

Claremont Care Services Limited

Offington Park Care Home

Inspection report

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Worthing
West Sussex
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on the 19 July 2016 and it was unannounced.

Offington Park Care Home is a residential care home that is registered to provide accommodation and personal care for up to 24 people. At the time of our inspection, 23 older people were living at the home. People had various needs including dementia and physical disabilities.

Offington Park Care Home is situated in a quiet residential area of Worthing. It is a spacious home, attractively decorated, maintained to a high standard and suitably designed to meet the needs of the people living there. The atmosphere was friendly and inviting. Pictures hung on the walls and ornaments placed in the communal areas added to a homely environment. Bedrooms are spread out over two floors and 13 have en-suite facilities. Communal areas included a lounge area and a dining room. The conservatory area offers an additional space for people to sit or eat their meals and leads into a well-kept patio garden which people told us they enjoyed using. The home has two cats which were appreciated by the people living at the home.

A registered manager was in post and had been registered since October 2010. 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, relatives and visitors told us the home provided a safe service and there was enough staff to meet people's needs. Staff were able to speak about what action they would take if they had a concern or felt a person was at risk of abuse. Risks to people had been identified and assessed and information was provided to staff on how to care for people safely and mitigate any risks.

People's medicines were managed safely and administered by staff who had received specific medicine training. The home followed safe staff recruitment practices and provided a thorough induction process to prepare new staff for their role.

Staff implemented the training they received by providing care that met the needs of the people they supported. Staff received regular supervisions and spoke positively about the guidance they received from the registered manager.

Staff understood the requirements under the Mental Capacity Act 2005 and about people's capacity to make decisions. They also understood the associated legislation under Deprivation of Liberty Safeguards and how to minimise restrictions to people's freedom.

People could move freely around the home. They could choose when, where and what they wanted to eat.

Additional drinks and snacks were observed being offered in between meals and staff knew people's preferences.

Staff spoke kindly to people and respected their privacy and dignity. Staff knew people well and had a caring approach.

People received personalised care. Each person, as much as they were able, was involved with their own care plan. Care plans reflected information relevant to each individual and their abilities including people's emotional and physical health needs. People told us they were happy with the activities that had been organised by the home. There was a complaints policy in place, which was accessible to all people.

People were provided opportunities to give their views about the care they received from the service. People were listened to by the registered manager and the staff team. Relatives were also encouraged to give their feedback on how they viewed the service.

Staff knew their role and their responsibilities including how people should be supported. A range of quality audit processes were in place to measure the overall quality of the service provided to people. The registered manager was committed to providing a high standard of care. The registered manager demonstrated a 'hands-on' approach and knew people well.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People and their relatives found the service safe.

Risks to people were identified and assessments drawn up so that staff knew how to care for people safely and mitigate any risks.

Staff were trained to recognise the signs of potential abuse and knew what action they should take.

Medicines were managed safely.

There were sufficient staff to meet people's needs.

Is the service effective?

Good ●

The service was effective.

People's care needs were managed effectively by a knowledgeable staff team that were able to meet people's individual needs.

Staff attended training and gaps in training were being addressed by the registered manager.

Staff received regular supervision and appraisals.

People were supported to have sufficient to eat and drink.

Consent to care and treatment was sought in line with legislation under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Is the service caring?

Good ●

The service was caring.

People were supported by kind, friendly and respectful staff. People were able to express their views and be involved in making decisions about their care.

People's well-being was taken into consideration in the approach used by the staff team.
People's privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive.

Care records were personalised.

Choices were offered to people with regards to activities.

The staff team and the registered manager responded quickly to complaints and issues to improve the quality of the service.

People knew who to go to raise a concern and felt able to do so.

Is the service well-led?

Good ●

The service was well-led.

The culture of the home was open, positive and friendly. The staff team cared about the quality of the care they provided.

People, relatives and staff spoke positively about how the home was managed.

A range of quality audit processes were in place to measure the overall quality of the service provided.

Offington Park Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 July 2016 and was unannounced.

The inspection 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. The expert-by-experience had experience of dementia care, and other care environments.

Prior to 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. We reviewed the Provider Information Return (PIR) and other information we held about the service. 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 to us by law. We used all this information to decide which areas to focus on during our inspection.

During the inspection we observed care provided by staff to people. In addition, we spoke with eight people living in the home and six relatives who were visiting at the time of the inspection. We spoke with two care staff, the cook and one domestic staff member who had previously carried out a caring role. We also spoke to a district nurse who visits the home regularly and was attending an appointment for one person. We spoke with the registered manager throughout the inspection and also met with a representative of the provider.

We spent time looking at records including three care records, three staff files including training records. We also looked at staff rotas, medication administration records (MAR), health and safety maintenance checks, compliments and complaints, accidents and incidents and other records relating to the management of the service.

The home was last inspected in September 2013 and there were no concerns.

Is the service safe?

Our findings

People looked at ease in the company of staff and were comfortable when anyone in the staff team approached them, chatting and laughter was heard throughout the inspection. One person told us they felt safe and secure and said, "I feel very safe because I am pampered to bits everything is efficient". Another person said, "I am safe because I don't have to worry anymore". One staff member described how they kept people safe and said, "We ensure the environment is safe, we move things out of the way". Another member of staff said, "We ensure they can do things safely with or without our help".

Staff had been trained to recognise the signs of potential abuse and in safeguarding adults at risk. Staff explained how they would keep people safe. They could name different types of abuse and what action they would take if they saw anything that concerned them. All staff told us they would report any issues to the registered manager in the first instance and failing that they were able to refer to the whistleblowing policy for guidance. One staff member said, "You learn to know the residents so you would know if there was something wrong". The home had safeguarding adults at risk policy, which provided information and guidance on keeping people safe. The policy included contact information for staff on whom to go to if they had any concerns. We asked one member of staff who they would go to outside of the home and they said, "Social services and you lot (the Care Quality Commission)".

Care records contained detailed risk assessments. A risk assessment is a document used by staff that highlights a potential risk, the level of risk and details what reasonable measures and steps to take to minimise the risk to the person they support. Risks were managed safely for people and covered areas such as how to support people to move safely, how to administer medicines safely and how to support people with the food and fluids they required. We found risk assessments were updated and reviewed monthly and captured any changes to people's needs. For example, one person liked to be independent and used a walking frame however was at risk of falling. The risk assessment read, 'For staff to walk behind [named person] in case he becomes tired'. Another person was at risk of developing pressure sores this was reflected in a risk assessment which meant guidance to support this person to avoid a pressure sore developing was available for staff. The same risk assessment told staff what to do if they noticed any changes in the person's skin condition. Staff told us they felt confident when using moving and handling equipment and we observed staff using their skills to move people safely.

Personal emergency evacuation plans had been drawn up so that, in the event of an emergency, such as a fire, staff knew how to support people to be evacuated safely. Equipment used to support people, for example with moving safely, was checked in line with regulatory guidance. Accidents and incidents were reported appropriately. Documents showed the action that had been taken afterwards by the staff team and the registered manager to help minimise the risk of future incidents or injury to people.

Staff recruitment practices were robust and thorough. Staff were only able to commence employment upon the registered manager receiving two satisfactory references, including checks with previous employers. In addition, staff held a current Disclosure and Barring Service (DBS) check. Recruitment checks helped to ensure that suitable staff were supporting people safely.

At the time of the inspection, there were five members of care staff supporting 23 people. The registered manager, two domestic staff, a cook, a kitchen assistant was also on duty. People and their relatives told us there were sufficient numbers of suitable staff to keep people safe and the staffing rota corroborated this. During the inspection, we observed when people needed support with personal care or help with refreshments staff were able to meet people's requests. People who received their care in bed were provided with opportunities to interact with staff throughout the day and this was reflected in their personal care records kept in their bedrooms. One person said, "If you ring the bell they come at once". Another person said, "There are always many staff about and you can do what you want to do". The registered manager was hands on in her approach therefore was able to 'step in' to provide care to people when required to support the home. We observed how she responded to questions and people's care needs throughout the course of the inspection in addition to the care staff on duty.

Medicines were managed safely by the home using an effective medicine administration system. Only trained and competent staff were able to administer medicines to people. One staff member said, "You can't give medicines until [named registered manager] or [named deputy manager] watches and you get signed off". All people's medicines were held in two locked facilities, one on each floor of the home. The home used a monitored dosage system, which was sealed prior to use and clearly labelled and corresponded with a clear recording system. The recording system included a photograph of the person and information that was pertinent to them, this included any known allergies. We observed a senior carer administering medicines with confidence and using a personalised approach. They bent down next to each person and spoke discreetly to them about their medicines. The Medication Administration Record (MAR) was completed on behalf of each person by the senior carer each time someone was supported to take their medicine. This meant people received their medicines as prescribed. Guidance was also provided for staff when administering 'When required' (PRN) medicines. This included medicines for pain relief or skin conditions. People spoke positively about how they received their medicines one person told us, "They watch me swallow my pills" and appeared comforted by this.

Is the service effective?

Our findings

People received effective care from staff that had the skills and knowledge they needed to carry out their roles and responsibilities. People we spoke with were complimentary about the staff. They told us of the confidence they had in the abilities of staff and said they knew how to meet their needs. One person said, "The staff are wonderful". Another said, "They work very hard, everything gets done, they cope very well". One relative said, "The staff are well trained and excellent. I only say what I see they are excellent". We asked a district nurse their views and they said, "The staff have a lot of experience and a lot of knowledge, they really like their residents".

People received support from staff that had been taken through a thorough induction process and attended training, which enabled them to carry out their care worker role. The induction consisted of a combination of shadowing shifts and the reading of relevant care records and home policies and procedures. Newer staff were supported by the registered manager and senior staff using observations to assess their competency before performing their tasks independently.

The home had introduced the Care Certificate (Skills for Care) for staff to complete. The Care Certificate is a work-based achievement aimed at staff who are new to working in the health and social care field. It provides an opportunity for providers to provide knowledge and assess the competencies of their staff. The Care Certificate covers 15 essential health and social care topics, with the aim that this would be completed within 12 weeks of employment. At the time of our inspection, two staff were working towards completing the Care Certificate with the support of the registered manager.

The mandatory training schedule covered core topic areas including moving and handling, dementia, risk assessment and safeguarding. The registered manager accessed both practical face-to-face sessions and workbook based training for all the staff team and retained evidence of training attended within their staff files. Staff told us that training was on going and they were able to approach the registered manager if they felt they had an additional training need. One member of staff said, "If I need more I ask the manager". Another said, "There is a lot of training, workbooks and practical". We had noted during our inspection one staff member required refreshing in safeguarding training and another staff member in moving and handling. We discussed this with the registered manager who told us this had been due to take place in June 2016 however had been cancelled as they had changed to a different training company. We were informed shortly after the inspection that new dates in August 2016 had been organised to address this.

Eleven staff had completed various levels of National Vocational Qualifications (NVQ) or more recently Health and Social Care Diplomas (HSCD). These are work based awards that are achieved through assessment and training. To achieve these qualifications, candidates must prove that they have the ability (competence) to carry out their job to the required standard. We were also told a further three staff were going to be commencing a HSCD later on in the year.

Supervisions and appraisals were provided to the staff team. A system of supervision and appraisal is important in monitoring staff skills and knowledge. Staff told us and records confirmed they received

supervision every 3-4 months, sooner if needed and they were encouraged to discuss all matters relating to their role within these sessions. Items discussed were agreed and carried through to the next meeting. Staff also told us they did not have to wait for planned meetings as the registered manager was approachable and applied an 'open-door policy'. In addition, staff meetings had been re-introduced to allow the staff to come together as a team. Minutes from a meeting in March 2016 showed how a new training provider had been discussed and matters relating to pay incentives.

Consent to care and treatment was sought in line with legislation and guidance. 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 that the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of the inspection, the registered manager had applied for one DoLS after seeking advice from the appropriate professionals. Prior to our inspection, the registered manager had received further training on the topic. They demonstrated they understood current legislation regarding the MCA and explained they were able to assess a person's capacity at the initial assessment stage. Care records showed how consent from people had been captured. For example, one person had signed their own medicines risk assessment. One person said, "You can leave whenever you want, it isn't a prison", and joked, "I tell them I know the escape route". Three members of staff we spoke to could share some knowledge and their understanding of the topic area. One member of staff said, "It's to ensure they (people) can make decisions for themselves. If they cannot other people have to make decisions in their best interests". Training records confirmed staff had attended training was in both MCA and DoLS in March 2016.

People were supported to have sufficient to eat, drink and maintain a balanced diet taking into account individual needs. The cook and staff were aware of any specialist diets including any allergies people had and adjusted the menu accordingly. Staff including the registered manager completed food and fluid charts on behalf of people to monitor what people were eating and drinking. Weights were recorded and monitored on a monthly basis. This ensured people's nutritional needs were regularly monitored for any changes.

We saw people enjoying their lunch. On the day of inspection, roast beef was being served and people were offered a glass of wine to accompany it. Lunchtime was a sociable experience for those involved and people talked to each other and staff throughout. Most people chose to eat in the dining area however, some people due to their needs ate in their rooms. Staff intervened when people needed more support including people who had remained in their rooms. One person told us that the, "Food is excellent; I always ask for smaller portions, they make me an omelette as an alternative". Another person said, I love the food. You have choices and you can change your mind at the last moment". One relative told us, "Visitors are always welcome; we are offered tea and cake".

People told us and records confirmed people living at the home had routine access to health care professionals. This included chiropodists, dentists, opticians, district nurses and GP's. Staff told us that they would tell the registered manager if a person had any health issues immediately and they would then contact a nurse or a GP. The registered manager told us the home had recently struggled to access GP's

when required however there was no evidence this had impacted people and their health and the treatment they received and a GP attended an appointment for a person during our visit. One person said, "They can cream my legs and send for a nurse if they need to". A district nurse told us, "Staff telephone us with any concerns and are very proactive. Staff will cover a would appropriately but do check. I would put my mum here".

Is the service caring?

Our findings

Positive, caring relationships had been developed between people and staff. Staff smiled with people and looked approachable; their interactions were warm and personal. They were observed supporting people with calmness and patience. People and their relatives confirmed their positive experiences of the staff team including the registered manager. One person described the staff as, "Caring and considerate". A relative told us the staff were, "Very kind and patient".

When staff were supporting people, they crouched down to their level or sat next to them. They gave people enough time to respond to questions asked using an appropriate level of pitch and tone. Comments overheard from staff to people illustrated their caring attitude. For example, "Would you like a cup of tea now?" and "How are you feeling today?" Staff adapted their style of support for different individuals, which showed compassion and understanding for people's needs. One member of staff described their approach to their care role and said, "I try and think how I would feel in their situation". We saw how one person, who received their care in bed, was brought iced water. The person appeared delighted to see the staff member who made time for the person and stayed for a 'chat'. The same person told us, "I always have a joke with the [named registered manager]. She never takes offence because she really cares about us".

People were supported to express their views and were actively involved in decisions about their care and treatment as much as they were able. Resident meetings had been introduced to the home and so far one meeting had taken place in 2016. The registered manager told us they had found this a useful meeting as it had enabled people to share ideas on how the home developed and establish what people were happy with. Minutes to the meeting showed six people had attended and covered topics such as going out into the community, meals and gardening. People had agreed they were happy with their meal choices and were happy with the maintenance of the home. The minutes stated a request for residents to be involved in the planting of garden pots. We were able to see this request had been actioned since the meeting. In addition, records showed how the registered manager and staff had held 1:1 meetings with some residents to explore areas of care, if any, that could be improved or any individual requests people may have. As a result, people were listened to and involved in how the home developed further.

The registered manager told us how one person had become the 'chairperson' for people and had attended a staff meeting and planned to attend more in the future. Shortly after the inspection, the provider told us how he had met with the person and the registered manager to discuss how a budget could be used to benefit the people living at the home on outings or additional in-house activities. They told us, 'Provision of the budget for the residents to spend as they see fit'. This showed how they also appreciated and valued people's opinions.

We observed staff supporting people to be as independent as possible and involve them with various aspects of their lives. One staff member described how they supported people with their personal care and said it was important to, "Involve them in their personal care. Let somebody wash their own face if they can, give people the choice". Another staff member said, "We always involve people, we ask them if there is anything in particular they want to wear". They added, "We try to encourage them to do for themselves as

much as possible this includes people who remain in bed". A third staff member said, "Give them the chance to do as much for themselves as possible. They may want to brush their own hair, all the time they want to do it you should promote that".

We observed numerous examples of how staff promoted privacy and dignity when supporting people. One person said, "They always knock before they enter my room". Another person told us, "I like to keep my room tidy. They wash my clothes and return them the next day". A third person said, "Without a doubt we are treated with dignity and respect. There is an old school politeness". Staff described how they knocked on bedroom doors before entering, closed the door behind them and closed curtains if they needed to. One staff member said, "I always knock and ask them before I go in and give them care and if it's not ok I wait a minute". A relative told us, "They always ask for consent before performing tasks and let you do what you are physically capable of doing". This reinforced the caring values held by the staff team.

Is the service responsive?

Our findings

People lived in a home where staff were responsive to their individual needs. We observed people receiving personalised care. People told us they were happy with the care they received; care records demonstrated they were created to meet the needs of each individual. Bedrooms were personalised to suit people's preferences. People could make choices over various aspects of their lives and where an individual lacked capacity, agreed professionals and family members were asked to engage to make best interests decisions. Staff demonstrated they had a good understanding of people's personal histories and what they liked and disliked. One staff member said, "Sometimes they eat later as they prefer that, it's about them". Another staff member said, "One person didn't want to sit with another at mealtimes, staff saw both sides, it was managed sensitively".

Each person had a care record which included a care plan, risk assessments and other information relevant to the person they had been written about. Care plans were reviewed regularly and included information provided at the point of assessment to present day needs. The care plans provided staff with detailed guidance on how to manage people's physical and/or emotional needs, their goals and their aspirations. This included guidance on areas such as communication needs, continence needs and mobility needs. For example, one care plan read, 'For staff to report any concerns with my communication skills'. The same care plan also stated, 'To be offered to participate in activities but respect my wishes if I choose not to do'. Another care plan gave direction to staff on what name a person preferred to use it read, 'I like to be called by any term of endearment as this makes me happy'. The same person liked to listen to classical music and this was reflected in their care plan. A third care plan described what was important to the person and stated, 'My health is important to me and to be as independent for as long as possible'. The same care plan shared guidance on how the person did not like to use their walking aid when they went to the toilet.

People were involved in their care plans and seemed comforted the home involved their relatives in the care planning process. One person told us, "There is a wad of stuff in my care plan they discuss it with my daughter in Devon". A relative told us, "I have seen the care plan and they ring me if there are any changes after a fall they rang me immediately". We asked staff their views on the care plans used. One staff said, "All the care plans are different". Another staff member said, "Residents tell us what they want changed and it goes in". In addition, each person had an 'All about me' kept on the back of their door. The registered manager told us this was a quick reference guide for all staff however, a tool created for the benefit of any agency staff. Daily records were also completed about people by staff during and at the end of their shift. This included information on how a person had spent their day, what kind of mood they were in and any other health monitoring checks. These daily records were referred to when staff handed over information to other staff when changing shifts to ensure any changes were communicated.

People were provided with stimulation and were offered various group and 1:1 activities to be involved in at the home however, people were able to decline to join if they so wished. Activities included manicure sessions, a musical entertainer, the playing of scrabble, art and creative sessions and trips out for coffee and cake. The registered manager had also organised themed meals earlier in the year to celebrate the Queen's 90th birthday, she showed us copies of the themed 'Royal menu's' which were given to people that week.

Pantomimes were booked on an annual basis for people who wanted the experience. The registered manager, encouraged by the provider, had embraced technology and introduced the use of iPad's and other tablets with headphones for people to access. Personal music playlists had been created by staff for people for their enjoyment; one person enjoyed watching nature programmes on them.

People told us they were happy and enjoyed what was offered yet discussions mainly focused around the planting and growing of tomato plants in the garden and a keep fit 'arm chair' exercise session that took place every other Tuesday. One person said, "I plant my own seeds in the garden". Another person said the exercise class teacher was, "Fantastic! He has exercises for top to toe". It was evident some people were independent and maintained links with family members and/or attended church independently. One person told us how she visited her sister and said, "I ring for a taxi myself and visit my sister for Sunday lunch and we play scrabble". Future trips out had been planned for people through discussions at resident meetings so far a trip to a garden centre and a meal out at a restaurant was on the agenda.

People and their relatives told us they felt listened to and they did not have any concerns or complaints but knew they would go to the registered manager if they needed to. The home had an appropriate complaints policy in place, accessible to all people. The policy encouraged people and their relatives to approach them with any concerns they had. At the time of our inspection, there were no formal complaints active. We asked staff their views on how people's experiences, concerns and complaints were listened to, one staff member said, "A couple of people said how they would like to go into the garden more and now it happens". Another staff member told us how a person had moved in yesterday and they did not like the position of their bed, "I've let the staff know how she would like it moved". We felt confident that people's requests were responded to in a timely manner by all staff and the registered manager. One person said, "All can be resolved by a 1:1 with the [registered] manager or the deputy".

Is the service well-led?

Our findings

People and relatives expressed positive views of the home and the care that staff provided. People felt the culture was an open one and they were listened to by the staff and the registered manager. During the course of the inspection, laughter and pleasant exchanges were noted between staff and people. This showed trusting and relaxed relationships had been developed. One person told us, "I came for respite and decided to stay". Another person said, "The staff are outstanding". A third person said, "We are taken care of in our own right". A relative told us, "This is the best care home it has given [named person] a new focus".

We asked staff their views on how they promoted a positive culture within the home. One staff member said, "I love everything about working here. The staff make it a good place to work". They added they felt the vision of the home was to, "Ensure residents can receive the best care we can give to them". Another staff member said, "We work well as a team". A third staff member told us, "I like the residents and the staff; we have a good team spirit". Staff discussed with us recent changes within the provider owner structure and how they found one of the new providers, "Very approachable" and felt listened to. One staff member told us, "It's a home not a hospital ward".

The registered manager demonstrated good management and leadership throughout the inspection and made herself available to people. We saw the registered manager working amongst the staff team guiding and leading other staff on duty. For example, we observed how she interacted with one person who wanted a birthday card for a relative. The registered manager produced a selection of cards for the person to choose from and chatted to the person about which one might be suitable and how they could help with the posting of it. This attention to detail ensured all people received the right help and support. One person said, "[Named registered manager] will do anything. She is a very hardworking lady".

Staff also felt supported by the registered manager and the deputy manager and felt that they could go to either, as the office door was always open to them. One staff member told us the home was, "Very well run, excellent manager, excellent deputy and excellent senior staff". Another member of staff said, "If you have any problems, [named registered manager] will sort it out for you". A third staff member said, "[Named registered manager] is very hands on, very, it makes a big difference."

A range of clear audit processes were in place overseen by the registered manager to measure the quality of the care delivered in areas such as medicines, care plans and the cleaning of the home. In addition, the provider had given additional external support to the registered manager to ensure all people's care needs were being met. An action plan had been developed dated May 2016 as an outcome from such meetings items included, 'implement staff meetings every 3 months' and 'update care plans monthly'. During our inspection, we could see of all the nine items included within the action plan they either had been achieved or were working progress.

People and relatives were encouraged to provide feedback as part of the audit process. The registered manager gave 'satisfaction surveys' to people and their relatives. We read 11 surveys during the inspection,

which had been returned in either June or July 2016. All of the results had been scored as either good or excellent to questions posed within the survey and any additional comments were complimentary about the care delivered and received.

During our inspection the registered manager told us, it was down to the, "Good communication" which enabled the service to be effective and spoke of plans to develop the service they offered further and how she and the provider were looking at extending the property. The registered manager spoke passionately about the people living at the home and felt, "We have never slipped on the care provided". We asked her what was her greatest achievement in her position as the registered manager her confident response was, "Keeping a high standard of care".