

Signature of Epsom (Operations) Limited

Rosebery Manor

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 3 November and was unannounced. Rosebery Manor provides accommodation, care and support for up to 95 people who require support with personal or nursing care. The home is set over three floors. The second floor provides care and support to people who are living with dementia, this unit is called The Oaks. The other areas of the home provide care for people requiring 'assisted living'. Some people lead a mainly independent life and use the home's facilities to support their lifestyle. On the day of the inspection there were 91 people living at Rosebery Manor, 62 people required personal or nursing care.

At our inspection in September 2015 we found that people were not always receiving safe care as risks to people's safety were not adequately controlled and safe medicines systems were not followed. We also found concerns regarding how the service was managed as records were not updated or accessible and quality assurance systems were not effective. At this inspection we found that improvements had been made in all areas although there were some continued concerns regarding medicines management.

There was a registered manager in post who supported us throughout the inspection. 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.

Safe medicines management systems had improved but there were still a few gaps in staff recording what medicines were given or refused. We have made a recommendation that improvements to this system are continued.

People were protected from avoidable abuse and harm as staff knew what action to take in the event of suspected abuse. Risks to people were identified, assessed and managed safely. Accidents and incidents were monitored to minimise the risk of reoccurrence. Staffing levels had improved and were sufficient to meet people's needs and robust recruitment processes were in place. Staff received an induction into the service and completed on-going training to develop their skills in their role. Supervision had increased and was provided to staff to monitor their performance.

People were complimentary about the food provided and staff monitored people's dietary needs. There was a wide range of nutritious foods available and people were encouraged to give feedback regarding their preferences. People were supported with their healthcare needs and staff consulted with external healthcare professionals to get specialist advice and guidance when needed.

Staff knew people well and positive, kind and caring relationships had been developed. People and their relatives were involved in decisions regarding their care and support and consent was gained by staff prior to care being given. People were treated with dignity and respect and were encouraged to maintain their

independence. People's legal rights were protected as the principles of the Mental Capacity Act 2005 were followed.

Care plans were comprehensive and provided detailed information to staff about people's care needs and how they wished to be supported. People were supported by staff who knew them well. A range of activities was planned which focussed on people's hobbies and interests.

The provider had a complaints policy in place which was shared with people and their relatives. Complaints had been investigated and responded to and action was taken to identify trends. People were asked for their views about the service through a range of forums, feedback cards and questionnaires. Results showed positive improvements had been made within the service.

Staff felt the home was well managed and that the registered manager was accessible and approachable. The range of quality assurance systems had improved and were now in place to measure and monitor the standard of care. Where concerns were identified action plans were implemented to improve standards. The registered manager and provider had implemented workshops to ensure that staff were aware of the values of the service. Records were maintained in an organised manner and provided staff with quick access to the information they required to understand people's support needs.

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.

Improvements needed to continue to the way people's medicines were recorded so that it was clear in the charts that people had either received or refused their medicines.

Risks to people were identified, assessed and managed appropriately.

Staff had been trained in safeguarding and knew how to protect people from the risk of harm or potential abuse.

People were supported by sufficient staff to keep them safe.

Robust recruitment practices were in place to ensure staff were suitable to be employed at the service.

Is the service effective?

Good ●

The service was effective.

Staff received appropriate training and support to carry out their roles.

The manager and staff understood their responsibilities in regard to the Mental Capacity Act 2005 and Deprivation of Liberties Safeguards.

People were provided with a choice food and drink which supported them to maintain a healthy diet. Staff were knowledgeable about people's dietary requirements.

People were supported to maintain good health and had regular access to a range of healthcare professionals.

Is the service caring?

Good ●

The service was caring.

People were looked after by kind and caring staff who knew them well.

People were treated with dignity and their privacy was respected.

People were supported to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

Assessments were undertaken to identify people's needs and these were used to develop person centred care plans.

Changes in people's health and care needs were acted upon to help protect people's wellbeing.

There was a wide range of activities available both within the home and the local community. People were encouraged to develop activities in line with their interests.

People we spoke with told us they felt able to raise concerns and would complain if they needed to.□

Is the service well-led?

Good ●

The service was well-led.

Quality monitoring systems were in place to monitor the quality of care people received and ensure continuous improvement.

People were actively involved in the development of the service. People's views were sought on an on-going basis and any concerns addressed.

People and staff told us the registered manager was supportive and had a good knowledge of the service and people's needs.

The visions and values of the service were clear.

Rosebery Manor

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 3 November and was unannounced. The inspection team consisted of three inspectors, a nurse specialist with experience of supporting older persons 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.

Before the inspection, we reviewed records held by the Care Quality Commission (CQC) which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. We also reviewed the Provider Information Return (PIR). The PIR 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.

As part of our inspection we spoke with fifteen people, three relatives, eight staff members, the registered manager and deputy manager. We also reviewed a variety of documents which included the care plans for ten people, six staff files, medicines records, audits and a range of other documentation relevant to the management of the home.

Is the service safe?

Our findings

At our last inspection in October 2015 we found that people did not always receive safe care as medicines were not stored and administered safely, risks to people were not always assessed and staff were not always appropriately deployed to ensure people's needs were met. At this inspection we found that improvements had been made although some continued development was required with regards to the recording of medicines. Risks to people's safety were assessed and sufficient staff were deployed to ensure people received care in a timely manner.

People told us they felt safe living at Rosebery Manor. One person told us, "Being surrounded by friends and people who know what they are doing makes me feel safe and comfortable." Another person said, "I can lock my door – we all can but I don't feel that I need to." Another person said, "I'd never bother to worry or lock anything – it's very safe here."

Safe medicines practices had improved but were not yet consistently followed. Each person had a Medicines Administration Record (MAR) which contained a recent photograph of the person, their GP details and any known allergies. However, the recording on MAR charts was not always accurate and there were gaps in recording within two people's records. In some cases the medicine remained in the packet with no reason recorded why the medicine had not been given, in other cases the medicine was no longer in the packet. This meant people may not have received their medicines as required or their refusal was not recorded. Other people's records showed they had received their medicines in line with the prescriptions.

Where people had been prescribed PRN medicines (as and when required) this was recorded and guidance was available to staff to ensure that staff were aware of what the medicines were for, how the person would indicate it was needed and the frequency it could be administered. However, the guidelines were not stored with the MAR charts or people's medicines as is recommended good practice to ensure staff have quick access to information.

Systems for the ordering of medicines were in place although people and staff reported there were occasional delays between the GP and the pharmacy which caused people concern. During the inspection one person told us they only had enough tablets to last until the following day and were anxious they would run out. Staff were liaising with the GP and pharmacy and the person's medicines were delivered that day. The registered manager told us they continued to work with the relevant agencies to ensure safe stock levels were maintained. Although no one had missed medicines due to stock being unavailable this was causing people to become anxious. The provider information return (PIR) had identified that the service had recently changed pharmacy to address these issues. The registered manager told us this had led to an improvement of stock control and the number of concerns had reduced.

We recommend that the provider continues to monitor and improve the recording of medicines and that PRN protocols are kept with medicine charts to guide the staff.

Staff received training in the administration of medicines and their competency was checked prior to them

supporting people without supervision. One staff member told us, "We take medication very seriously, it is a big responsibility and I am very careful." Medicines were stored securely with locked cabinets within people's rooms or in the secure treatment room. Any concerns regarding people's medicines were discussed during the daily handover. This included information regarding people who required medicines at a specific time to ensure staff knew when people's next dose was due to be administered.

There were sufficient staff deployed to meet people's needs safely and individual assessments were completed to determine the staffing hours people required. The registered manager told us that each person was assessed to determine the number of staffing hours they required. Rota's confirmed that the assessed staffing numbers were available throughout the week although some people told us they felt that weekends were quiet in the service. One person told us, "There's no staff around on Sundays and that worries me – I might not get the help I need and I don't see anyone." However, rota's confirmed that the same number of care staff were available at weekends and staff confirmed this was the case. The registered manager had recently reassessed people's needs and was closely monitoring call bell response times to ensure people received support promptly throughout the week.

Staff told us they felt that they had time to support people and had time to spend with them. The service used agency staff to cover any shortfalls in staffing levels. The manager told us that they only used one agency and wherever possible the staff provided were regularly assigned to work at Rosebery Manor to maintain consistency. All agency staff were interviewed by the service before being accepted to ensure they had the right skills and understood the needs of the service. One staff member told us, "Most of the time we have enough staff, but we cover with agency if we're short." One agency worker told us, "I work here regularly. It's a good home because they do get agency in when they are short staffed. It's one of the best for staff cover." We observed that people's needs were met promptly and people did not need to wait for care. Staff spent time chatting with people and checking that they had everything they needed.

Since the last inspection the way risks to people are identified and assessed had improved. Risk assessments had been put in place in response to people's care needs. Assessments covered areas including mobility, falls, skin integrity and malnutrition. Records showed that risk assessments were updated monthly or more frequently if concerns were highlighted. Where people had been identified as being at risk of skin breakdown pressure relieving mattresses were in place and settings checked daily. One person's care plan stated they required repositioning in a particular way. We saw guidance was provided to staff in the person's room and records confirmed the plan was followed. Where people required support with moving and handling the equipment required was clearly listed and we observed that staff supported people with confidence and offered regular reassurance. One relative told us, "My husband has to be hoisted and I always feel that they do that in a safe way – they are careful with equipment."

Incidents and accidents were evaluated and actions put in place to ensure people were safe. Records showed staff recorded what they had done after an incident and all reports were forwarded to the registered manager for review. These were entered on a central log to ensure that any trends could be identified and measures put into place to avoid reoccurrence. Risk assessments had been updated after any accident or incident. One person who had experienced a fall had a falls sensor mat placed at the side of their bed to alert staff to attend to try to prevent any further falls. Another person was supported to see their GP to check their overall health as they had experienced two falls in one day.

People were protected from the risk of abuse as staff were aware of safeguarding procedures and had received training in this area. Staff were able to describe the different types of abuse, signs they would look for and reporting procedures. One staff member told us, "If I noticed anything I would report it and see how the resident was feeling and whether they were withdrawn." Another staff member said, "I know my

residents, I would have no problem whistleblowing if I saw something wrong. Their care comes first". Guidance on reporting concerns and whistle-blowing procedures were displayed in the office and staff told they were aware of how to find this information. Records showed that where required safeguarding incidents had been appropriately reported to the local authority.

Safe recruitment procedures were in place to ensure staff employed were suitable to work at the service. We viewed the files of six staff and saw application forms, two references, proof of identity, proof of permission to work and Disclosure and Barring Service (DBS) checks. DBS checks identify if prospective staff have a criminal record or are barred from working with vulnerable people. Prior to employment all staff completed a face to face interview to test their knowledge and suitability to work in care.

Health and safety systems were in place to keep the environment safe and reduce risks to people. For example, a fire risk assessment was in place and regular checks of fire equipment and detection systems were completed by an external company. Moving and handling equipment such as hoists were regularly checked and maintained to ensure people had safe equipment to support them with their mobility needs. There was a dedicated maintenance team who maintained records of all maintenance checks and responded to any repairs in a timely manner. One person told us, "Some of my lights weren't working this morning. Staff reported it and it was rectified within an hour." There was a contingency plan in place which highlighted how people would be cared for in the event the building could not be used and staff were aware of the support people would need to evacuate the building in case of an emergency.

Is the service effective?

Our findings

At our last inspection in September 2015 we made recommendations regarding how people were supported to eat and that staff received effective supervision to monitor their skills. During this inspection we found that improvements had been made in these areas.

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 make 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).

People's legal rights were protected as staff were working in line with the principles of the MCA. Capacity assessments had been completed for people for specific decisions including locked doors within the Oaks, the administration of covert medicines and others specific to individual needs. Best interest meetings were recorded with an agreed decision reached by those involved in people's care. DoLS applications had been submitted for people subject to restrictions such as not being able to leave the building without support. However, we did observe that DoLS applications would benefit from more detail to ensure the impact on the persons was made clear.

Staff had a good understanding of the MCA and confirmed they had received training in this area. One staff member told us, "We need to consider if they have the ability to make their own decisions. If not, if someone makes a decision it has to be in the person's best interest. If a person has capacity it's up to them to make their own decisions, we don't have to agree with them." Another staff member told us, "Individuals should be allowed to make their own decisions even if it is a wrong decision in our eyes."

People were supported by staff who had access to a range of training to develop the skills and knowledge they required to meet people's needs. Staff told us that prior to starting work at the service they completed induction training in areas including safeguarding, health and safety, moving and handling, person centred care and infection control. They then shadowed more experienced staff members to give them the opportunity to get to know people's individual needs and the routines of the service. One staff member told us, "The training I had prepared me for the job and covered everything I needed to know. They gave us a disc with all the policies on that we can refer to." Another staff member told us, "The shadowing gives you time to read people's care plans and sit and chat with them so you can get to know them." Agency staff received an induction into the service and were supported by regular staff members until they were confident in their duties.

On-going training was completed to ensure staff training was regularly updated. The registered manager maintained a log of training to monitor progress. All staff completed dementia training to support them in their role. This enabled staff to develop their understanding of people's needs and how they could support

them effectively. One staff member told us, "The dementia training was really good. I've asked to go on it again because there's so much to take in and it's important that I know more about it." Clinical staff received on-going support to maintain and develop their skills. Nurses we spoke to were confident in their role and were able to describe their responsibilities in ensuring people's health was maintained and any concerns identified promptly.

Since the last inspection the registered manager has ensured that staff are supervised quarterly in line with the providers policy. One staff member told us, "I have meetings with my manager. She is always available. I have 1:1's and group meetings with her. I had an appraisal. These are once a year." Records confirmed that staff supervisions were held to monitor performance and address any concerns or training requirements.

People were complimentary about the food provided. One person told us, "I've spent my life thinking and planning food – I love not having to think about it and it's always delicious." Another person told us, "I asked for liver and bacon and the next week it started to appear regularly on the menu." One relative told us, "The food always smells and looks delicious. Mum always tells us how much she enjoys it."

People were supported to have a nutritious diet and offered varied choices. Three options were available at each meal in addition to a 'light bites' menu. Where people required a modified diet, such as pureed food, they were able to choose from the same menu. People told us that they were always able to ask for an alternative. One person told us, "If you want something special you only have to ask and they will make it for you." People were able to choose where to eat their meal and staff were attentive to people's needs. We observed staff greeted people in a friendly manner as they entered the restaurant area and people were offered a choice of where they wanted to sit. Staff went through the menu with people to explain the options available. Interactions were warm and friendly and it was clear that the restaurant staff knew people's needs, likes and dislikes. Where people chose to eat in their rooms this was provided at a time of the person's choice. Some people living in the Oaks chose to stay in the dining room area and some people chose to use the main restaurant. Where people required support to eat this was done in a respectful way and at a pace which suited the individual.

People dining in the Oaks were offered visual choices of the meals and drinks available to help them make a choice. Staff were knowledgeable about people's preferences and ensured these were catered for. It had been identified that one person benefitted from food they could eat with their fingers and we observed this was provided. We did observe that the person did not eat much of the meal and staff did not offer prompts. We spoke to a staff member who told us, "(Name) is a very fussy eater and doesn't like to be bothered. One day they will eat a lot and on other days hardly anything. We know it's important to monitor their weight." Food and fluid records confirmed this was the case and the person had maintained a consistent weight. People were weighed regularly and action was taken when weight loss was noted such as offering the person high calorie foods, discussions with the GP to rule out underlying health concerns and referrals to the dietician.

People had access to healthcare support. The local GP visited the service twice each week and people were encouraged to visit the GP surgery where possible. Records of appointments were clearly recorded in people's care files. In addition referrals were made to the community psychiatric team, dieticians, physiotherapists, the falls team and tissue viability nurses where required. We spoke to a visiting healthcare professional who was positive about the healthcare support people received. They told us, "Staff here are caring and prompt with referrals. They always follow my instructions." The service had identified that the discharge information received from the local hospital was not always detailed and had met with the head of nursing to discuss what information was required. This had led to an improvement in communication between the service and the hospital. Plans were in place for nurses from the hospital to spend time at the

service during their induction period to gain a greater insight into people's needs.

Is the service caring?

Our findings

People told us that staff were caring, their descriptions of staff included, wonderful, kind, friendly, gentle and lovely. One relative told us, "I couldn't fault the care of my husband." Another person said, "The staff are so kind, even when people are being difficult. That's the most important thing of all."

Staff were kind and caring in their manner towards people and it was clear they knew people well. One person who was spending time in their room complained they were feeling cold. The staff member showed genuine concern. They turned up the heating in the room, wrapped a quilt around the person and gave them a hot cup of tea. We observed the staff member returned 20 minutes later to check the person was warmer. Staff took the time to speak to people and pass the time of day when they met them in the corridor. We saw one staff member supporting someone to the lounge area. They were chatting easily with person, admiring their jewellery and taking an interest in what the person was telling them. Staff were able to tell us about the people they supported and how they liked to spend their time. One staff member told us, "We can really talk to people about their past lives. It's really interesting and I want to learn all about them." The atmosphere was pleasant and calm and people were laughing and interacting with staff.

The communication we observed between staff and people using the service was positive and friendly. We observed staff asked for people's consent before supporting them or telling them what was about to happen. One person told us, "I sometimes have agency staff who want me to direct them. Regular carers know how I like to be helped and we are all fine together. They always say what they are doing." One relative told us, "Staff always ask my husband, 'Is it OK to do.....', even though he can't talk back he can hear them and probably appreciates that. I know that I do"

People were treated with dignity and respect. Staff told us they would always knock on people's doors before entering and we saw this was the case. We observed one staff member knock on someone's door and wait for permission to enter. The shouted good morning and their name so the person could hear them and knew who was coming in. One person told us, "Everyone knocks on my door so I know who's coming into my room." The manner in which people preferred to be addressed was written within their care plan and we saw that staff followed this. Some people preferred to be called by their first name, others by their surname and some people by their professional title. One staff member told us, "I will always ask people what they liked to be called. For example, we have one person who used to be a doctor and they like us to use this. Other people don't like you using their first name and liked to be called Mr or Mrs."

People were supported to maintain their independence. One staff member told us, "I encourage people to do things for themselves first, but if I see them struggling then I let them know how I can help them." One person was supported by a staff member at lunchtime. The staff member encouraged the person to eat their meal independently until they became tired and the staff member then supported them to finish their meal. Other people were encouraged to maintain their mobility by walking short distances with staff support. One person told us, "Staff are always encouraging." Another person said, "I wish I could do more for myself. The staff understand that."

People's rooms were very personalised and homely. People who wanted to do so had brought their own furniture and personal belongings. People were able to bring their pets to the home and we observed staff supporting one person to walk their dog. One staff member told us, "It's their home and their suites should look how they want them to." The service was light and spacious with a variety of communal areas for people to socialise. We saw people used the bistro area to meet with others during the day and quieter areas were available if people wished to meet with their families and guests. Visitors to the service told us they were made to feel welcome, "The staff know I visit every day and make me feel welcome. They always update me on anything that has happened."

Is the service responsive?

Our findings

People and their relatives told us the service was responsive to their needs and supported them well when their needs changed. One person told us, "Recently I have needed more care and nothing is too much trouble. They apply my creams very gently and always wear their gloves. I am very impressed." Another person told us, "They know what I need, they don't have to ask." One relative told us, "Mum recently had a fall and her needs have increased and these have been met and adjusted as things have changed. I am involved in both my parents care plans and have been very happy with Rosebery."

People received care in line with their needs and preferences. Each person had a comprehensive assessment completed prior to moving into the service. Care plans showed clear links with the assessment to guide staff on meeting their needs. Plans were reviewed monthly or when people's needs changed and people confirmed they were involved in any changes to their care. Care plans were recorded electronically and gave staff detailed guidance in areas including personal care, emotional support, eating and drinking, moving and handling needs, sleeping routines and what time people preferred their support. Staff had access to handheld electronic devices which prompted them as to the care people required. This included details such as what drinks people preferred at what time. Staff were able to confirm they had delivered the care and note any concerns on the device. Staff we spoke to were able to tell us about people's needs and how they preferred to receive their care. For example, staff were aware that one person preferred to spend their time in their room rather than attending group activities. Staff told us they enjoyed speaking about their life and family members. We spoke to the person who confirmed what staff had told us, "I prefer to be in my room and staff respect that and leave me alone when I ask. Staff are very friendly and come and chat to me about my husband. We had such an interesting life together and they enjoy hearing about it." Another person's care plan highlighted that their mood was changeable in the mornings and if staff wished to discuss anything then it was better to do so in the afternoons. Staff we spoke to were aware of this and were able to describe how they supported the person when they were anxious in the mornings. We observed one person become anxious over the lunchtime period. Staff reacted promptly to calm the situation down and redirected and occupied the person without challenging them.

People's life histories, hobbies and interests were recorded. Each person had a 'This is Me' booklet which gave information regarding their lives, families and preferences. The registered manager told us that they were in the process of establishing the 'Remember Me' system designed for people living with dementia. Remember Me is an electronic application which records people's lives and enables staff to access relevant material from the internet to look at with the person. Families can also access the system to upload personal photographs, music and other memories.

People had access to a wide variety of activities both within the home and the local community. One person told us, "The activities are exceptionally good. They take us out regularly and there is always something to occupy you if you choose. I wouldn't fault it at all." Another person said, "There are always things to do. I've been on lovely river trips and I've been shopping. They will try and arrange whatever you would like." Regular activities included bridge, bingo, art, singing, exercise groups, church services, shopping, lunches out and films shown in the in-house cinema. In addition events were organised regularly which included

pamper days, dog shows, boat trips and a 'bake off'. Visiting entertainers were planned throughout the year and visiting speakers were invited to the home on a regular basis. Posters were displayed around the service for a men's group where a cricketer had been invited to speak, a dementia awareness discussion and a local solicitor delivering a presentation regarding planning for power of attorney.

Activities planned took into account people's preferences and people were involved in the planning of activities. One person told us, "We organise regular Bridge sessions and they help to coordinate that and set the room up." Another person said, "My wife likes to shop and they organised for a group to go to a garden centre that had a range of shops. That was last week at our request." One relative told us, "My wife is helped to do some gardening bits that interest her." We observed activity sessions including indoor golf and music for health. People appeared engaged and staff ensured that people were supported to join in if they chose. A number of people went out for lunch and on their return told us they had enjoyed the trip. We observed a staff member having a conversation with one person about their love of gardening. They later showed us the pots in the garden they had helped to fill. The service was a member of the National Activity Providers Association (NAPA) which supports care teams to develop meaningful activities for older people. NAPA had recently completed an audit to assess the impact of activities provided and scored the service highly.

People told us they would feel comfortable in raising a complaint and felt this would be addressed by the registered manager. One person told us, "I wouldn't hesitate to tell (registered manager) if I wasn't happy about something – she would want to know and would sort it out." Another person told us, "I complained once about an agency staff member. I received an apology and they checked with me the next day that things were better." There was a complaints policy in place which was displayed in communal areas. People also received information on raising a complaint within their welcome pack to the service. The registered manager maintained a complaints log which was accessible to senior managers. All complaints received had been investigated and responded to in accordance with the provider's policy. The log included a 'lessons learnt' section which included details of what changes had been made to prevent concerns reoccurring.

Is the service well-led?

Our findings

At our last inspection we found that there was a lack of governance of the service as audits were contradictory and did not always identify concerns. Records were not always clear or easily accessible to staff. At this inspection we found improvements had been made and systems in place were being effectively monitored. Records had been reviewed and issues with the electronic records system had been rectified to ensure staff had quick access to information.

Staff told us that they felt supported by the registered managers and felt they could ask for guidance when required to ensure that people's needs were being met effectively. One staff member told us, "This is one of the best places to work – we get the support and there is good team work. Senior management are always there." Another staff member said, "I find my manager very approachable, and I love my job. We are a good team." Staff responded positively when asked if they felt valued. One staff member told us, "I do feel valued. By the residents because they always hold your hand and say thank you. By Staff, because there is always someone willing to help and ask if I am okay. By management, because they are always willing to help."

Staff meetings took place regularly and each department had separate meetings to discuss relevant issues. The registered manager or deputy manager attended all meetings to ensure they had an overall view of the service. Meeting minutes recorded discussions and showed staff were involved in service development. Staff told us they felt listened to and were able to bring forward ideas. One staff member told us that each morning nursing staff held a 'flash meeting' in addition to handover so they could discuss any concerns and different strategies for supporting people. They had suggested that care staff had the same opportunity and this had been approved by the registered manager. Care staff now met for 10 minutes to discuss any concerns regarding people's needs and how they were addressing them. They felt this had led to a greater consistency for people and helped staff respond more quickly to people's needs.

People and relatives had an opportunity through regular meetings and forums to express their views and make suggestions about the quality of care they received. In addition to a general meeting for residents and their families regular forums were held to discuss food, activities and maintenance. People told us they felt their feedback was listened to and praised the contact that they had with the different departments. Feedback cards were available for people to comment on services and people told us their comments were listened to. One person told us, "I regularly use the feedback cards for things I don't like or to praise. On Monday I filled in a card to congratulate them on a superb dinner. I brought up that the meat on a Sunday was cut too thickly and many were unable to manage. This week it was beautifully thin and very enjoyable."

A resident's survey is completed every six months to monitor the people's satisfaction of the service. The results of the July 2016 show a marked improvement from the previous quarter with an overall satisfaction rating of 91% with 97% of people saying they would recommend the service to others. An action plan had been developed where people had identified shortfalls in the service. The main area identified was the staffing levels available. The registered manager had taken steps to address this by introducing a call bell monitoring audit, reassessing people's care hours to ensure the hours they received were in line with their needs and conducting interviews with agency staff to ensure they were suitable for the needs of the service.

Continual monitoring of these concerns was taking place in order to ensure people felt supported.

A range of quality assurance and audit systems had been put in place since the last inspection to measure the quality of care delivered and to drive continuous improvement. On a monthly basis audits of care plans, call bell response times, personal care records, health and safety and medicines were completed. Quality audits were completed by the Quality Manager for the organisation which gave an overall analysis of the service. Governance meetings were held monthly to review on-going developments. Action plans showed that any shortfalls in the service were addressed within the timescales set. For example, audits had identified that care plans did not contain detailed information and were not updated regularly. Systems had been implemented to develop each person's care plan with their input and regular checks were completed to ensure people's needs were regularly reviewed. As a result the care plans had improved and staff were fully aware of what care each person needed and preferred.

The visions and values of the service were made clear to staff to help ensure that people received a personalised service. During induction staff received a presentation which outlined the values they were expected to work to. The presentation had been updated and all staff were due to attend the presentation during November 2016. Staff told us they understood the values of the service and these had been explained to them. One staff member told us, "We need to ensure that people get the total package and they do here. They are always given choices and staff work hard to make a happy atmosphere." The service also developed these values within the local community. One staff member had recently begun delivering dementia friends workshops in the local library, citizens advice bureau and the local bank to raise awareness of the needs of people living with dementia.

The registered manager was aware of their responsibility to inform CQC of any notifiable incidents effecting individuals or the running of the service. Notifications had been submitted in line with requirements to enable the CQC to monitor the safety and effectiveness of the service.