building and equipment were carried out to ensure health and safety. This included fire evacuation practices and maintenance checks. People had personal emergency evacuation plans (PEEPS) in place. PEEPS provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. All the areas we observed were very clean, including bathrooms and toilets. Systems were in place to check all cleaning had been completed to a satisfactory standard. Staff had access to personal protective equipment throughout the home and wore this whenever appropriate.

There were systems in place to ensure learning from any incidents or mistakes to ensure people were safe. The registered manager demonstrated honesty and transparency. Accidents and incidents were recorded.

Any accidents or incidents were audited and analysed to identify what had happened and actions that could be taken in the future to reduce the risk of reoccurrences. This showed us that learning from such incidents took place and appropriate changes were made. People and their relatives told us timely action had been taken in response to any accidents or incidents.

Good

Is the service effective?

Our findings

People we spoke with were complimentary about the staff that supported them and felt they cared for them properly. One person said, "They certainly seem to know what they are doing so they must be well trained." Another person said, "Yes they do well." One person commented that new staff were sometimes apprehensive but acknowledged they needed to learn how to support people. They said, "Sometimes new carers, first time look a bit scared; have to learn somewhere."

Staff told us they were well supported and had received a good induction when they began their job to ensure they were confident in their role. They said they completed training courses and worked alongside experienced staff to get to know the needs of people who used the service. One staff member said, "I had everything I needed to support me to do the job."

There was a rolling programme of training available to staff. Topics included; safeguarding, moving and handling, dementia, medication, food safety and fire safety. Training was refreshed to ensure staff's skills remained up to date. Some refresher training was overdue for some staff. The registered manager was aware of this and had an action plan in place to ensure this would be completed. A staff member told us the training was of a good standard. They said, "It's very thorough, brilliant in fact." The registered manager told us any specialist training required to meet people's needs was also provided. This included current good practice in wound care and bandaging.

Staff received support to carry out their roles effectively, this included an annual appraisal. There was also a programme of staff supervision in place. Supervision meetings are one to one meetings a staff member has with their supervisor. Staff told us they received supervision and records showed supervisions were held in line with the provider's policy.

Not all of the people who used the service had the mental capacity to make informed choices and decisions about all aspects of their lives. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA and found DoLS applications had been applied for and renewed in line with the act. We found the provider implemented mental capacity assessments for individual decisions about people's care. For example, some people had a capacity assessments and best interest decisions in place for the administration of medicines as they were unable to consent to taking them. We saw individualised best interest meetings had taken place when a person was unable to consent to their care.

The registered manager had a good understanding of the MCA legislation and staff received training to enhance their understanding. However, some staff's knowledge of the MCA was limited. Staff were able to explain what was meant by making best interest decisions and said they followed the five principles of the MCA but could not tell us what these were. The registered manager said they would discuss further with staff to ensure they had taken on board the learning from their training.

People who used the service told us they made decisions about their care and treatment and were always asked for their consent to any interventions. We noted two people who had capacity to sign their own care plans had not done so. We informed the registered manager of this and they said they would make sure the people were asked to sign their consent to these care plans. Staff told us they would always obtain a person's consent before carrying out any care. One staff member said, "We must respect people's choices; it's not up to us." Another said, "We ask and inform them of what we are doing and ask if they are happy for us to do so. If not we go back later."

People told us their day to day health needs were met and they had access to healthcare professionals when needed. We saw health professionals were involved in people's care and records demonstrated when they had visited people. Staff had recorded when health professionals visited, their next visits and interventions completed so staff were aware of what support the person needed. The person's vital signs were also recorded weekly so staff could monitor for any changes with their physical health needs.

We saw some people with physical health needs required further support. For example, one person living in the home had a diagnosis of diabetes. This was recorded within medical notes and staff completed weekly blood glucose levels to ensure their levels remained safe and within normal range. We were also informed that a GP attended the home once a week to review people's medicines. Weights were completed on a monthly basis to monitor for any changes. We looked at one nutritional risk assessment which indicated a person had lost a significant amount of weight. Although this had been recorded and a plan was in place to show when actions were required, the care plan had not been updated to reflect these current needs. We discussed this with the registered manager and a care plan was immediately implemented on the day of inspection.

People had enough to eat and drink and maintain a well-balanced diet. Menus showed a variety of food was on offer to people. Feedback on food was generally positive with menu choices offered and special diets catered for. Comments we received included; "There's always something for everyone, the choice is good" and "Oh yes very good. You do have a choice." A relative said, "Food is nice and I occasionally eat here too." We saw the menu was on display in the service and this included a picture menu to enhance people's ability to make choices. The chef was aware of everyone's dietary needs and told us hot food was cooked fresh daily. Posters encouraging healthy eating were also displayed in the dining area.

Mealtimes were a positive experience for people. Some people chose to have their meals in their rooms. We observed the staff interactions with people in their room whilst lunch was been served. Staff were polite and respectful. A staff member was patient and careful whilst supporting a person to eat. We saw one person needed some support and brought this to the attention of staff who responded promptly. People who used the dining room were enabled to sit at tables with people they were friends with. The dining room was large and spacious with well-presented tables set. There was a calm and relaxed atmosphere and people received the support they needed. Staff were well organised to make sure people did not have unnecessary waits to be served their meals.

Good

Is the service caring?

Our findings

People who used the service and their relatives told us staff were kind and friendly. Comments we received included; "They ask me how I like it here and they have a joke with you", "I cannot fault the kindness I have been shown", "Staff are so lovely", "They talk to Mum. She has a hearing problem and they take time to understand her", "They (staff) are very good with him, they smile and give time" and "Kind and caring as they (staff) stand and talk to her and always ask how she is."

People told us they felt comfortable with the staff and that any concerns were listened to. One person said, "If you mention anything they will do it for you." People said they were always encouraged to be independent if they were able, but could ask for the help they needed. A person's relative told us their family member was encouraged to maintain their mobility and was always given a choice of whether they could manage with their walking aid or needed to use a moving and handling aid.

People's care plans showed how people were encouraged to maintain their independence. One person required some support from staff, the care plan stated, 'Encourage [Name] to participate in washing and dressing himself to promote independence.' Other people in the home were supported with equipment to help them remain independent. For example, one person at risk from falls was provided with a walking frame to aid with their walking.

Staff spoke of the importance of encouraging people to be as independent as possible. One staff member said, "It's always the goal to make sure people can do for themselves; helps people keep their dignity and pride."

All the people we spoke with confirmed their privacy and dignity was respected at all times. We observed staff knocking on bedroom doors and respecting people's dignity by closing curtains and doors for personal care interventions. People chose whether to have their doors open or closed when spending time in their rooms and this was respected. For example, one person said they wanted a nap and asked staff to close their door. Another person chose to keep their door open. They said, "I like to see what's going on."

People looked well cared for, which is achieved through good standards of care. Staff were able to recognise when people showed they were distressed or anxious. They provided reassurance when needed and responded well. We saw staff understood people and supported them with dignity and compassion.

Staff knew people's needs and had formed positive relationships with people. People looked comfortable engaging with the staff. Lots of friendly conversation and laughter was heard between the staff and people who used the service. On both days of the inspection there was a calm and relaxed atmosphere. Throughout the day we saw staff interacting with people in a caring and friendly way. Staff did not rush people and gave people time to make choices.

People were supported to maintain relationships with family and friends. Visitors and family members told us they were always welcome and were able to visit at any time.

Overall, people told us they were consulted with, listened to and made decisions about their support. One person said, "Yes I'm involved in my care." People's relatives told us they and their family members were involved in decisions about their care and support; this included involvement in the drawing up of care plans. One relative with reference to care plans said, "I have signed it. I was certainly included in i.e. have my say in anything I think isn't right." Another relative said, "Yes I'm happy when I've spoken to nurses and the manager my comments are taken into consideration. Our thoughts and concerns are listened to." Some people were not able to say if they had been involved in the development of their care plans.

We saw relatives were involved in people's care and this was recorded in care plans. One relative had reviewed and agreed with the care being provided. The care plan stated, 'Staff to involve [Name]'s wife in all issues regarding [Name]'s health and wellbeing, also for all important decision making to promote effective communication.' We saw the person's wife had been involved in reviewing care plans and had written in the evaluation notes.

Good

Is the service responsive?

Our findings

The service provided was flexible and responded to people's needs. Initial assessments were carried out to ensure people's needs could be met before moving into the home. Relevant information was gathered to ensure person centred care plans were developed. This included information about people's medical history, support needs, levels of mobility and risk. People were also encouraged to bring personalised items with them when moving into the home to make their environment person centred. We saw an initial care plan for someone who recently moved into the home which stated, 'Staff to ensure that [Name]'s family bring in old pictures or anything [Name] used to like to make his room more personalised to remind him of home and promote interest.'

Care plans were individualised to meet people's needs; with people's preferences, likes and dislikes recorded so staff new how best to support people. Care plans we looked at recorded people's preferred drinks and dietary requirements. One care plan stated that a person liked to have cappuccinos and disliked quiche.

People were offered choices about how they wished to live their lives. One care plan stated, 'Staff to offer [Name] a selection of clothing by showing her at least two for her to choose what to wear.' Staff told us they offered choice at all times. One staff member said, 'We always ask and inform people of what we are doing and ask if they are happy for us to do it. We were doing night checks on a person and they did not want this and so we stopped because this was their preference." Another care plan stated, 'Support [Name] to get up at [Name]'s preferred time to maintain dignity and privacy.' Regular reviews of care took place. We saw formal six monthly reviews took place with people and their relatives.

Some staff were key workers which meant individuals had their own staff member who they could speak with about any concerns, support needs or complaints. We saw staff's pictures were in people's rooms so they knew who their keyworker was. People were also asked about their preferences for staff support whether this be from male or female staff.

Some people had end of life care plans in place so staff could support people in their final days. One care plan prompted staff to check on the person regularly, checking their position and providing oral care to ensure the person was comfortable and that their dignity was maintained. Details of relatives and whom the person wanted to be involved in their care during this time had been clearly recorded so staff knew who to contact.

Staff showed a good understanding of person centred care and treating people as individuals. One staff member said, "We ask people how they are, ask for their permissions in a friendly way, showing respect. We have a laugh with them. We learn new things about the resident's every day and that matters to people." Another staff member told us, "We make sure we discuss in handovers and inform of needs of people. If a new resident, make sure we know everything about them."

The provider had policies in place in relation to protected characteristics under the Equality Act 2010. Staff

told us people's diverse needs in respect of the nine protected characteristics of the Equality Act 2010 were met where applicable. All of the people who used the service and relatives spoken with agreed they had not seen or experienced any discrimination.

Activities took place on a regular basis in an attempt to reduce social isolation. We observed staff carrying out a morning exercise group with people in the lounge and music for health group in the afternoon. We saw people were dancing, smiling and encouraged to engage. The energy of the activity organiser and staff was positive and refreshing which helped to engage people. As a result, people were smiling, laughing and joining in. There was lots of happiness and fun displayed. One person had chosen to watch the activity, while doing their knitting and had their choice to knit respected.

Hairdressers came to the home weekly to provide a service for those people unable to go out themselves. There was a weekly activity board with activities including, arts and crafts, hair and nail care, songs and singers, quizzes, table top games, musical memories and chair based exercises.

Some people living in the home did not want or were unable to participate in these activities due to their care needs. Staff informed us that those people were offered one to one support from the activity co-ordinator and this was documented in people's care plans. Records we looked at confirmed this.

The registered manager was aware of the Accessible Information Standard. This is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. They told us they would provide adapted information if this was needed. We saw a number of documents had been made available in a pictorial and easy read format.

People and their relatives felt able to raise any concerns they had with the registered manager or staff. The provider had a complaints policy in place and there were systems to ensure complaints were addressed and given full investigation, explanation and apology where needed. We looked at the complaints procedure, which informed people how and whom to make a complaint to. The registered manager told us this was given to people when they first began to use the service. Staff were aware of the process to follow should someone raise a complaint. They told us they would always try to resolve people's concerns in the first instance but were aware of people's rights to make formal complaints.

The registered manager said any learning from any complaints would be discussed with the staff team to prevent any re-occurrence of issues. Staff told us they were kept informed of important issues that affected the service delivery such as the outcome of complaints or concerns. Records we reviewed confirmed this.

Good

Is the service well-led?

Our findings

At our last inspection in March 2017, we found the provider had improved quality management systems but some were only in the very early stages so we could not review their effectiveness over a prolonged period of time. At this inspection we saw a significant amount of work had gone into developing systems and procedures that showed the quality and safety of the service was monitored in order to drive continuous improvements. This meant the quality assurance system was effective.

A number of detailed audits were completed by the registered manager and provider. These included audits on medication, care records, accidents, incidents, health and safety, complaints and staff related issues such as recruitment. We saw reports were completed after audits and any shortfalls identified were addressed. For example, the need to improve the dining experience for people, cleanliness and any gaps in care records. Senior managers visited the service regularly and spent time speaking with people who used the service, relatives and staff.

People who used the service and their relatives told us the service was well-managed. They told us the registered manager was friendly, approachable and listened to them. They said that once the registered manager was made aware of any issues or concerns they always attempted to resolve them swiftly. People's comments included; "Manager is open and honest. The service is well led", "All seems very well organised to me", "Manager; yes alright, open and honest and she's a good laugh. Yes it is well led and at least she is interested if you ask her something; feel valued" and "Manager's door is always open not appointment based."

The registered manager held a weekly surgery where they made themselves available to speak with people and their families. They told us this had been a successful way of getting to know people and making sure people could air any concerns. The registered manager said, "People can see me anytime, my door is always open to people; but setting aside time like this has encouraged people to come forward more."

People who used the service, relatives and other stakeholders such as health professionals were asked to provide feedback on the service. Quality assurance surveys were sent out and the results from the latest survey completed in June-September 2017 showed an overall high degree of satisfaction with the service. People's comments included; 'Staff are kind and patient', 'The home manager is very helpful' and 'Staff are always tending to resident's needs'. Any identified areas of improvement were supported by an action plan and this was communicated to people to show how the provider was going to improve the service. For example, improvements planned for activities and the laundry service. 'Residents and relatives' meetings were held regularly. We saw actions identified or suggestions made were acted upon. This included a suggestion for more choice at the Sunday buffet, which people told us had been improved.

We found there was a positive culture of openness, and support within the service. Staff spoke highly of the registered manager and told us enthusiastically how much they enjoyed their job. All the staff we spoke with commented that the registered manager had made positive improvements in the service. One staff member said, "Everything is ok, I learn a lot from [registered manager's name]. [Registered manager's name] wants

everything in place and in order which I like. Yes, supportive. I'm new and if I don't know and ask manager she always helps me and never says no." Another staff member told us, "[Name of registered manager] is a good manager. We see plenty of her and she is so supportive and encouraging." A third staff member said, "[Name of registered manager] is passionate about the home and wants it right for everyone."

We saw staff meetings took place where staff were able to contribute ideas or raise any suggestions they may have. Staff told us they felt valued and listened to. They said communication within the service was good and they were kept informed of any changes and important issues that affected the service. Minutes of staff meetings showed the meetings were used as an opportunity to share best practice and learning. For example, there were discussions around improving care plan reviews and the registered manager asked staff if they would like the opportunity to write care plans and help develop a new skill set. The meetings were also a good method of communicating information and updates. For example, sharing the news that the kitchen staff maintained the five star rating following an environmental heath visit and reminding nurses to do handovers in people's rooms and not at the nurse stations. A staff member told us they found the staff meetings helpful. They said, "We talk about how things are going, talk about improvements and provide feedback."

The registered manager worked in partnership with other agencies when required, for example healthcare professionals, the local authority and social workers. This had led to the introduction of a weekly surgery from a GP to improve the health and wellbeing of people who used the service and one to one care provision for some people.