Private Medicare Limited

St Marys Care Centre

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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on the 25 October 2017 and was unannounced.

St. Marys Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

St Marys Care Centre provides accommodation, nursing or personal care for a maximum of 60 people. The service provides support for older people and people who may have a physical disability. At the time of our inspection there were 59 people using the service.

We last carried out a comprehensive inspection of this service on 10 and 11 September 2015. The service was rated Good overall. At that inspection we identified a breach of regulation. We carried out a focused inspection on 20 January 2017 and found that the registered provider had achieved compliance with the breach we had identified.

At this inspection we found the service remained 'Good' overall with the responsive domain improving to 'Outstanding.'

There was a registered manager employed by the service. 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.

The registered manager and staff team demonstrated commitment to providing the best possible responsive care and opportunities for people. Staff had an excellent understanding of how to ensure people's preferences were met. People participated in a range of creative projects and activities that provided new experiences and the opportunity to develop new skills. Activities within the service were designed to promote stimulation, mobility and dexterity and to promote fundraising for the service for the benefit of all. The service fully understood and promoted the diversity of the people living at the service and as such was able to proactively support their needs.

People were at the heart of the service, which was organised to suit their individual needs. We saw examples of caring interactions between people and staff. One person said, " Yes, (staff are caring), extremely so."

We received feedback via a letter from the relative of a person who had received care at the service, they told us, 'I must stress that if it hadn't been for the staff [Name] wouldn't be with us today. The tender loving care [Name] received was absolutely marvellous."

The mealtime we observed was relaxed and organised. People were supported to eat in a supportive and

calm setting that provided opportunity to socialise as well as eat. The staff were attentive and provided the support people needed to be able to enjoy a meal. Food and the dining spaces were attractively presented and people were able to choose what they wanted to eat. Special dietary requirements were understood and provided for.

Staff had a good understanding of safeguarding and knew what steps to take if they believed someone was at risk of abuse or harm. Risks to people had been identified and were managed safely. Guidance was provided for staff about keeping people safe.

We found there were enough care staff, nurses and ancillary staff on each shift to safely meet people's needs. Recruitment systems were established and only suitable staff were employed to work at the service.

There were systems in place to ensure people's medicines were safely managed. We found people received their medicines as prescribed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People's plans of care were organised and had identified the care and support people required. We saw people who lived at the service had access to healthcare professionals and their healthcare needs had been met.

Complaints were investigated and responded to and people knew who to speak with if they had any concerns.

Staff worked well together and felt supported by the management team. The provider's quality monitoring process looked at systems throughout the service, identified issues and appropriate action was taken to resolve these.

Further information is in the detailed findings below

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.

Risks to people's health and welfare were identified and steps were taken to minimise the risks and keep people safe.

Staff were aware of safeguarding adult's procedures and were confident in reporting all concerns appropriately.

Staffing levels were sufficient to ensure people received a safe level of care. People were protected by thorough recruitment practices, which helped ensure their safety.

Medicines were administered safely.

Is the service effective?

Good

The service was effective.

Staff were up to date with their training requirements and had the knowledge and skills to meet people's needs.

The service complied with the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

People were able to access external health care services, as required.

Is the service caring?

Good

The service was caring.

People were supported by the registered manager and staff who displayed a strong person centred culture which put people at the centre of the care provided at the service.

People and their relatives praised the staff for their caring and kind approach. We saw that staff and managers were committed to providing compassionate care to people living at the service.

Is the service responsive?

Outstanding

The service has improved to outstanding.

The service was flexible and extremely responsive to people's individual needs and preferences. People took part in social activities, which were meaningful and met people's individual needs, likes and aspirations.

Staff provided exceptional care and support that was responsive and enhanced people's wellbeing and quality of life.

Is the service well-led?

Good

The service was well led.

People were encouraged to share their opinions about the quality of the service to enable the provider to make improvements.

Staff had confidence in the registered manager's leadership and the staff we spoke with told us the registered manager was approachable and that they felt supported in their work.

There were quality assurance checks in place to monitor and improve the service.

St Marys Care Centre

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 was 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 was carried out on 25 October 2017 and was unannounced.

The inspection team was made up of two inspectors, one assistant inspector, one specialist nurse advisor and two experts by experience with experience of older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). We used the information the provider sent us in the PIR. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the information we held about the service, such as safeguarding information and notifications we had received from the provider. Statutory notifications are when providers send us information about certain changes, events or incidents that occur. As part of the inspection planning process we contacted the local authority and safeguarding team for their feedback; they had no concerns about the service.

During our inspection, we spoke with 18 people who used the service and nine visitors. We spoke with the registered manager, deputy manager, one nurse, three care staff, four ancillary staff (administrator, cook, activity worker and housekeeper) and a visiting health care professional. We also spoke with a visiting training manager and one director for the organisation.

We were shown around the building and looked at communal areas and, with people's permission, some private bedrooms. We observed interactions between staff and people who used the service throughout the inspection.

We reviewed the care records for nine people who used the service. We also looked at 30 people's medication administration records, accidents and incidents, maintenance and other records relating to the management of the service.

Good

Is the service safe?

Our findings

All of the people we spoke with said they felt safe at the service. One person told us, "Yes, I feel safe." The person went on to tell us that earlier in the year on two occasions another person had tried to get into their room but the staff were there quickly and this had been dealt with by the service. Another person said, "I know I am very safe and looked after." A visitor told us, "I like it. It is safe in the surrounding area. The doors are locked at night and there are loads of people looking out for [Name of relative]."

There was a system in place to protect people from harm and abuse. The service had up to date safeguarding and whistle-blowing (telling someone) policies and procedures. Records we reviewed showed that staff had training about safeguarding as part of their induction programme. Staff knew what the different types of abuse were, and were also up to date about how to report concerns about people at the service. One told us, "I wouldn't even think twice, I would go straight to [Name of registered manager], I have full faith that they would deal with it."

The registered manager reported safeguarding concerns appropriately. Notifications had been made when needed to CQC, and the local authority safeguarding team were informed when required.

We saw the service had systems in place to ensure that risks were minimised. Care plans we reviewed contained risk assessments that were individual to each person's specific needs. This included nutrition, hydration, mobility, falls and pressure care. We saw the registered manager monitored all accidents and incidents for further analysis. This was a measure to help ensure that any learning was identified and appropriate adjustments made to minimise the risk of the accidents or incidents occurring again.

There were arrangements in place to deal with foreseeable emergencies. Personal emergency evacuation plans documented the support people required to evacuate the building safely. Safety checks were regularly carried out such as those for installed fire alarms, electrical installation and gas.

The service had a contingency plan in place in the event of an emergency situation. This meant people receiving care and support would continue to do so in the event of an emergency situation for example, an unforeseen event such as flooding or a fire.

People told us they felt the service had enough staff. One told us, "I get my buzzer if I need help in the day or night. There is a quick response, if I need a nurse they (staff) fetch one straight away." A visiting health care professional said, "There is always plenty of staff; I've never had a patient raise anything of concern." Commenting on staff levels, one member of staff said, "We have plenty of staff, we are never short in any of the areas."

Recruitment processes at the service were robust to ensure prospective staff were suitable to work at the service. We checked five staff files and saw that all staff had been interviewed provided proof of identity and had undertaken background checks which included a Disclosure and Barring Service (DBS) check before being offered a role within the service. The DBS helps employers to make safer recruitment decisions by

providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

The registered manager told us they used a dependency tool to work out safe staff numbers based on people's identified needs. They went on to tell us they had recently agreed with a director of the organisation to recruit a twilight member of staff from 8pm until midnight. The registered manager told us this need had been identified in recent supervisions with night staff.

Duty rotas we reviewed showed that established staff numbers were maintained. The registered and deputy manager were also available for support if needed.

People and their visitors we spoke with were happy and confident their medicines were handled safely. One person told us, "I know I always get my medication on time. If I need any cream I only have to ask and it gets ordered and delivered." Another person talked to us about having a poor nights sleep and that this was because it was their first night with no pain relief following recent surgery. We observed the nurse responsible for the person's care discuss options with the person of further pain relief, changing their pain relief or considering night time sedation. This showed us that people were fully involved, where possible, in making decisions about their medicines.

Medicines were managed safely and the nurses' ensured people were given them at the times that they were needed. The medicine administration records we checked were fully completed and audit systems were in use to make sure people were receiving their medicines as prescribed. We noted that small oxygen cylinders were stored in one person's bedroom and not secured to the wall. We discussed this with the registered manager who agreed to address this by securing the cylinders to the wall or storing them in the medication room.

Good

Is the service effective?

Our findings

During our inspection we observed people received effective, safe and appropriate care which was meeting their needs and protected their rights. People we spoke with commented on the effectiveness of staff. One person told us they thought staff, "Know what they are doing and are all very good." Another said, "From what I have seen they know what they are doing. I've been surprised that two often come – you can't knock that." A visitor said, "They (staff) seem to be (effective), it has improved slightly since [Name of training and development manager] has taken over as training officer – the girls will say they've got some training today, they never used to say that."

There was a robust induction and training programme in place for all staff. Records showed staff had received training in such subjects as fire awareness, moving and handling, dementia awareness, end of life care, safeguarding and infection control. Registered nurses could access clinical training One nurse told us they had attended a training update for wound care and had "Put this to good use enabling two people's sacral sores to be healed."

There were some gaps in staff supervision. The registered manager told us they used to complete two supervisions combined with appraisal of staffs' work every year, and this had now increased to four supervisions each year. The registered manager accepted that there had been some gaps in supervision and they had set up a spread sheet for this and now recorded the amount of supervisions completed in their manager's reports which were checked by the organisation.

The registered manager told us they offered informal supervision with staff and said, "As a team we are very supportive of each other." Staff we spoke with confirmed this. They spoke positively about the support they received from the management. One member of staff told us, "There is an open door with [Name of registered manager]." Another said, "I am quite happy here and everything is done professionally."

People who lack mental capacity to consent to arrangements for necessary care can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (2005) (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where restrictions on people's liberty had been identified, the appropriate applications had been submitted to the authorising authority.

The service remained good at ensuring people were able to make their own decisions for as long as possible. One person said, "Yes, they ask, you don't want someone doing something to you without asking." Staff showed us that they had a good understanding of the MCA and worked within its principles when providing people with care. We observed examples of this during the inspection which included a nurse asking a person, "Can I give you your tablet?" and a member of staff informing people, "The nurse is here for your flu jab, do you want a flu jab today?"

People's care records showed that they had access to the advice and treatment of a range of health care professionals. One person told us that they could see their doctor when they needed to and another person

said that they had been treated by the dentist and had their eyes tested at the service.

People enjoyed the food, one person told us, "This evening I didn't fancy what was on the menu and I said I'd have a jacket potato – I was asked if I would like tuna mayonnaise with it as the girl remembered I liked that." A visitor said, "We've just been talking about that, Mum now looks better than she did before she came in – more bright and alert." They went on to tell us their mum had been at the service for approximately eight months and put the improvements down to decent food and more exercise. During the afternoon of the inspection we observed a kitchen assistant advising people of the choices for the following day's lunch and tea and writing down their preferences for main courses.

Care records had risk assessments for malnutrition and weights were monitored regularly. Food, fluid and weight charts were maintained when people were at risk from malnutrition or dehydration.

We looked around the building and found it was appropriate for the care and support provided. Appropriate equipment such as aids and hoists were in place to support people with mobility problems. Doorways into communal areas, bedrooms, corridors and bathing facilities offered satisfactory width to allow wheelchair users access. People had access to the grounds which were enclosed and safe for them to use.

Good

Is the service caring?

Our findings

The philosophy of care at the service included an aim to promote trust between people using the service, relatives and staff, to aid and deliver high quality; this was reflected in the care that people received. We saw that people were well cared for. A visitor told us, "The care is exceptional; [Name of person] always smells fresh and is always clean and that they (All staff) should be given a big tick."

All of the people and visitors we spoke with during this inspection told us that staff were caring, respectful and kind. One person told us, "There's always a smile or a laugh." Others said, "My carer's photo is there (on the bathroom door). She's great, a lovely girl. I've taught her to make Yorkshire puddings" and, "Everyone is very kind to me and always telling me I am doing well. The night staff are wonderful too."

People had experienced positive outcomes in their wellbeing and confidence because of how the staff cared for them. We received feedback from a relative of a person who had come to the service after various hospitals and care home stays. They told us, "Going through the doors at St Marys [Name of relative] said to himself, I am going to get better in here. The day after the staff got [Name] dressed in his day clothes and helped them to sit in a chair. The staff were in and out of the room checking they were alright. I must say this was the best move our son and I ever did because [Name] just got stronger and was so happy. [Name] was in St Marys for 17 weeks and I cannot believe how well he came on. [Name] then came home for good."

People received end of life and nursing care in a kind and compassionate manner. Staff often provided extra support to people who were on end of life care and ensured they were comfortable, clean and pain free. The service was able to provide a guest bedroom which meant that relatives and friends could remain close by. We were shown a relatives kitchen. After speaking with one person and their relative we observed the relative entering the kitchen in their stocking feet. This showed us they felt very relaxed and comfortable within the service and able to use the facilities for themselves and their relative.

We saw a compliment had been received from a family member of a person who had received end of life care at the service. This said, 'I was struck by how consistently friendly, cheerful and helpful every single member of staff is, and always was. I know that [Name of other family member] and I will be forever in your debt for helping [Name of person] through his last few weeks.'

We spoke to a member of staff who regularly gave some of their time freely and helped out with events in the service and on trips out for people. They told us, "I love my job it's given me meaning and brought me back to life. I show people round here and when they ask me, would you send a love one here? I say, I did. I saw how well the girls care for people here." They went on to tell us that they brought their relative to live at the service for the last two weeks of their life.

We saw evidence of the '[Name of person] outstanding achievement award' that had been created at the request of the relatives of a person who had received end of life care at the service. The award was initially for a period of five years as a monetary legacy and was given to nominated staff members each year that had made the most significant contribution to improving the lives of people using the service. This had

recently been awarded to two staff.

When staff approached people we saw there was a warm and caring atmosphere within the service. Interactions were positive and attentive. For example, we made many observations when staff were speaking with people and saw they did this at eye level and made positive eye contact. The language used was appropriate and caring and preferred names were used. It was clear that staff knew peoples' personal preferences. A visitor told us, "(Staff) are very good – right through the nurses to the carers to the cleaning staff, all very nice and obliging."

People's ideas and suggestions were taken notice of and put into practice where possible. For example, we saw a creative project had been completed where the dining room chairs at the service had been re-upholstered by people using the service. We saw evidence of meetings held with people to discuss the project and determine people's skills, examining the fabrics and photographs of people cutting out the patterns and fitting the new covers.

People were supported to maintain communication and important relationships within their own family. People and their relatives told us there were no restrictions on visiting. It was evident during the inspection when family members visited and they were greeted warmly and in a way that was clear that staff knew them well. A relative told us, "As a family we are very satisfied with mum's care and so is she. We all try to take turns through the day and we can turn up unannounced without pre arrangement. We are always welcome. Mum is always well looked after."

At lunch time we saw people sat together and happily chatting. We saw one person had three visitors who dined with them and another had a relative join them for lunch. We saw people had the choice of alcoholic beverages with their lunch such as wine or sherry. The lounge area in another part of the service had been set up for private dining for a new person at the service who was receiving a visit from their family and two young grandchildren.

People were treated with dignity and respect. We saw staff were attentive, polite and quick to respond to people who required assistance. One person told us, "Yes – I like the way when they leave you on the toilet they put a towel over your knees." Another said, "Yes, they always knock (when in bathroom) if I say no, not at the moment, no one comes in." A member of staff talked to us with pride about when someone goes into hospital they make sure their room is clean and tidy for their return or if their family had to come and collect the persons belongings. They told us, "We have a lot of respect for people. If there has been a death we like to freshen the room up, I don't like family to come back to a messy room."

People were involved in decisions about their own care and treatment because staff spent time discussing this with them. Where people were unable to be fully involved in discussions staff used their knowledge of the person and spoke with relatives to make sure the care provided continued to meet their needs. One person told us, "'Oh yes, I spoke to the nurse as she was writing it and I was asked if I wanted any family to come in and have any input." A relative said, "I go through the care plan with the nurse, probably every six months, I did it a few weeks ago."

A visiting health care professional told us, "Staff are caring to the residents. I've never had to query their attitude or approach. We have a good relationship (with staff). They are approachable and willing to help us, for example, with turning residents."

Outstanding ☆

Is the service responsive?

Our findings

People were consistently positive about the efforts made by staff to ensure they received person centred care and support that met their needs and preferences. People were able to access a diverse range of activities and events at the service and in the community and we saw the whole staff team were involved in creating person centred experiences for everyone who used the service. One person told us, "I have a wine locker so we can entertain friends or ourselves in my room." Another said, "I've been in two other homes for short periods and this stands out as by far the best."

A relative told us, "They (staff) are fantastic." Another said, "[Name] now looks better than they did before they came in – more bright and alert." They went on to tell us they put this down to their relative "Having decent food and more exercise." This demonstrated people felt supported in ways which worked for them and met their needs.

Staff were knowledgeable about people's individual care needs and preferences. They also demonstrated they knew about people's life histories and what was important to them. The registered manager told us, "The enjoyment, stimulation and positive outcomes for people are almost incalculable, just because many of our clients are in the final stages of their lives does not mean they should not be challenged to enjoy new experiences."

Staff were proactive in supporting people to do activities that were meaningful to them and promoted their independence. A volunteer came into the service three days each week to support with activities for people and two activity workers were employed by the service. We spoke to one person who told us, "I like reading and make cards, I do a lot of that. Every Tuesday I go out to my card making group, I arrange a wheelchair taxi myself. There is something going on here most days, I don't like bowling but I go to everything else." We saw the person sold the cards they made within the service to raised funds for entertainment for people. Another person told us, "I love the activities. I get chance to chat. I always save a seat for my friend. I love the crosswords."

Some activities promoted physical activity such as chair exercises and boccia (a ball game), and others provided mental stimulation, such as games of scrabble and quizzes. The service had a cinema room and library where, in addition to many books, there were daily newspapers available. Some of the people using the service had been successful in making the regional finals of care home games for bowling.

During the inspection we observed 14 people being assisted to take part in a game of bowling. People were in two teams of seven and had a healthy competition. People were seen to be laughing and enjoying themselves.

The service actively raised money in house and supported external charities such as Macmillan and the RSPCA. This was done through 'cake bakes' and 'bring and buy sales.' One person knitted hats and donated them for babies in a Neonatal Intensive Care Unit of a local hospital. We saw the person had been recognised for their support and had received a letter of thanks which included, 'The knitting is lovely. Thank

you for taking the time to make these for us. Your hard work and support is appreciated.'

Groups and external societies were encouraged to hold some of their sessions at the service and at the time of this inspection the service provided facilities for a scrabble and a bridge club.

The service ran specific project activities such as providing a safe environment for the nesting of ducks. We saw people using the service had helped to look after the ducklings during the first 10 days of their life. In 2017 the service had hired an incubator and hatched 12 chicks. These were then taken by a member of staff to their relative's small holding where they provided eggs for a local primary school.

In the warmer weather people had been actively encouraged to participate in gardening activities at the service. We saw the service had enabled people with different levels of skills to be involved. For example, people had been involved in the building of a wheelchair accessible greenhouse in the grounds, visiting local garden centres, and planting the seeds. When we spoke with a cook at the service they told us some of the produce used in the kitchen was grown in the garden such as peppers, tomatoes, leeks and broad beans.

Staff we spoke with knew and understood people's likes, dislikes and wishes. They knew and responded to each person's diverse cultural and spiritual needs. One member of staff we spoke with was able to talk to us about a person's religious needs. The registered manager told us the service respected people's cultural needs including diet and faith wishes.

We were given examples of innovative individual person centred care that was provided by the service to people to support them to continue to practice their faith. Evidence we reviewed showed the service had been proactive in managing people's diverse needs. Alterations had been made in the kitchen at the service to ensure separation of meat and dairy products and a separate mechanically operated entrance to the service had been provided for visitors who could not use the electrical front doors during a particular period. The service also had old fashioned school bells for people to use, when required, as an alternative to an electronic nurse call system.

Another person following a specific faith had been provided with suitable accommodation, the ability to eat alone, and not use any forms of technology such as radios or TVs. The person and their family were provided with a secluded meeting space for their religious fulfilments when they were no longer able to attend them outside of the service.

People who wished to were supported to continue to attend faith services. A relative of a person who used to live at the service visited on a monthly basis and provided an all faith fellowship group to people who wish to attend. Other services were provided from within the local community such as Anglican and Communion.

Staff displayed a good knowledge of people's needs and could clearly explain to us how they provided support that was individual to each person. Records were personalised and contained details about 'My life, my story, my way' which recorded people's life history, their likes and dislikes and what was important to each person. For example, we saw one person's plan stated, 'Give me time on my own to do jigsaw puzzles.' We observed the person doing this in the lounge. The person told us that the jigsaw board did not fit in their room so the staff had made them a corner in the lounge to sit and do their puzzles.

There were well maintained gardens and all bedrooms and lounges either had access or views of the gardens. This provided nice views of the trees, visiting squirrels and birds attending one of the many bird

feeders around the grounds.

All of this meant peoples' lifestyle experienced in the service matched their expectations and preferences, and satisfied their social, cultural, religious and recreational interests and needs.

We looked at nine people's care plans and other associated records. We saw an assessment of people's care and support needs was completed before they began using the service. This pre-admission information was used to develop a more detailed plan of care for each person.

Plans were written with detail to guide staff practice. Additional records were also completed for the care of more individual needs, such as nutritional care plans for Percutaneous endoscopic gastrostomy (PEG) feeding and Parkinson's disease. We saw the care plans were reviewed on a regular basis and if new areas of support were identified, changes had occurred.

The complaints process was displayed in the entrance hall to the service. Staff told us they would support people to pursue a complaint if they raised any concerns with them. One member of staff told us, "I have never had anyone raise one but if I did I would take it straight to [Name of registered manager]. They are very approachable and always here for everyone."

People and their visitors we spoke with told us they knew how to complain if they needed to. One person told us, "When I first came I complained about a carer who is no longer here. I had a response straight away and it was dealt with appropriately." Another said, "I have no complaints whatsoever. I would recommend respite care in here to anyone." A visitor told us, "There was an open day a few weeks ago for relatives to raise concerns, I didn't come. What I've seen has always been good." We saw that complaints had been investigated and records were kept to show how this was completed.

Good

Is the service well-led?

Our findings

People and their visitors we spoke with told us that they were happy with the way the service was managed. One person told us, "[Name of registered manager] – I saw them when I came to look at the care home obviously. They are very nice, I think they come early and leave early, I've seen them a couple of times." Another said, "It (the service) appears to be (well managed) – staff wouldn't be as good as they are if it wasn't." A visitor told us, "I had a couple of meetings (with registered manager) when [Name of relative] first came, we say hello from time to time, they would be available if needed."

There was a registered manager in post who was a registered nurse and had managed the service for over 10 years. They were supported by a deputy manager and an office administrator.

People looked relaxed and comfortable during our time in the service. One member of staff told us they thought the culture of the service was "Very open, you can always have a private word if you want one." Another said, "We are a team, we all help out."

When we asked staff if they thought the service was well led, comments included, "[Name of registered manager] is a very good boss; they have a lot of understanding. Without them it (the service) wouldn't flourish as it does. They are very fair with most things, we are all fond of each other but they give warnings when they have to and pull people up. They are very fair" and, "[Name of registered manager] is very easy to get on with and we have good communication."

The registered manager used various ways to continually monitor the quality of the service. These included audits of the different systems around the service, such as environmental, medicines, care records, infection control, dignity and complaints. The audits identified issues and the action required to address them.

Questionnaires were given to people, their relatives and staff every six months to gain their views on the service. Any issues raised had been addressed. One person told us, "You fill out a survey; they are collated to see how many are happy. We then have a meeting and discuss the percentages, staff are there and things are brought up – I think they do act on them."

We saw the registered manager held some meetings with heads of departments, senior care staff and people using the service to discuss aspects of service operations. We saw full staff team meetings were infrequent and the last recorded was in March 2017. However, in October 2017 the registered manager had implemented 10 at 10 meetings (held at 10am every morning) in the staff office. These discussed any staff sickness and items in the service diaries for the day. The registered manager told us, "I don't see the point in having meetings for meetings sake. I utilise daily handovers as an opportunity to speak to staff about anything that we need to." One member of staff told us, "I am quite happy here and everything is done professionally." Another said, "Me and [Name of registered manager] have meetings every Monday morning. The heads of departments have meetings but it's an open door with [Name of registered manager]."

The service worked in partnership with other organisations to make sure the people in their care were

receiving a safe, quality service and that they were following current best practice. These organisations included healthcare professionals and social services. For the last nine years the service has been successfully accredited to ISO 9001. ISO 9001 is an international standard that specifies requirements for a quality management system (QMS). Organisations use the standard to demonstrate the ability to consistently provide services that meet customer and regulatory requirements.

The service also worked closely with Independent Mental Capacity Advocates (IMCAs), when required. An IMCA is an advocate who has been specially trained to support people who are not able to make certain decisions for themselves and do not have family or friends who are able to speak for them. IMCAs do not make decisions and they are independent of the people who do make the decisions. One person was receiving support from an IMCA at the time of this inspection.

The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. They were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.