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# Albany House - Bognor Regis

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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 13 June 2016 and was unannounced.

Albany house is a residential care home, which provides care and support for up to 18 people with a variety of mental health needs. At the time of our inspection there were 16 people living at the home.

Albany house is a detached two storey home. All bedrooms were single occupancy. There was a communal lounge, separate dining room and a garden, which included a designated smoking area. There was a kitchen, which was only accessed by staff. If people wanted to prepare their own food this was supported in the dining area.

There was a registered manager in place who was in day to day charge and worked alongside staff in order to provide care for people. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered managers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Staff were trained in adult safeguarding procedures and knew what to do if they considered people were at risk of harm or if they needed to report any suspected abuse. People told us they felt safe at the home.

Systems were in place to identify risks and protect people from harm. Risk assessments were in place and reviewed monthly. Where someone was identified as being, at risk, actions were identified on how to reduce the risk and referrals were made to health professionals as required.

Accidents and incidents were accurately recorded and were assessed to identify patterns and triggers. Records were detailed and included reference to actions taken following accidents and incidents. Reference was also made to behaviours, observations and other issues that may have led to an accident or incident.

Policies and procedures were in place to ensure the safe ordering, administration, storage and disposal of medicines. Medicines were managed, stored, given to people as prescribed and disposed of safely.

Staffing numbers were adequate to meet the needs of people living at the home. The provider used a dependency tool to determine staff allocation. This information was reviewed following incidents where new behaviours were observed which might increase or change people's dependency level.

Safe staff recruitment procedures ensured only those staff suitable to work in a care setting was employed.

The Care Quality Commission monitors the operation of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Staff were trained in the MCA and DoLS. People at the service had capacity and the staff sought people's consent about arrangements for their

care.

Staff were skilled in working with people who had mental health needs. Training included behaviour management, mental health awareness and self-harming.

Food was produced using fresh ingredients, to a high standard and offered good choice. People could choose to eat in the dining room or other areas of the home. Drinks were provided at regular intervals and on request.

People's health care needs were assessed, monitored and recorded. Referrals for assessment and treatment were made when needed and people received regular health checks.

Staff were caring, knew people well, and treated people in a dignified and respectful way. Staff acknowledged people's privacy. People commented that staff were understanding of their mental health needs and provided support during periods of distress. Staff had positive working relationships with people.

Care was provided to people based on their individual needs and was person-centred. People were fully involved in the assessment of their needs and in care planning to meet those needs. Staff had a good knowledge of people's changing needs and action was taken to review care needs.

Staff listened and acted on what people said and there were opportunities for people to contribute to how the service was organised. People knew how to raise any concerns. The views of people, relatives, health and social care professionals were sought as part of the quality assurance process.

Quality assurance systems were in place to regularly review and improve the quality of the service that was provided.

## 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 living at the home had detailed care plans, which included an assessment of risk. These were subject to regular review and contained sufficient detail to inform staff of risk factors and appropriate responses.

Staff had received safeguarding training and knew how to recognise and report abuse.

There were sufficient numbers of staff to make sure that people were safe and their needs were met.

Medicines were stored and administered in accordance with best-practice guidelines.

### Is the service effective?

Good

The service was effective.

Staff were trained in topics, which were relevant to the specific needs of the people living at the home and supported through regular supervision.

People were supported to maintain good health and had regular contact with health care professionals.

People were provided with a balanced diet and had ready access to food and drinks.

The home had Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) policies, procedures. Staff received training in MCA and DoLS which they followed to ensure people's consent.

### Is the service caring?

Good

The service was caring.

People were treated with kindness and dignity by staff who took time to speak and listen to them.

Staff were understanding of those with mental health needs.

Staff acknowledged people's privacy.

People were consulted about their care and had opportunities to maintain and develop their independence.

## Is the service responsive?

Good

The service was responsive.

People received care, which was personalised and responsive to their needs.

There were structured and meaningful activities for people to take part in.

People were able to express concerns and feedback was encouraged.

## Is the service well-led?

Good

The service was well-led.

People had the benefit of a well-led care service, where the culture and the management style of the service were positive.

The registered manager sought the views of people, relatives, staff and professionals regarding the quality of the service and to check if improvements needed to be made.

There were a number of systems for checking and auditing the safety and quality of the service.

# Albany House - Bognor Regis

**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 registered manager 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 13 June 2016 and was unannounced. One inspector undertook the inspection.

Before 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 any improvements they plan to make. We reviewed information we held about the service, including previous inspection reports and notifications of significant events the registered manager sent to us. A notification is information about important events, which the provider is required to send to us by law. We used all this information to decide which areas to focus on during the inspection.

During the inspection, we spoke with seven people who lived at the service and one relative. We also spoke with three care staff and the registered manager. We spent time observing people in the communal living areas. Following the visit, we also contacted two health care professionals to seek their views.

We looked at the care plans and associated records for three people. We reviewed other records, including the registered manager's internal checks and audits, staff training records, staff rotas, accidents, incidents and complaints. Records for four staff were reviewed, which included checks on newly appointed staff and staff supervision records.

The service was last inspected on 26 June 2013 when no concerns were identified.

Good

# Is the service safe?

## Our findings

People told us they felt safe. One person said, "I like living here, staff are really supportive. I feel safe." Another person told us, "I feel very safe. Everything in our home is checked, fire alarms, doors, windows and if I need health appointments."

A social worker told us, "I believe the service at Albany House to be safe for the service users (as well as visitors and staff). When I visit, I am always asked for my ID and to sign in. From reviewing my service user's records, I have seen that these are updated regularly. The home has trained staff and their medication administration procedures and practices appear well managed. Albany House takes a number of service users with complex mental health needs as well as challenging behaviour. From my experience they work with service users positively, but robustly and work effectively to safeguard individuals."

The service had policies and procedures regarding the safeguarding of people, which included details about the definitions of what constituted abuse, how to recognise abuse and how to report any suspected abuse. There was a copy of the local authority safeguarding procedures on a notice board in the office so staff had details of how to report any safeguarding concerns. Staff had received training in safeguarding procedures. They had a good knowledge of what abuse was and knew what action to take. Staff were able to identify a range of types of abuse including physical, institutional, sexual, racial, financial and verbal. Without exception staff told us they would keep the person safe, observe the person, give them 1:1 if needed, talk to their manager and if needed report their concerns to CQC and/or the safeguarding team.

Staff said they felt comfortable referring any concerns they had to the registered manager if needed. The registered manager was able to explain the process, which would be followed if a concern were raised.

Before people moved to the home an assessment was completed. This looked at the person's support needs and any risks to their health, safety or welfare. Where risks were identified, these had been assessed and actions were in place to mitigate them. Staff were aware of how to manage the risks associated with people's care needs and how to support them safely. Risk assessments were in place and reviewed monthly. Where someone was identified as being, at risk, actions were identified on how to reduce the risk and referrals were made to health professionals as required. For example, people living with diabetes had specific care plans and risk assessments on how to manage their diabetes. In addition, nutritional assessments had been completed, monthly monitoring of the person's weight documented, diabetic annual eye screening arranged and followed up on where needed. People with a diagnosis of schizophrenia had specific medication for this, which required four-weekly blood test monitoring to check the person's alertness. These blood test appointments were documented and care plans were seen to be updated based on the results.

Policies and procedures were in place to ensure the safe ordering, administration, storage and disposal of medicines. We observed medicines being administered and staff did so safely and in line with the prescription instructions. Medication Administration Records (MAR) were in place and had been correctly completed to demonstrate medicines had been given as prescribed. Medicines were locked away as

appropriate. All staff was trained to administer medicines. The registered manager completed an observation of staff to ensure they were competent in the administration of medicines. We checked a sample of the medicines and stock levels and found these matched the records kept.

Staff had undergone pre- employment checks as part of their recruitment, which were documented in their records. These included the provision of suitable references in order to obtain satisfactory evidence of the applicants' conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Where DBS checks had raised concerns over candidates suitability these issues had been explored in depth by the provider. Prospective staff underwent a practical assessment and role related interview before being appointed. People were safe as they were supported by sufficient staff whose suitability for their role had been assessed by the provider.

Daily staffing needs were analysed by the registered manager. This ensured there were always sufficient numbers of staff with the necessary experience and skills to support people safely. Staff told us there was always enough staff to respond immediately when people required support, which we observed in practice. There was one member of staff on duty with a senior support worker leading the shift from 8am to 7pm daily. At night, there was one waking member of staff, in case of an emergency from 7pm to 8am. The service also had a 24 hour on call system in case additional staff were needed. Rotas we reviewed confirmed sufficient staff to meet people's needs safely. The rota included details of staff on annual leave or training. Shifts had been arranged to ensure that known absences were covered.

Risks arising from the premises or equipment were monitored and checks were carried out to promote safety. For example, for the gas heating, electrical wiring, fire safety equipment and alarms, Legionella and electrical appliances to ensure they were operating effectively and safely. The service had a fire risk assessment, which included guidance for staff, in how to support people to evacuate the premises in an emergency.

Good

# Is the service effective?

## Our findings

People told us they were supported by staff who were skilled in working with people with mental health needs. For example, one person said, "They [staff] understand me. I have control over my life. I make the choices that affect me. This is the best home I have lived at. They understand my self harming and support in ways I haven't been supported before." People said they discussed their care needs with staff members who had been assigned to support them.

A social worker told us "The service user that I see at Albany House spent time in psychiatric hospital under the Mental Health Act section before moving there. Their previous placement had broken down and they were not able to manage the person or support them to keep safe. Since moving to Albany House, their mental health has improved greatly, self-harm has reduced and their relationships with others are much more positive. The person has not returned to hospital since moving there. Historically, they had many hospital admissions and spells with the local Crisis Team."

Staff received training, supervision and appraisal of their work so they had the skills and knowledge to look after people well. This included specialised training in mental health awareness, behaviour management and self-harming. This training provided staff with the knowledge they needed to support people effectively.

Newly appointed staff received an induction training programme to prepare for work at the service. The registered manager told us this was comprehensive and covered the aims, objectives and purpose of the service. It also included an induction checklist to confirm staff were instructed in areas such as lone working, the care of people and staff conduct.

Staff confirmed they completed the induction and that the induction involved observation and assessment of their competency. Staff also enrolled for the Care Certificate, which is a nationally recognised qualification from Skills for Care. This Certificate covers 15 standards of health and social care and are work based awards that are achieved through assessment and training.

The registered manager maintained a spread sheet record of staff training in courses considered mandatory to provide effective care and recorded when staff had completed these. This allowed the registered manager to monitor this training and to check when it needed to be updated. These courses included infection control, moving and handling, fire safety, first aid, health and safety, promoting dignity, equal opportunities and food hygiene.

The registered manager supported staff to attain the National Vocational Qualification (NVQ) in care or the Diploma in Health and Social Care. The registered manager confirmed four of the 11 staff was trained to NVQ level 2, three to NVQ level 3 and one to level 5. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard.

Staff told us the training they received was of a good standard and that the registered manager encouraged staff to attend training courses. Therefore, staff were supported to achieve further qualifications to enhance

their skills and knowledge.

Staff confirmed they received regular supervision which allowed them to discuss their work, training and future plans with their line manager. Staff said they found the supervision sessions useful. Records of staff supervision and annual appraisals of their work were maintained and covered the care of people, training and updates on relevant legislation. Regular supervision allowed the manager to monitor staff competency and knowledge and respond to any improvements needed.

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). Staff were trained in the MCA and had signed to acknowledge they had read and understood the provider's MCA policy.

Conversations with staff and people confirmed people were consulted and had agreed to their care. This was demonstrated in care plans, which people had signed in agreement. None of the people at the service had been assessed as being unable to consent to their care and treatment. The registered manager described how any queries regarding people's capacity were discussed with the relevant social care professionals. Staff were able to demonstrate their understanding of the principles of the Act. For example, a staff member said, "We presume all people have capacity unless otherwise indicated." Another staff member told us, "We should act in their best interests when necessary and be aware that there will be times when some of their decisions are unwise."

People's nutritional needs were assessed and recorded on a nutritional risk assessment; these included a risk score indicating if further action was needed. Nutritional assessments were repeated at intervals for those identified at risk of weight loss. The Malnutrition Universal Screening Tool (MUST) tool was used. This tool identifies whether a person was malnourished or at risk of becoming malnourished. People who were at risk were weighed on a monthly basis and referrals or advice was sought where people were identified as being at risk. A record of people's weight was also maintained, so any weight loss or gain could be identified. Where weight loss was identified this was followed up with the person's GP and recorded in their care records. Care plans included details where people needed to be monitored to ensure they maintained a healthy diet.

Albany house had a chef who worked between 9am to 2pm Monday to Friday. Monthly meetings took place for people to discuss what they would like to eat. The chef then created a menu plan. The menu plans sampled showed varied and nutritious meals. People said they were consulted about the meals and confirmed there was a choice. Meals for people with specific dietary needs were available. Food stocks were plentiful and included a mixture of fresh, chilled and frozen food. The registered manager confirmed people could not access the kitchen due to their health and safety. However, after discussion with the registered manager she agreed that based on the current people's needs and abilities, people should be able to have access to such facilities.
Before our visit concluded, the registered manager told us that an area of the dining room would be converted, into a kitchenette to allow people to make their own meals. All the people we spoke to told us, they did not mind not accessing the kitchen and knew if they wanted to make anything for themselves they would be supported to in the dining room.
A table had been allocated in the dining room, which was supplied with plenty of fresh snacks, hot and cold

drinks for people to help themselves to. We also observed people who had been assessed as being able to, having drink making facilities and small fridges in their bedrooms. We observed people helping themselves to food and preparing light snacks specifically for their use between meal times.

Records showed staff supported people with their health care needs. The service had links with local health care services, including GPs, community nurses and mental health services.

Care records showed people's mental health and physical health care needs were assessed with corresponding care plans of how to support people with these needs. Arrangements had been made for people to have specialist assessments and treatment where needed such as for eye care, dental care and mental health conditions such as schizophrenia. Staff told us that some people needed support to arrange and attend health care appointments, such as with their GP. Staff told us that this support ranged from providing reassurance when people made their appointments over the telephone to attending the appointments with the person to ensure people arrived safely. People explained how staff helped them with their health care needs.
Records showed staff either contacted health care services when people exhibited symptoms of illness or supported the person to contact health care services; to ensure they received the right health care checks and treatment.

Good

# Is the service caring?

## Our findings

People told us they felt staff were caring. For example, one person said, "They [staff] are very caring indeed. Because they take an interest in you. They don't wait for you to talk to them, they approach you. They help you out with your problems, they are very good." Another person told us "The staff are kind."

A social worker told us, "In my experience all of the staff are very caring and committed to providing the best care to their service users. This includes all staff from the manager, support staff to the cook and maintenance worker. The support is personalised and there is also a sense of community within the home."

Staff took time to make sure people understood what had been said or asked by making eye contact and repeating questions if needed. We saw staff hold people's hands in an appropriate manner when reassurance was needed. We saw that staff were gentle and friendly when they spoke with people and were quick to respond to requests in a kind and pleasant manner.

We saw that one person became anxious and upset when returning from the local shops. The member of staff reassured this person that they were ok, the staff member placed a reassuring hand on the persons shoulder and was empathetic. The staff member offered the person to go with them for a walk in the garden to talk through what had upset them. Later in the day, the person was happy and told us "The staff always listen to me. I get quite anxious about things. But the staff know exactly what to do and what to say." People and staff appeared to enjoy each other's company. Staff knew which people needed equipment to support their independence and ensured this was provided when they needed it. For example, the use of a Zimmer frame to support mobility.

We spent time observing care practices in the communal area of the home. We observed staff maintain people's privacy and they knocked before entering people's bedrooms. Throughout our inspection, we observed people were supported by staff to dress warmly and were reminded to check their watches were set at the correct time. People's care plans contained guidance for staff on how to maintain people's dignity while supporting them with personal care tasks.

People's rooms were personalised with possessions such as pictures, family photographs and bedding of their choice. People were able to bring in their own furniture to make the room feel more familiar and homely. Staff had a good understanding of people's needs and individual likes, dislikes, and understood the importance of building relationships with people.

We saw that people who used the service had their general well-being considered and monitored by the staff who knew what incidents or events would affect their mental and physical health. People were supported to engage in pastimes of their choosing, which meant they were able to 'keep control of' some aspects of their lifestyles. This helped people to feel their lives were fulfilling and aided their overall wellbeing. We found that people were experiencing a satisfactory level of well-being at the time we inspected and were quite positive about their lives.

People and their family were involved in the care, which they received. Minutes of reviews sampled showed family members in attendance. Relatives were also encouraged to be involved in people's care and were sent annual questionnaires for feedback and suggestions. We have explored this further in the 'Well Led' section of this report. Family and friends were able to visit without restriction. A member of staff told us they maintained relationships with people's families and made them feel comfortable when they came to visit.

We were told by the registered provider that no person living at Albany house was without support from relatives or friends to represent them, but that advocacy services were available to people if required. Advocacy services provide independent support and encouragement that is impartial and therefore seeks the person's best interests in advising or representing them. Information was provided in the form of advocacy leaflets and telephone numbers.

Good

# Is the service responsive?

## Our findings

People told us they received care specific to their needs. One person told us, "I was involved in the decorating of the home, I like the way the home is kept clean. Its very relaxing, I like living here." Another person told us, "The staff all work very well together, all healthcare is arranged with us, you never have to wait long. There are no barriers such as them being staff and us being residents. We are family."

A social worker told us, "The manager and team at Albany House are always responsive when I contact them. I know when the service user I work with wants to change something about her support or comes up with new goals, the team will help her find ways to achieve this. I note that risk assessments and support plans are regularly updated with input from the service user."

People were involved and consulted during the assessment and review of their needs. Conversations with people showed that people were involved in discussing and planning how their needs were to be met and risks should be managed. People said there were a number of ways the registered manager and staff listened to their views and concerns. These included discussion at residents' meetings, care reviews or by approaching staff directly with any issues, they had.

Minutes of the residents' meetings sampled, indicated when people wanted to change their activity timetables, staff would identify what people wanted to do. Staff then supported the person to update their activity record. Staff then completed a monitoring form was then used to indicate if the activity had happened. This was then a discussion point at the next meeting. People discussed food choices and menu records reflected those choices. This demonstrated that staff listened and responded to people's feedback and views

Care records showed people's health and personal care needs were comprehensively assessed and that care was arranged to meet those assessed needs. Care plans showed care was individualised with bespoke arrangements based on each person's needs and preferences; this is called person centred care. For example, there were different arrangements for each person regarding the support they needed and this was recorded in their records as; 'Who I would like to be involved in my care,' 'Things that I am able to do,' and, 'Things that I would like you to help me with.' Each person had a named staff member during a shift who took lead responsibility for co-ordinating their care and support.

People's mental and physical health needs were included in the assessments and records showed the staff were responsive to people's changing needs. For example, medical assistance was sought when people were unwell and less urgent needs were referred to the appropriate professionals. An example of this was a person who reported they had tooth ache. This was recorded in the person's daily notes. A dentist appointment was arranged and this was recorded in the person's health records. Handover records were completed to inform the next staff on shift what the outcome was of the appointment so support could be given. Charts were used where appropriate to monitor changes in people's behaviour or for other needs. Care needs were reviewed on a monthly basis so arrangements could be made to meet changing circumstances. Minutes of the reviews sampled showed that input was sought from multiple professionals

involved in people's care such as social workers, chiropodists, social workers from the recovery and wellbeing team West Sussex and GPs to ensure continuity of care.

Handover records sampled, demonstrated they occurred three times day between 8am and 7pm. A staff member told us "Handovers are crucial. It's a time to reflect on each person's needs so that nothing is missed." Handover records demonstrated that when staffing teams changed shift, people's needs were discussed such as behaviour or their mood. This helped ensure people's needs were monitored and that all staff were aware of any changing needs. At handover, a record was completed by a nominated staff member on each shift, recording what each person had done that day. It detailed what else was planned, a reminder for staff to read the house diary for appointments and the name of the staff member who was nominated to administer medication. It stated which staff were supporting people to cook their meals, which staff were supporting people checking toiletry supplies and do their agreed tasks of hoovering, dusting and other general house cleaning tasks

Staff sought to enhance people's independence and involvement in the community and involve them in the way the service was run. For example, people were supported to take part in cooking, cleaning and their own laundry. Support and encouragement was given to people to access community facilities. Everyone living at Albany house had been assessed as being able to access the community safely and independently.

Records were kept of activities undertaken by people such as shopping trips and visiting relatives. We observed people going out independently, visiting the bank, going to the gym and socialising with each other or spending time in their rooms.

The service's complaints procedure was displayed in the hall so people could access information about how to make a complaint as well as information about how any complaint would be dealt with. The complaints procedure was displayed in written and pictorial format to ensure it could be understood and met people's individual communication needs. Details of advocacy services people may wish to use if they needed support in making a complaint were also on display. The registered manager told us there had been one complaint made about the service in the last 12 months. This complaint had with dealt with within the timescale stipulated in the complaints policy and to the satisfaction of the complainant.

People said the staff listened to their views and said they knew they could use the complaints procedure if they needed to. A person was able to give an example of how they have done this and how their concerns were resolved.

Good

# Is the service well-led?

## Our findings

People told us, "The manager is lovely", and another person said, "The manager is very helpful, she is trustworthy. She doesn't stay in the office, she is always talking to us and making sure we are ok."

A social worker told us, "From my dealing with the manager, I am sure that the service is very well led by someone with a wealth of experience. The manager is very proactive and creative in her approach to meeting needs."

Three staff we spoke to told us, "[Registered manager] is brilliant. We have a good team. The manager has the enthusiasm and a 'what can we do about it' attitude", "She [manager] is a good leader. Her door is always open and she is always available", "She [manager] is very approachable, always supportive. She is firm but fair."

Quality assurance systems were in place to regularly review the quality of the service that was provided. These audits were carried out by the registered manager. There was an audit schedule for aspects of care such as medicines, activities, care plans, finance checks, accident and incidents, health and safety and infection control. Records we observed demonstrated that information from the audits was used to improve the home. Where issues were found, a clear action plan was implemented to make improvements. For example risk assessments that needed reviewing were identified. A new washing machine was needed and purchased. Particular care plans needed reviewing and updating. Records demonstrated that people, their relatives and professionals were contacted to hold the reviews and update plans where needed. Specific incidents were recorded collectively such as falls, medication errors and finance errors so any trends could be identified and appropriate action taken.

Staff meetings were held six monthly and this ensured that staff had the opportunity to discuss any changes to the running of the home and to give feedback on the care that individual people received. Discussion points were mainly around shift changes, legislation updates, policy and procedure updates.

Staff said they felt valued and listened to. Staff shared that they felt they received support from their colleagues and that there was an open, transparent atmosphere.

Staff were aware of the whistleblowing policy and knew how to raise a complaint or concern anonymously. The registered manager felt confident that staff would report any concerns to them. Staff said they felt valued, that the registered manager was approachable and they felt able to raise anything, which would be acted upon. We were told there was a stable staff group at the home, that staff knew people well and that people received a good and consistent service. We observed the registered manager speak with people and staff in a warm and supportive manner.

People, relatives and professionals were asked for feedback annually through a survey. The last survey was in May 2016. At the time of our visit, the registered manager was still awaiting more feedback from relatives and professionals. The survey completed by people included people's views on the manner of staff, whether

people felt listened to and if they knew how to make a complaint. The registered manager told us that people completed these with support from staff. The responses from the last survey were all positive.

The survey completed by relatives in December 2015 included their views on the standard of the accommodation, if they were made to feel welcome and if staff had a good understanding of people's needs. The responses from the last survey were positive overall. The comments read, "All aspects of this home seem to work well. People are able to make choices and seem content in their daily lives", "We are very satisfied with [registered manager's] management style, she is willing and has caring staff", "The staff go the extra mile in giving support for my relative", and "overall the staff deserve a gold medal for their patience, compassion and efforts to help [person]."

The registered manager described the vision and values of the home. They told us, the ethos of the home was to provide outstanding care by building meaningful relationships that are built on mutual trust and respect, all in a homely relaxed environment. Overall staff said their focus was to ensure the quality of care provided, was to ensure people and their relatives were happy. We observed these values demonstrated in practice by staff during the provision of care and support to people.