

PJ Care Limited

# Bluebirds Nursing Home

## 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 29 January 2016 and was unannounced.

Bluebirds Nursing Home provides nursing and personal care for up to 22 people who have a variety of neurological conditions, including dementia. When we inspected there were 22 people living at the service.

The service had a registered manager. 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.

Staff protected people from incidents of harm or abuse. They had training in this area and were aware of their responsibilities in terms of reporting and recording incidents. Risk assessments were put in place to ensure people were safe, whilst still able to do the things they wanted to. Staffing levels were sufficient to meet people's needs. Staff members and volunteers had a series of checks carried out, to ensure they were of good character and suitable to work at the service. Trained members of staff helped people to take their medication safely and appropriately. There were systems in place to record and check medication administration.

There were training and development systems in place to ensure staff had the skills they needed to perform their roles. Staff also received regular supervision and appraisal sessions, to help them develop in their roles. People's consent was sought within the care plans and on a day-to-day basis. Where people were unable to give consent, the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were used appropriately to ensure decisions were made in their best interests. People were happy with the food and drink they received, and staff provided appropriate support to help people maintain a healthy diet. Staff also provided people with support to ensure their health needs were managed, and to ensure they saw health professionals when required.

People had positive and meaningful relationships with members of staff. Staff spent time talking and interacting with people and their roles were not purely task-based. Where possible, people were involved in planning their own care, and family members were also consulted. There was information, such as complaints procedures, available to people and family members in care plans and around the service. People were treated with dignity and respect by members of staff.

People's care was person-centred and based on their specific needs and wishes. Their care plans were reviewed regularly, with the input of themselves and their family members, to ensure that it was accurate and up-to-date. People were also supported to take part in activities which they enjoyed, both in and out of the service. There was an effective system in place to gain people's feedback and encourage complaints.

Staff were highly motivated to perform their roles and provide people with quality care. The provider had

established a number of initiatives to help motivate and empower staff, and listened to the feedback they received from staff to develop the service. They also invested both in staff and the service, to help ensure people received high quality care. There was clear and visible leadership at the service, and the registered manager was well supported by staff at the service, and more senior management. There were a number of quality assurance systems in place which were designed to drive improvements in people's care. These processes were also reviewed, to ensure they were effective.

## 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.

Staff worked to keep people safe from harm or abuse. They were aware of how to record and report incidents of suspected abuse.

Risk assessments were carried out and followed by staff, to help prevent avoidable harm.

There were enough members of staff to ensure that people's needs were met. Staff had been recruited following a robust procedure.

People's medication was managed appropriately by the service.

### Is the service effective?

Good ●

The service was effective.

Staff had the skills and knowledge they needed, and received regular training and update sessions. Staff also received regular supervision and appraisals.

Consent to care was sought and the service implemented the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People had a full and balanced diet and received appropriate support with eating and drinking.

Medical appointments and health needs were managed by the service.

### Is the service caring?

Good ●

The service was caring.

Staff had a positive relationship with the people they were caring for.

People and their family members were involved in planning their care, and were provided with the information that they needed.

Privacy, dignity and respect were important to staff, and they ensured they treated people well.

### Is the service responsive?

Good ●

The service was responsive.

Care was person-centred and designed to meet people's individual needs. Care plans were updated on a regular basis to ensure people received the correct care and support.

People were supported to take part in activities which they enjoyed and chose to do.

Feedback was welcomed by the service, and people and their families were familiar with how to raise complaints if they had to.

### Is the service well-led?

Good ●

The service was well-led.

Staff were heavily involved in operation of the service, and their development was encouraged by the provider. The provider valued and empowered staff to perform their roles.

There was investment in the service by the provider to help drive improvements and ensure people received high quality care.

The service had an open and positive culture, which focused on providing high quality care for people.

There was a registered manager at the service who made sure regulatory requirements were met, and that lessons were learned by the service.

Quality assurance procedures were in place to monitor care delivery, and identify areas for improvement.

# Bluebirds Nursing Home

## Detailed findings

### Background to this inspection

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

This inspection took place on 29 January 2016. The visit was unannounced and conducted by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert used for this inspection had expertise in caring for someone who used this type of service.

Prior to this inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We contacted the local authority that commissioned the service to obtain their views.

We used a number of different methods to help us understand the experiences of people living in the service. We observed how the staff interacted with people who used the service. We also observed how people were supported during lunchtime and during individual tasks and activities and spoke with people and staff about their experience.

During the inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with four people who used the service, and three of their family members, in order to gain their views about the quality of the service provided. We also spoke with seven members of care and ancillary staff, as well as the service manager, the general manager (who was also the registered manager), as well as the quality assurance manager, operations director and the chairperson of the organisation. In addition, we spoke with the provider's psychiatrist and neuropsychologist, who were visiting people at the service.

We reviewed care records for five people who used the service and five staff files which contained

information about recruitment, induction, training and supervisions. We also looked at further records relating to the management of the service, including quality control systems.

# Is the service safe?

## Our findings

People told us that they felt safe at the service, and that staff worked to keep them safe. One person told us, "Yes, I feel safe here." Another person said, "I feel safe here – yes I do." People's relatives also told us that they felt that their loved ones were safe at the service. One relative said, "Yes he is safe here – no problems at all." Another told us, "My [family member] is safe and very well looked after here." Our observations throughout the inspection showed that people were comfortable and relaxed in the presence of staff, and were happy to engage with them.

Staff members told us that maintaining people's safety was a large part of their role. They also told us that they received safeguarding training, which helped them to understand the types and potential signs of abuse, as well as their responsibilities in terms of recording and reporting incidents. One member of staff said of the people at the service, "Safe? - Oh yeah they are." Another staff member told us, "We are trained in safeguarding, if we think there is a problem we make sure the person is safe and then we report it to manager." Staff members also explained to us that safeguarding incidents were reported to the local authority safeguarding team, as well as the Care Quality Commission (CQC.) The registered manager confirmed that this took place, and that staff were able to contact either organisation directly if they felt issues were not resolved by the management at the service. Safeguarding records showed that incidents of suspected or potential abuse had been reported fully, and that appropriate action had been taken to ensure people were safe.

Staff members told us that risk assessments were in place in people's files. They used these to refer to for guidance about specific risks that each person faced, as well as the control measures which were in place to help them manage these risks. Staff also said that, where possible, they promoted positive risk taking, to ensure that people were safe but also able to do the things they wanted to. Throughout the inspection we observed staff applying the content of risk assessments to people's care, for example when supporting people to move around the service, to ensure they were safe. We also saw that there were general approaches to managing risks, which applied to the whole service. For example, the door to the back garden was unlocked throughout the day, allowing people to come and go as they pleased, maximising their independence. The rear garden was large, but enclosed so that people would not be able to leave the site without staff members being aware. As an added precaution, at night times, when staffing levels were lower, a sensor alarm on the back door was activated. This still allowed people to come and go as they pleased, but alerted staff that the door had been opened. We checked people's care plans and found that there were comprehensive risk assessments in place, including the specific action staff should take to mitigate those risks.

Staff also told us that the action they should take in a fire or other emergency situation was clear. They explained that each person had a personal evacuation plan, describing any issues they may have with evacuating the building, such as mobility problems. We checked people's records and saw that these were in place. In addition, the service had a continuity plan in place, which outlined how the provider would work to maintain the service delivery in the event of an emergency, such as a fire or gas leak.



People were happy with the staffing levels at the service, they told us they never had to wait long before receiving care or support from staff. Relatives also felt that there were enough staff at the service. One relative told us, "There seem to be enough staff, whenever you need somebody they are there for you." Staff members also told us that they felt that staffing levels were sufficient to meet people's needs, on rare occasions, agency staff were used to help cover shifts. Wherever possible, the same members of agency staff were used to help ensure continuity of care was developed. The registered manager explained that staffing levels were based upon people's individual needs, which were assessed in their care plans. If people's needs changed, staffing levels could also be changed, to ensure people were safe and received the care that they needed. In addition, the service used volunteers and students from local universities, to provide additional numbers to shifts. We checked staffing rotas and saw that staffing levels were consistent throughout the week. Our observations also confirmed that there were enough staff on shift to meet people's needs.

The registered manager told us that all staff, including volunteers, students and agency staff, were required to have checks completed, to ensure they were of good character to be working at the service. They carried out a series of checks, including references and a Disclosure and Barring Service (DBS) criminal record check, to help confirm staff suitability for their roles. We checked staff recruitment files and saw that these checks took place and that there were suitable and robust procedures in place for the recruitment of staff.

People received their medication with support from staff at the service. We asked one person if they always received their medication on time and correctly, they nodded and smiled in response. Another person also nodded to the same question. Staff members explained to us that medication was only given to people by trained nurses. They used Medication Administration Record (MAR) charts to ensure people received the correct medication at the correct time. We observed staff giving people medication and saw that they checked records to ensure people's medication was correct. When they gave them the medication they explained what they were doing and why, and gave people gentle encouragement to take it. People were given the time that they needed to take their medication properly, and were not made to feel rushed or in a hurry. We checked the MAR charts and found that they were completed in full, with signatures in place and appropriate codes used to record discrepancies, such as refused dosages.

## Is the service effective?

### Our findings

Staff had the necessary skills, knowledge and understanding to perform their roles and meet people's needs. People told us that they felt the staff were well trained and knew how to do their jobs. One person said, "Yes they are well trained – they take care of me very well." Another person said, "Yes they do!" when asked if staff knew how to support them. People's relatives also felt that staff were knowledgeable and well trained. One family member said, "Oh yes, staff seem to know what they are doing."

Staff told us that all new members of the team underwent induction training when they started at the service. They explained that this consisted of mandatory training sessions and shadow shifts, where they observed the practice of other staff and got to know people and the service. One staff member said, "When I started in January I did a week's training in Bletchley for my induction mandatory training. This is my third day, I am shadowing really, helping where I can. I am trying to get to know all of the residents' names and working my way through their care plans." The registered manager confirmed that all staff received induction training, and that the service had adopted the new Care Certificate, to ensure that new staff gained the skills they needed. Training records confirmed that all new staff received induction training at the service.

Staff members also received regular and on-going training, to maintain and develop their skills. One staff member told us, "We have all had every bit of training going. The organisation is very rigorous about this." Another said, "The training is very good." Staff explained that they received training to help them perform their roles, but they could also request additional training, to help them develop. A staff member said, "We can do any training we ask for, it's very good like that." The registered manager told us that staff could propose to do any course they wanted to, and the service would try to ensure it was facilitated. They also told us that staff were able to embark on vocational qualifications, such as Qualification Credit Framework (QCF) diplomas in health and social care. In addition, there were plans in place to develop a scheme whereby care staff could be supported by the organisation to attend university and gain a nursing degree. Records showed that staff members training was up-to-date, and that courses were booked in regularly.

Regular supervision and appraisal sessions took place, to offer staff an opportunity to raise any concerns they may have, or to discuss progress and development areas. Staff and the registered manager confirmed that supervisions took place regularly, and that staff were also able to seek advice or support from the registered manager, or other senior staff, at any time. We checked staff records and saw that supervisions were held throughout the year, as well as annual appraisals, where goals were set and training needs identified.

Throughout the inspection we observed members of staff seeking consent from people before providing them with care or support. They did so by engaging with people and explaining what needed to be done, and how they planned to support the person. They gave people time to make their decision, and respected the outcome they gave. Care plans also reflected that people's consent to care had been sought and recorded, and was reviewed on a regular basis.

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 members were able to describe the MCA to us, and explained how they applied it to their roles on a daily basis. They informed us that they promoted choice and respected people's decisions, however if people lacked mental capacity, they would make a decision for them, based on their best interests. We observed staff supporting people who lacked mental capacity to make best interests decisions, for example, ensuring one person who lacked capacity was turned regularly to help prevent pressure ulcers developing. People's records showed that the MCA had been considered and implemented when appropriate, to help record the decision making process. If possible, the service had involved people's family members, to help ensure decisions were suitable for each person.

The registered manager told us that some people living at the service had a DoLS in place, whilst applications had been made for others and were awaiting authorisation from the local authority. Records showed that the service had followed the appropriate processes for DoLS, and had a tracking system in place to ensure people's DoLS did not expire, before a new application had been submitted.

People were positive about the food at the service. One person told us, "The food is nice." Relatives also felt that the food in the service was good. One relative said, "Food is good, what I have seen of it. My [family member] has put on weight here since he came out of hospital. When they have parties here, like barbeques, it's like going to a wedding, the food is that good – excellent." The chef told us that they tried to vary food options to keep things interesting for people. They also celebrated special events, such as Chinese New Year, with appropriate menu's and encouraged staff from different cultures to help design a menu to celebrate foods from around the world. We saw that people were able to choose what they wanted to eat from a rolling menu with at least two choices. If they wanted an alternative, they could ask staff and the chef would prepare it for them. We also saw that people were regularly provided with drinks and snacks, and that they could ask for these at any point as well. Records showed that people's preferences were recorded, as well as any allergies or special dietary requirements. There were also recording systems in place to monitor people's weights, as well as their food and drink consumption.

People told us that they felt their healthcare needs were being met by the service. One person told us, "They get the doctor no problem if I need to see him." People's relatives confirmed that the service made sure appointments with doctors and other healthcare professionals were supported by the service. The registered manager explained that staff were helped people to book appointments when needed, and also supported them during the appointment. People's records showed that appointments and their outcomes were noted, and that staff implemented any course of action suggested.

Staff at the service told us that, as well as meeting people's physical health needs, their mental health needs were very important. They explained that the provider had a neuropsychologist and psychiatrist, who visited every week to help discuss people's mental health needs. One staff member told us, "I really, really value the psychology input." Others told us that they felt it was useful, and helped them to support people and manage their conditions and associated conditions.

We spoke to both the neuropsychologist and psychiatrist, who were visiting the service during our inspection. They explained that the provider's ethos was to help people manage their behaviour by helping them with coping strategies and designing an effective environment for them, rather than using medical interventions all the time. The registered manager confirmed this, telling us, "We don't want to medicate people." By working in collaboration, the neuropsychologist and psychiatrist were able to design holistic approaches to managing behaviour, to help people both short and long term. Both were positive about the staff at the service, and told us that they were very proactive and interacted well with them. They said that staff would come to them with concerns, and work with them to find ways of supporting people. If they left any instructions or suggestions, they were confident that staff would follow them through, to ensure that people got the right support. Records showed that each person had regular support from both professionals, and we saw evidence that people's incidents of challenging or disruptive behaviour had decreased with their input.

## Is the service caring?

### Our findings

There were positive and meaningful relationships between people and members of staff. These relationships were mutually beneficial and helped people to feel comfortable and relaxed at the service. One person told us, "I do think they are very good to me. They are kind, yes. They look after me well." Another person told us, "They do look after me well." People's relatives told us that they felt their loved ones were well cared for at the service. One relative told us that they felt there was a positive, caring atmosphere at the service, which they noted when they first came to look around. They told us, "Within the first five minutes we knew this place was right for [family member]." Another relative said, "They have a caring and empathetic approach." Staff members told us that they genuinely enjoyed providing people with care and support, and worked hard each day to help people fulfill their potential. One staff member told us, "Staff want people's day to get better, not just have a wash."

Throughout our visit we observed positive interactions between people and staff. We saw that that staff spent time engaging with people in conversation, rather than just performing care tasks. Staff were able to adjust their communication to meet the specific needs of the person they were talking to, which demonstrated that they knew and understood each individual and their needs.

Staff were attentive to people's needs, and intuitively knew what people were asking them or what they may need, such as drinks or snacks. Staff made sure they spoke to people in a calm and reassuring manner, and used gentle touch or prompts to help them feel comfortable and at ease. Throughout the duration of the inspection people appeared to be relaxed in the company of staff, and enjoyed their presence when engaging in activities, or simply sitting relaxing in the communal lounges.

People's relatives also told us that they had been involved in planning their family members care. They said that they, and their family member, had been asked about their background and how they would like to be cared for. One family member told us, "I know the care plans are in place, I feel welcomed here and included in everything." Another explained that staff regularly went over care plans with them, and discussed any updates that were necessary. They said, "From time to time they come and we go over it together." The registered manager explained to us that it was important to the service that people's care plans were accurate reflections of what they wanted and needed, therefore their input was essential. We looked at people's records and saw that there was evidence that they, and their relatives, had been consulted in the planning of their care.

People had access to any information that they required. Family members told us that a pack had been given to them when they moved in, which included a guide to the service. This gave general information about the service, including a complaints policy and important contact information. Staff told us that they helped people to understand this information, and the registered manager informed us that they re-visited it with people if necessary. We saw that this information had been provided to people, in addition, there was information, such as the complaints policy, displayed around the service.

The registered manager told us that there was an advocacy service available to people, if required. They said

that most people had the support of family members, but the contact information for the advocates was available when required. We saw that this information was displayed, should it be necessary.

People felt that staff promoted their privacy and dignity. One person said, "There are no problems with privacy or treating me with dignity, and I see them looking after the other residents really well." We asked another person about this and they replied, "Very much so, there are no problems with that." Staff members confirmed that they received training in this area, and that they saw it as an important part of their role. During the inspection we saw staff treating people with respect. They spoke to them using their preferred names and engaged in general conversation with them, rather than focusing on the care task at hand. If people required some privacy, or support with personal care, staff were discreet and worked to ensure people were saved from potential embarrassment. We saw that staff had been trained in this area, and that the service had policies in place to ensure people were treated in a dignified manner.

## Is the service responsive?

### Our findings

People received care that was specific to their own individual needs and wishes. People told us that they were cared for in the way they wanted, and were able to do the things they wanted to do. One person nodded and smiled when we asked if they felt their care was personalised, another nodded when asked the same question.

Staff told us that people had a full assessment before they came to the service. This was to ensure that they would be able to meet the person's needs, as well as confirming that the person would be compatible with others already living at the service. The registered manager told us that when this assessment took place, they looked at people's physical and mental health needs, as well their background, their likes and dislikes. They explained that it was important to get a holistic picture of the person, so that they could implement care plans which were likely to be effective for people. We checked people's records and saw that there was evidence that pre-admission assessments were carried out and showed that people's needs and wishes had been recorded. People and their family members had been involved in this process, as much as possible.

People's relatives told us that there were care plans in place, to help guide staff in caring for their loved ones. They told us that these were reviewed and updated on a regular basis, to ensure the information in them was up-to-date, and that people and their families were involved in these review. One family member said, "We have reviews, reports and other information are sent out in advance of review meetings." They also explained to us that there was a multi-disciplinary approach to reviewing people's care, to ensure all areas were covered. The registered manager also told us that care plans were based upon the information they gained during the pre-admission assessments. They explained that the service built upon the detailed information they had gained, as they got to know people better, and as their needs and wishes changed. People's care plans showed us that they were reviewed and updated on a regular basis. They contained information which was specific to each individual and were written in a simple and easy to understand way. The input of different health professionals was also recorded and reflected in care plans, to ensure staff were aware of any interventions suggested.

People told us that they were able to do a number of different activities, to help keep them entertained and stimulated throughout the week. One person told us, "I can choose the things that I do." Relatives shared this viewpoint, explaining that there were a number of different activities and entertainment events which took place at the service. People could choose what they did and didn't want to join in with. One relative said, "The staff try to help stimulate people to do activities. Everyone does want to try." Another told us, "Here he has opportunities, there is a daily plan in place as well which is regularly updated." Staff members told us that they had previously had group activities at the service. They realised that this approach didn't always meet every person's needs, so they devised individualised activity timetables. These included some group activities if people wanted to do them, but also included specific things to do, that were in-line with people's interests. One staff member said, "We are always working on getting people more engaged in activities." The registered manager told us that since introducing these activity plans, people were more stimulated and happier to get involved. They also explained to us that each person was taken on a trip for a summer break each year. They explained that these trips were always for and about the individual, and

focused on their own specific interests. There were a number of display boards around the service, showing photographs of people on their different trips over the previous two years. In each photo we saw that people were smiling and appeared to be enjoying themselves. During the inspection we observed the activities coordinator, and other members of staff, engaging with people and providing them with activities and stimulation. We saw staff playing games with people and engaging in social interaction with them. In the afternoon a cake decorating activity took place, which was well received. We saw people's individualised activity plans and saw that they were specific to individuals and updated regularly.

People were able to raise any concerns or issues they may have at the service. One person told us, "I would complain to those in charge." People's family members also told us that they were familiar with how to make a complaint, or provide the service with feedback. One family member said, "Oh yes, I am able to give them feedback about the care." Another said, "I would go and see the manager, her door is always open. We have in six years never had to make a complaint, this place is first class." Staff members told us that people and their families were encouraged to give feedback and complaints, and explained that information was available around the service to help with this.

The registered manager told us that they welcomed any feedback people gave them, whether it was positive or negative. They showed us that the service had a complaints policy which was given to each person, as well as a record of all complaints and compliments received. We saw that the service hadn't received many complaints since our last inspection. Those that had been received had been logged, investigated and resolved appropriately.



## Is the service well-led?

### Our findings

Staff were well supported by the service, and empowered to perform their roles. The staff we spoke with told us that they were motivated and enjoyed providing people with high quality care. One staff member told us, "There are no problems, I like working here." Another staff member said, "I love it!"

Members of staff also told us that they felt valued by the provider and an important part of the organisation. A number of staff members explained a range of different initiatives which the provider had initiated, to involve staff in the service. They showed us a number of different sensory objects which had been designed and developed by staff at the service. The provider had given each service in the group a set budget to produce three sensory objects designed for people at the service, there would then be a judging competition to identify a winner. This helped to get staff engaged in the service, and to feel that their contribution was an important part of achieving positive outcomes for people. It also encouraged staff to think about the specific issues that people faced on a daily basis, and the things they could do to help people cope with them. This supported the work done by the provider's neuropsychologist and psychiatrist and helped to reduce people's anxiety and incidents of behaviour that challenges.

Staff members also showed us plans to work with people to tailor their environment to make it more recognisable and easier to cope with. For example, they explained that a number of people had asked to have door gates in their door ways, so that they didn't feel shut in their rooms, but other people couldn't walk into them. The registered manager explained that door gates were used as a last resort, as other alternatives to the use of gates were always discussed with people before they were put in place. They told us that people chose to have these gates put in place, to provide them with privacy and security from others, without isolating them from the rest of the service. There were now plans in place for staff to work with individuals to help them decorate and personalise their gates, to help them appear more attractive, and to make it easier for people to recognise their own bedroom. We saw that there were materials ready to cover the gates and that people had been asked about the colours that they wanted.

There were programmes in place to help staff develop their skills and abilities, so that they could continue to provide high quality care. One staff member told us, "The time and effort put into carers in terms of training and development is excellent." Other staff members we spoke to were positive about this area and felt that the service invested a lot in them to help them provide the best care possible. They explained that as their skills developed, they gained a better understanding of people and their conditions. This allowed them to adapt their approach for each person, and therefore provide them with the specific care that they needed. It also helped to keep staff motivated, and reduced the chances of them leaving the service. This provided people with continuity of care, and familiar faces amongst the staff providing them with care. It also allowed staff to develop positive relationships with people and get to know their specific needs and wishes.

Staff members also told us that the provider was prepared to invest heavily in the service, to ensure that people's needs were met and exceeded. The registered manager told us about a range of activities and equipment which had been purchased to help improve people's quality of life. For example, a recent trial of

an exercise bike for people to use whilst sat in a regular chair had been successful, and as a result the provider had been happy to invest in this equipment. The registered manager explained that people had expressed that they wanted to exercise and it had been recommended for some people by health professionals to help reduce weight and improve specific health conditions. During the trial people had enjoyed using the equipment and it was felt that they had benefited from using it. The service was awaiting delivery of the purchased bike, but it was hoped that it would help people maintain their health and fitness, whilst enjoying themselves in the service.

There was clear leadership at the service, and senior members of staff were available to people living at the service, their relatives and members of staff on a regular basis. Staff members told us that senior staff were very supportive and visited the service on a regular basis to provide help and advice if they needed them. The registered manager told us that the provider operated a regular programme called 'Tea for Twelve'. Each month three members of staff from the service met with nine others from other services in the group. This group of twelve staff members then met with the board of directors for afternoon tea. There was no set agenda for the meeting, which allowed staff to raise any issues or concerns that they had. Staff members told us that they found that this was a useful and enjoyable exercise, and helped them to feel valued and respected by the service. Staff members also told us that a regular newsletter was sent out by the provider. This included information from around the whole group, celebrating the achievements of people and members of staff. We saw a number of these newsletters in the service, which included stories about people we saw as well as some members of staff that were on shift.

During the inspection we saw that senior members of staff attended the service, to help provide staff and the registered manager with support. As they walked around the service they chatted with people and members of staff, demonstrating familiarity with people and the service. We spoke with the providers chairperson and operations director during the inspection, however they were happy to allow the staff and the registered manager take the lead and demonstrate the service to us.

The service was involved in the local community, and encouraged people to interact with the community as much as possible. The registered manager told us that they tried to help people link with community groups, such as religious groups and welcomed visitors to the service to help people engage with them. We saw records to confirm that this took place, and that the registered manager was involved the co-chair of a local dementia alliance. They explained that the aim of this group was to make the local community, including schools and shops, more aware of people with dementia, and making the area more dementia friendly.

We also saw that volunteers were welcomed at the service. They were encouraged to come in and spend time with people, and help them to access the local community. The registered manager told us that some volunteers were family members of people who had lived at the service, but had sadly passed away. Those family members had been made to feel so welcome and included in the service, that they wanted to continue visiting and supporting the work being done, after people had moved on. The registered manager also told us that they regularly received gifts or donations from family members, after people had passed away. They showed us a summer house which had been purchased for the garden using a donation, as that person had always enjoyed spending time in the garden.

There was a very positive and open atmosphere at the service. Staff were happy to spend time with people and engage with them socially, whilst still providing them with the care and support they needed. Staff were also happy to engage with us during the inspection and talk about what they felt the service did well.

The registered manager was open about developments required at the service, as well as any incidents

which occurred. Due to the complex nature of people's conditions, there were a number of incidents which occurred at the service. These were all reported and investigated appropriately, and statutory notifications were sent to the CQC, as per statutory regulations. The service analysed incidents that did occur, to try to identify why they had taken place, and to see if there was anything that could be done to prevent further re-occurrence. The multi-disciplinary approach to people's care also meant that professional advice and support was available to the service to help manage and prevent incidents from occurring.

The registered manager explained to us that there were a number of quality assurance processes in place to help them monitor the quality of care at the service, and identify areas for improvement. There were a number of checks and audits which were carried out internally, as well as a quality assurance manager, who worked across the different services in the group. They visited the service during our inspection and explained that as well as general quality assurance processes, they were working on a project to evaluate these processes, and identify how effective they were. They told us that it was important that these processes weren't completed just to tick a box, but to drive improvements in people's care. During our inspection they were working to ensure that records helped staff to deliver truly person centred care.

In addition to this, the provider regularly sent out satisfaction surveys to people and their relatives, to seek their views on the service, and help identify areas for improvement. We saw that these questionnaires were sent regularly and the results were analysed, to identify what people were happy with, and what they thought needed to be improved. The results of this analysis were fed back to people, and an action plan implemented to drive those improvements.