Lester Hall Apartments Limited

Lester Hall Apartments

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 visit was carried out on 21 February 2017 and was unannounced.

We last inspected Lester Hall Apartments in July 2014 and found the service was meeting the requirements of the regulations.

Lester Hall Apartments provide care for up to 33 people with a range of needs which include mental health needs, physical disabilities, dementia and drug and alcohol dependency. The service is based in a large residential property that has been converted to provide apartments and spacious communal areas. It is situated close to the village of Wigston in Leicester. At the time of our inspection visit there were 28 people using the service.

The service had 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.

People were kept safe from the risk of harm. Staff knew how to recognise signs of abuse and who to raise concerns with. Risks to people's safety and well-being had been assessed and minimised. Staff knew what action they needed to take to keep people safe. Staff followed risk assessments and promoted people's safety, although some risk assessment records required further development to provide the detail staff needed to keep people safe.

There were enough staff to provide safe and effective care. Staff were skilled in meeting the needs of people using the service including how to respond when people became distressed or agitated.

People's medicines were managed in a way that kept them safe. People received the medicines they needed when they needed them.

Staff told us they felt supported in their roles and the registered manager and provider gave clear guidance and leadership. Staff had completed the training and qualifications they needed and we saw they used this knowledge to provide people with safe and effective care.

Staff were knowledgeable of and acted in line with the requirements of the Mental Capacity Act 2005. Staff sought consent from people before providing care and support and respected people's right to decline care. Care plans required further development to include the support people required to make specific decisions, for example in relation to their healthcare. This is important to ensure people have the support they need to make their own decisions.

People had their health and social needs assessed and care plans were put in place to meet their needs to

guide staff on how best to meet these. People were supported to have sufficient to eat and drink and access a range of external health professionals. This meant that people were supported to remain as healthy as possible.

We saw positive relationships between people and staff who were caring and attentive in their approach in meeting people's needs. Staff demonstrated that they knew people well and took time to chat with them and provide reassurance. Staff promoted and upheld people's privacy and dignity and respected people as individuals.

Care plans included information about people's needs, preferences, life history and how they preferred their care to be provided. Staff used the information they had about people's interests and preferences to tailor their care and support. Care plans were regularly reviewed and updated to reflect changes in people's needs. This meant that people received personalised care that reflected their preferences and met their needs.

People were supported to take part in a range of activities to meet their social needs. People had been asked what was important to them and how they liked to spend their time. Staff used information to plan the activities provided. This meant people were able to spend their time in the way they preferred.

People and relatives were provided with opportunities to be involved in decisions and develop their care. The provider ensured people had the information they needed to raise any concerns or complaints about the service or their care. People told us they knew how to complain and felt their concerns would be listened to an acted upon.

People, relatives and staff were confident in how the service was led and the abilities of the management team. The registered manager and the provider were committed to providing quality care for people. The registered manager oversaw all aspects of the service. The provider was involved in the day-to-day running of the service and got on well with people who happily approached her whenever they wanted to. Staff told us they had confidence in the registered manager and the provider and were supported to share their views about people's care.

The provider ensured all people using the service were involved in it's running. People were able to share their views through satisfaction surveys and through discussions with managers and staff. People felt listened to and able to comment on how well the service was running.

The registered manager undertook a range of checks to ensure people were receiving quality care. We saw that on-going improvements had been made as a result of checks and audits, for example health and safety compliance within the service was good. Further development of quality assurance would enable the provider to evidence how they consistently monitored the service to ensure people received good care.

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 using the service was safe and staff knew how to protect them from abuse. There were enough staff on duty to meet people's needs and keep them safe. People had risk assessments in place and staff knew what to do to minimise the risk of harm. People were supported to take their medicines safely.

Is the service effective?

Good

The service was effective.

People were cared for by staff who had the skills and knowledge to look after them. Staff understood the principles of the Mental Capacity Act 2005 and their role in supporting people to make decisions. People were given enough food and drink to maintain their health and well-being. People had access to healthcare professionals whenever necessary.

Is the service caring?

Good

The service was caring.

There was good communication between people and staff. People's dignity and privacy was respected. Staff had sufficient knowledge about people to provide them with the care they preferred.

Is the service responsive?

Good

The service was responsive.

People received personalised care that met their needs. People had access to a range of one-to-one and group activities and were supported to take part in hobbies and pastimes that interested them. There was a clear complaints procedure and people felt that any concerns or complaints they raised would be listened to and resolved.

Is the service well-led?

Good

The service was well-led.

People, relatives and staff were supported to share their views about their care and provided with information and opportunities to be involved in changes in the service. Staff received guidance and support from managers. The registered manager had ensured people received high quality care.

Lester Hall Apartments

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 visit took place on 21 February 2017 and was unannounced.

The inspection team consisted of one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We gathered and reviewed information about the service before the inspection. This included information from the 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 also reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about. We spoke with commissioners responsible for funding some of the people using the service. They told us they had no concerns about the service.

During our inspection we spoke with nine people using the service, three relatives, three care staff, the deputy manager, a cook, the registered manager and the provider. We also spent time observing people being supported in communal areas.

We looked at records relating to all aspects of the service including care, health and safety, medicines, staffing and quality assurance. We looked at three staff recruitment records. We also looked in detail at three people's care records.

Good

Is the service safe?

Our findings

All the people we spoke with told us they felt safe living at Lester Hall Apartments. One person told us, "I'm safe here, I've never felt threatened." Another person said, "I'm safe here because I'm looked after well. My property is safe here and I can retreat to my room at any time if I want to." A relative told us, "My family member is safe here and well looked after. There is always staff in the lounge with people."

Staff had undertaken training on safeguarding (protecting people from abuse) and demonstrated good knowledge of how to protect people from harm. They were able to describe what they would do if they suspected someone was at risk from abuse. One staff member told us, "If I had concerns I would call my manager immediately. I am confident they would take my concerns seriously, but if they didn't or if I felt someone was still at risk, I would take my concerns to the local authority or CQC." The provider's safeguarding policies included procedures for all aspects of safeguarding. This helped to ensure staff had the guidance they needed to protect people and work in partnership with other agencies with safeguarding responsibilities. Staff demonstrated that they were aware of the provider's whistleblowing procedures and knew they could contact external agencies if they felt their concerns were not managed within the service.

Staff understood people's needs and were able to describe how they managed risks associated with people's care. These included risks associated with people's health conditions, day-to-day living and the environment. People's care records included individual risk assessments which identified areas of potential risk and measures staff needed to take to reduce the risk of harm. For example, one person was assessed as being at risk as they could get up in the night and go into other people's apartments or attempt to leave the service without support. The risk assessment showed that potential risks to the person and to others had been managed through a night staff member based near the person's room and door alarms which were activated if the person attempted to leave alone. Another person's risk assessment identified that they needed a walking stick to support their mobility. We saw that staff checked to ensure the person had the aid with them when they moved around the service. These were examples of staff managing risk to keep people safe.

We found that some risk assessments lacked the detailed guidance staff needed to help reduce risk. For example, where people demonstrated behaviours that could challenge, risk assessments did not always include the information staff required to enable them to intervene and keep people safe. This is important to ensure staff are able to respond consistently and effectively to keep people safe when they are demonstrating behaviours that may challenge. For instance, one person's risk assessment gave a vague instruction to staff to 'not be confrontational' as the suggested response to the behaviours. More detail would help to ensure that staff knew exactly how to respond in this situation, for example the risk assessment could suggest what body language and tone of voice staff should use. We observed that staff were skilled when people became agitated in communal areas and were able to intervene in a timely way and keep people safe from the risk of harm to themselves and to others. Staff who we spoke with were able to describe in detail how they would respond to people's behaviours that may challenge, including keeping the person and others safe during these behaviours and distracting people from the behaviours.

The registered manager told us they would develop risk assessment records to ensure they included more detailed guidance for staff. This would enable staff who were new to the service to understand risks and how to reduce these for people before they started to support them.

Staff understood their responsibilities to record and report incidents and accidents. Incidents and accident records were reviewed by managers to identify actions required to reduce the risk of harm. For example, where a person demonstrated behaviours that challenged, managers reviewed staff approaches and involved external health professionals to ensure the person was receiving the support they needed. Accidents records were also reviewed by the provider's health and safety officer who regularly met with staff and managers to discuss actual accidents and near misses. This enabled staff to see if there were any patterns emerging which the provider could identify to prevent future harm.

The provider had systems in place to ensure there were sufficient number of staff to keep people safe. During our inspection there were enough staff on duty to meet people's needs. Records, including the service's staff rota, showed that the staffing levels we saw were the usual ones. The registered manager told us staffing levels were determined by people's needs. Staffing levels were flexible to enable people to attend appointments and activities outside of the service with staff support. Where agency staff were used to cover staff absence, these were well known to the service to ensure people's care was provided consistently. This helped to ensure there were always enough staff around who were familiar with people's needs to keep them safe.

The staff recruitment records we looked at demonstrated there were safe recruitment processes in place. We viewed the recruitment files for three members of staff and saw checks had been undertaken before staff were considered suitable to work at the service. Checks included evidence of previous employment, proof of identity and a check with the Disclosure and Barring Service (DBS). The DBS provides information for employers to make safer recruitment decisions. This showed the provider had taken the necessary steps to help ensure staff were safe and suitable to work in a care environment.

We looked at the way medicines were managed in the service. People we spoke with told us, "I receive my medicine at the right time," and "My medication is given to me properly." Medicines were stored safely and securely. There were records in place that showed staff checked the temperature of the storage areas to ensure temperatures remained constant so that the condition of the medicines was maintained. The medicine administration records (MARs) we looked at had been completed accurately.

Records showed that people had risk assessments in place for their medicines. These told staff how to reduce risk when administering medicines. For example, one person was to be monitored to ensure they did not hide or spit out their medicines after staff had administered them. Another person had a process in place where they were to be shown each medicine label to reassure them they were receiving the correct medicines. We observed staff supporting people to take their medicines. We saw they provided each person with support in line with the guidance in the medicines risk assessment.

Some people were receiving medicines on an 'as and when required' or PRN basis. Staff who we spoke with were knowledgeable about each person's medicines and we observed they consulted with people as to whether they needed PRN medication. Staff told us, and records confirmed, that they had undertaken training to administer medicines and could only do so once they had been assessed as competent. Medicine records did not always provide detailed information about these medicines to guide staff about when and why the medicines should be administered. Additionally, where people required topical medicines, such as creams and lotions, these were not supported by body maps to ensure medicines were applied to the correct area. The registered manager told us they would ensure protocols were in place for all PRN

medicines to ensure staff had the information they needed and body maps were put in place for topical medicines.

Good

Is the service effective?

Our findings

People told us they were happy living at Lester Hall Apartments. One person told us, "I've not got any worries here, they [staff] look after me." Another person told us, "The staff are very understanding. I can make everyday choices myself." People said they thought staff knew how to care for them. A relative told us, "Every one of the staff knows [name of family member] needs, even the cook. I like that it's a mixed age group and culture amongst the staff team."

Staff said they had access to training which reflected the needs of people living at the service and was relevant to their own role. One staff member told us, "I did my basic [induction] training then lots of training, including the Care Certificate and NVQ3." The training records we looked at showed staff had undertaken a range of training essential to their role and recently undertaken training which would help staff support people who had mental health needs, behaviours that may challenge and people living with dementia. A member of staff told us, "We are always being offered the opportunity to do different training." The registered manager maintained a training matrix which showed the training staff had undertaken and when this needed to be updated. This meant staff received the training they needed to be effective in their roles and had opportunities to keep their knowledge and skills up to date.

We saw that new staff followed an induction programme and completed the Care Certificate. This is a nationally recognised qualification that supports staff to learn values, behaviours and working practices to a set of national standards. In addition, staff who were new to the service were able to work alongside experienced staff to enable them to be introduced to people and learn about their needs before they began to support them.

Staff told us they felt supported by the management of the service. One staff member told us, "The management are very good, very supportive. The registered manager steps in to help us out if we need him to. For example, if a person has been challenging, he recognises the pressure we are under and steps in to give us some time away from the situation. I have supervision and appraisal which is really useful. I can ask questions and develop my knowledge and skills." Another staff member told us, "I feel supported and I can always get advice from managers. The deputy and the registered manager are very good at their jobs. We all work closely together. If I have had a challenging shift, [name of registered manager] helps me to talk about it. He always asks how I am doing, not just in supervision or appraisal."

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 looked at how people's consent to care and treatment was sought in line with legislation and guidance. We saw that, where possible, people had signed to show their consent to their care and the support they needed to take their medicines. People told us they could choose what they wanted to do, for example what time they got up in the morning and where they wanted to spend their day and staff would respect their choice. One person told us, "I get up when I want, go and get a coffee and then go back to my room. I decide when I want breakfast and staff will either cook it for me downstairs or bring it up to my room."

We observed consent to care in practice with staff checking that people were in agreement before providing support or care. Where people had made decisions about how and where they wished to spend their day, we saw staff had respected this and provided care in the way people preferred. Staff had undertaken training in MCA and DoLS and understood the importance of people consenting to their care and also their right to decline care. One staff member told us, "Whatever I am doing, I explain it to the person and wait for them to give consent. If they refuse, I leave it a while and go back or an alternative staff member will try. If they continue to refuse, I respect this and record it in their care records." People's care plans included their right to decline care or medicines and provided staff with guidance on encouraging the person to understand the implications of their decisions. Where people continued to decline care, care plans included a protocol to ensure professionals, such as GP's and community psychiatric nurses, were informed in a timely way to provide the person and staff with specialist support.

People's care records including details of decisions and choices the person was able to make on a day-to-day basis. Mental capacity assessments had been reviewed so that staff could monitor people's choice-making abilities. However, mental capacity assessments did not include guidance for staff on the support people required to make specific decisions, such as decisions about their health care. Assessments did not reflect that some people's mental capacity to make decisions may fluctuate due to their health condition. We discussed this with the registered manager who told us they would develop mental capacity assessments to ensure they included the support people needed to make specific decisions and reflect people's fluctuating mental capacity.

Some people using the service were subject to authorisations under DoLS. This was because some people were not safe to leave the service without staff support whilst other people were unable to make a choice regarding where they lived. Where people required urgent authorisations due to moving to the service, we saw the registered manager had made the necessary applications and obtained assessments and authorisations to ensure any restrictions were in the person's best interests.
The registered manager kept a record of all DoLS authorisations, including when the authorisation required review. This ensured people were not being unlawfully deprived of their freedom.

People spoke positively about the meals provided in the service. Comments included, "The food here is good, both cooks are very good," and "The food here is good, I can just go to the kitchen and get a drink when I want," and "The food is good, I had the fish today and really enjoyed it." We saw there were cold drinks for people to help themselves to available in communal areas and we observed people being offered hot drinks or going to the kitchen to get a hot drink for themselves. People were given a choice of meals and supported to eat wherever they choose. Most people choose to eat in the dining room and meals were provided over three sittings.

The cook told us that staff provided her with details of people's specific dietary needs, for example pureed or diabetic diets, in addition to preferred portion sizes. The cook told us they could provide a range of meals suitable for different cultures and preferences. The meals that we saw looked appetising and well presented. People were offered a range of condiments and sauces to accompany their meal. People were given time to eat their meals and offered a wide range of home-made desserts including freshly made puddings and fresh

fruit. People told us they had enjoyed their meals, although some people had to wait some time before they received their meal due to the three sittings. Staff told us and we saw that people were offered a choice of sittings and were able to express a preference for when they ate and who they ate with.

People had their health needs assessed and care plans put in place to meet their needs. For example, a person who was at risk of losing weight had a plan for monitoring food and fluid intake and was supported to monitor their weight which was positive. Records showed that the person had put on weight since moving to the service. People told us that the staff were quick to respond if they were unwell. One person said, "Sometimes I feel very physically weak. The staff are very understanding and I can have an appointment with my doctor when I need it." Records showed that people were supported to access a range of health services, including routine appointments with chiropodist and dentists in addition to specialist health professionals. Where people were living with long-term health conditions, their care plans included guidance for staff about how to manage the health conditions, such as diabetes, and how the health conditions impacted on the person's physical and emotional well-being. This meant that staff understood how to support people to remain as healthy as possible.

The premises were designed to provide people with as much privacy and independence as possible. Each apartment was individually decorated with en-suites and some included a kitchenette area to enable people to make light meals and drinks. People told us they were happy with their apartments. One person told us, "I like my room, I have a brilliant shower and a brilliant toilet." Another person said, "I like it here and I like my room. I can make my own cup of tea in my room." Whilst most of the areas of the premises were well maintained we found one communal bathroom which was in need of decorating. The registered manager told us the area had already been referred to maintenance for an upgrade.

Good

Is the service caring?

Our findings

We observed that staff and people got on well together. The atmosphere at the service was warm and friendly and people appeared relaxed and at home. One person told us, "The staff are very good. The (registered) manager and the deputy are caring and kind. There are enough staff here to look after us. They are well trained. It's a bit like a family here." Another person told us, "I can talk to any of the staff here. They are kind and caring." Relatives who we spoke with told us, "The care is fantastic here. The staff are brilliant, they do a good job. [Name of family member] is really well looked after here and with patience. They [staff] are getting it right. [Name of family member] is treated with dignity."

People told us that their privacy was respected and that staff always knocked on their doors before entering. One person told us, "If I want privacy I go to my apartment. The staff always knock before they come into my apartment." Staff told us they made sure doors were closed and people were covered when they supported them with their personal care. People told us they felt staff treated them with respect. Three people told us that they were encouraged to be as independent as possible, for example, by getting their own drinks and cleaning their own apartments as far they were able to.

We saw that people were supported by staff who understood their personalities and took time to chat with them and provide assurance. Staff were friendly and helpful and showed warmth and affection towards people. Staff reassured a person who became anxious and talked about a recent activity which the person had enjoyed. We saw the person responded positively and looked happy and relaxed following the conversation. This showed staff understood the importance of meeting people's emotional needs.

Staff described to us how they responded to people whose behaviours may challenge. They told us that they respected people expressed themselves in different ways and understood that aggression or verbal abuse was not personal to them as a staff member. They told us how they were respectful of people whilst supporting them to express themselves in less challenging ways. We saw that staff followed this in practice. A person was distressed and agitated in the communal area. We observed staff approach the person in a timely way and responded calmly by supporting the person to identify what they wanted. Through reassurance and enabling the person to get what they wanted, the person calmed and began engaging positively with staff. Staff recognised the person's emotional and physical needs and responded appropriately.

The provider supported people to be involved in developing their care plans and expressing how they wanted their care to be delivered. For example, one person's care plan advised staff to respect times when the person wanted to be on their own. Where people had declined to be involved in their care planning, this had been clearly recorded and the provider had consulted family members or health professionals to ensure they had as much information as possible to reflect the person's preferences and choices. Staff demonstrated they were aware of how people preferred their care to be delivered and how they liked to spend their time. For example, they told us one person liked to spend time on their bed during the day. We saw staff supported the person to do this. This showed that staff supported people to make choices and decisions about their care.

Good

Is the service responsive?

Our findings

Records showed that people received personalised care that met their needs. They had an assessment prior to admission and this formed the basis of their care plan. The provider and registered manager told us they attended multi- agency meetings prior to a person using the service. Meetings involved health and social care professionals and the person and any family members, all of whom were able to contribute and share information to enable the care plan to be developed. This helped to ensure care plans were person-centred and reflected the person's aims and wishes.

Care plans we looked at were individual to the person and focussed on their strengths and preferences. People's preferred routines and how they liked their care to be provided was included in care plans. For example, where people required support with their personal care, guidelines included what the person was able to do for themselves and the support they needed from staff. This included physical support and verbal prompts, for instance, to support a person to get dressed. Care plans provided information about people's health and social care needs, people who were important to them and key life experiences, likes and dislikes and cultural needs. People's preferences with regard to their lifestyles were included. Where one person told us they liked to spend time alone in their room, we saw this was reflected in the person's care plan. We observed that staff respected the person's choice during our inspection. This showed that staff had the information they needed to provide care in the way people wanted it.

Staff were knowledgeable about people's needs and were kept informed of changes to care plans by the registered manager and provider. Staff told us that prior to a person using the service and in the event of any changes to their needs, the provider or the registered manager arranged to meet with staff to provide them with the information they required. We saw that care records reflected people's current needs and were reviewed regularly to ensure people's goals and aspirations were being achieved. A relative told us they were involved in the review of their family member's care which had included a review of medicines shortly after their family member began using the service. As a result of changes to medicines, they told us their family member was now more alert and responsive and communication had improved. This was an example of staff reviewing people's care needs and responding to ensure people receive quality care. Where people had declined to be involved in reviews about their care, records reflected this and people were supported to feedback in less formal ways, for example, through day-to-day conversations.

Staff supported people to take part in range of one-to-one and group activities. People were encouraged to choose their own activities either as a group or on an individual basis, depending on their preferences. There was a dedicated member of staff to support people to pursue their activities. People told us they enjoyed the activities they undertook. One person told us, "I go to work at the garden centre. I like going there. I do planning and potting, pruning – anything really." Another person told us, "We can do lots here bingo, hairdresser, dominoes, jigsaw's." During our inspection we saw staff supported people to go out shopping and for meals and to go horse riding. When people returned from their activities, they looked happy and relaxed and told us they had enjoyed themselves. We also observed people were encouraged to engage in in-house activities, such as pamper sessions, word searches, bingo and jigsaws. One person told us they were supported to go out and could choose what they wanted to do and where they wanted to go. This

showed staff supported people to have a personalised activity programme to enhance their quality of life and reduce the risk of social isolation.

There had been no complaints about the service. People told us they felt able to raise concerns and were confident they would be listened to and their concerns addressed. One person told us, "If I had a complaint I would tell a member of staff. I feel very comfortable doing that. [Name of provider] is approachable. I feel that I could go to her if I had any problems." Another person said, "I don't have any complaints. I like it here." A relative told us, "I've never had a complaint. If I did I would speak to [name of registered manager]. I would feel okay making a complaint but I don't have one."

The provider's complaints procedure advised people what to do if they were unhappy about any aspect of the service. It included contact details for the local authority and local government ombudsman in case a person wanted to take their complaint outside of the service. We saw that a copy was available in the reception area and this included contact details for advocacy services. An advocate is an independent person who supports and enables people to express their views and concerns. This showed that the provider was open to complaints and provided information and support to enable people to express any concerns they had about their care.

Good

Is the service well-led?

Our findings

People and relatives we spoke with were happy to be supported by the service and expressed no concerns with how it was managed. One person told us, "It's excellent here. I'm safe here. I like living here." A relative told us, "We have nothing but praise for this place. We trust the staff." Staff told us they enjoyed working at the service and felt it was well-managed. One staff member said, "I am very happy to work here. It's like a part of my family. Management are strict about standards, such as wearing your uniform correctly and working practices. If we want anything, it's always done quickly." Another staff member told us, "The registered manager is good at his job. He makes sure we work as a team and supports us a lot."

There was a registered manager in post who worked closely with the deputy manager and the provider. The management team provided clear and confident leadership for the service. All the staff we spoke with felt supported and valued by the management team. We saw the registered manager and provider were visible and accessible to people and relatives. People we spoke with were aware who the registered manager and the provider were and we saw people stop and chat as they passed them. People and their relatives spoke positively about the provider. Comments included, "She [provider] is a talented business woman. She runs this place very well," and "[Name of provider] is nice to me. I've heard the way that she speaks to other people. She's quite nice but firm." A relative told us, "[Name of provider] is fantastic. She is very helpful - a one off. She's a full time events person fantastic and well-motivated."

Staff told us they were able to share their views and contribute to developments within the service through staff meetings. Records showed that staff meetings were held regularly and were well attended. Discussions included information about people new to the service, review of working practices and clarification of roles and expectations.

People and relatives were supported to share their views about about all aspects of the service. One person told us, "I have been given questionnaires to ask me about this place. I do know what's going on. I feel like I am listened to." Another person told us, "I have filled in questionnaires when I have been given them. They ask me for my opinion about the home." Another person told us they preferred to share their views whilst they had their meal and felt staff listened and responded to these. We looked at satisfaction surveys for January 2017 and saw that people had been asked to comment on all aspects of their care and had responded with positive comments. The registered manager told us they shared any feedback with people and staff to ensure people were receiving good care. This showed people were able to share their views of the service and influence how it was run.

The registered manager and the provider were closely involved in the day-to-day running of the service. There were systems in place to ensure people received good care that was safe. For example, the health and safety officer undertook checks and audits to ensure all safety certificates were up to date and that the service was achieving overall compliance with health and safety regulations. These checks were recorded and used to bring about improvements. For instance, staff were supported to practice evacuation drills every month so that they were comfortable in supporting people and using evacuation equipment. This would enable staff to keep people safe in the event of an emergency.

The registered manager undertook spot checks of working practices and records. These included medicines records, staff observation and spot checks of the CCTV recordings in communal areas. The registered manager was able to provide an example of how improvements had been made to night staff deployment as a result of random checks on the CCTV system. Managers recorded a summary of checks, findings and actions in management communications books. Further development of quality assurance would enable the provider to evidence how they consistently monitored the service to ensure people received good care. The registered manager told us they would develop quality assurance records to ensure these reflected the checks and audits they undertook and supported them to monitor the care which people received.

The registered manager and the provider had notified us of significant events and incidents within the service. The provider had also completed the Provider Information Return (PIR) with information about the service and the plans they had for improving the service in the future. Improvements to the service since our last inspection included the employment of a health and safety officer, the development of staff training and the achievement of a five star rating for food hygiene. This demonstrated the registered manager and the provider were aware of their statutory responsibilities and were committed to making improvements and developing the service to ensure people received quality care.