SBC Residential Care Limited

Showley Brook Residential Home for the Elderly

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

We carried out an inspection of Showley Brook Residential Home for the Elderly on 28 January and 3 February 2016. The first day was unannounced. We last inspected the home on 29 April 2014 and found the service was meeting the regulations that were applicable at that time.

Showley Brook Residential Home for the Elderly is registered to provide accommodation and personal care for up to 15 people. Accommodation is provided in single bedrooms on two floors. The home is situated in a quiet residential area of Wilpshire Blackburn. At the time of inspection there were 13 people accommodated in the home.

The service was managed by 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.

People living in the home told us they felt safe and well cared for. They considered there was enough staff to support them when they needed any help. Good recruitment procedures were followed to ensure new staff were suitable to work with vulnerable people. People using the service told us there were enough staff deployed to support and help them when they needed help.

The staff we spoke with were knowledgeable about the individual needs of the people and knew how to recognise signs of abuse. Arrangements were in place to make sure staff were trained and supervised at all times.

Medicines were managed safely and people had their medicines when they needed them. Staff administering medicines had been trained to do this safely.

Risks to people's health and safety had been identified, assessed and managed safely. The registered manager followed up to date guidance on safety issues such as falls prevention and pressure ulcer prevention.

We found the premises to be clean and hygienic and appropriately maintained. Regular health and safety checks were carried out and equipment used was appropriately maintained. The service held a maximum five star rating award for food hygiene from Environmental Health.

Staff followed the principles of the Mental Capacity Act 2005 to ensure that people's rights were protected where they were unable to make decisions for themselves. Staff understood the importance of gaining consent from people and the principles of best interest decisions. Routine choices such as preferred daily routines and level of support from staff for personal care was acknowledged and respected.

People told us they had their privacy respected by all staff. Each person had an individual care plan that was sufficiently detailed to ensure people were at the centre of their care. Care files contained a profile of people's needs that set out what was important to each person, for example how they were dressed, personal care and how they could best be supported.

People's care and support was kept under review, and people were given additional support when they required this. Referrals had been made to the relevant health and social care professionals for advice and support when people's needs had changed. This meant people received prompt, co-ordinated and effective care.

We found staff were respectful to people, attentive to their needs and treated people with kindness and respect in their day to day care. Staff had been trained in End of Life care. This meant staff could approach people's end of life care with confidence and ensure their dignity, comfort and respect was considered.

Activities were varied and people were given opportunities to take part in routine household tasks such as baking, washing up and folding laundry to enhance a sense of well being and worth. Visiting arrangements were good.

People were provided with a nutritionally balanced diet. All of the people we spoke with said that the food served in the home was very good.

People told us they were confident to raise any issue of concern with the provider and staff and that it would be taken seriously. They were regularly encouraged to express their views and opinions and also had opportunities to give feedback about the service, the staff and their environment in quality assurance surveys and at their meetings.

All people, their relatives and staff spoken with said the management of the service was very good and they had confidence in the registered manager. There were systems in place to monitor the quality of the service and evidence to show improvements were made as a result of this.

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 told us they felt safe. They were cared for by staff who had been carefully recruited and were found to be of good character. There were sufficient numbers of staff to meet the needs of people living in the home.

People's medicines were managed in accordance with safe procedures. Staff who administered medicines had received appropriate training

Staff were aware of their duty and responsibility to protect people from abuse and were aware of the procedure to follow if they suspected any abusive or neglectful practice.

Risks to the health, safety and wellbeing of people who used the service were assessed and planned for with current guidance in place for staff in how to support people in a safe manner.

Is the service effective?

Good

The service was effective.

People had good assessments of their needs which helped determine the service could meet their needs effectively.

People were supported by staff who were well trained and supervised in their work. Staff and management had an understanding of best interest decisions and the MCA 2005 legislation.

People's health and wellbeing was consistently monitored and they were supported to access healthcare services when necessary.

People were supported to have sufficient to eat and drink and maintain a balanced diet. People told us they enjoyed their meals.

Is the service caring?

Good

Staff were respectful to people, attentive to their needs and treated people with kindness in their day to day care. People told us staff were very kind and caring.

People were able to make choices and were involved in decisions about their care. People's views and values were central in how their care was provided.

People were involved in making decisions about how the service was run.

People could be confident their end of life wishes would be respected by staff that had been trained to ensure they were given dignity, comfort and respect.

Is the service responsive?

Good

The service was responsive.

People's care plans were centred on their wishes and needs and kept under review. Staff were knowledgeable about people's needs and preferences and supported people to remain as independent as possible.

People were supported to keep in contact with relatives and friends and visiting arrangements were good.

People felt able to raise concerns and had confidence in the registered manager to address their concerns appropriately.

Is the service well-led?

Good

The service was well led.

The quality of the service was effectively monitored to ensure improvements were on-going through informal and formal systems and methods.

There were effective systems in place to seek people's views and opinions about the running of the home.

The management team took a pro-active approach to ensure people received a quality service from a team of staff that were valued.

Showley Brook Residential Home for the Elderly

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 the 28 January and 3 February 2016 and the first day was unannounced.

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 improvements they plan to make. We contacted the local authority contracting unit for feedback and checked the information we held about the service and the provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

During the inspection we spoke with seven people who used the service, the registered manager, the cook, and four care staff. We observed lunch.

We looked at the care records of three people who used the service and other associated documents, including policies and procedures, safety and quality audits, quality assurance surveys, three staff recruitment records, induction and supervision records, minutes from meetings, complaints, comments and compliments records, and medication records.

Good

Is the service safe?

Our findings

People we spoke with told us staff were caring and kind to them. One person said, "I like the staff. They look after me very well. It was a bit of a 'rushed job' when I came here. I was not very well but I'm beginning to feel better. The staff are always obliging and at the moment I have no worries. If I had I would certainly say something. It's peaceful here." And another person told us "I am quite happy thank you. The staff are lovely and yes, I feel safe living here."

Some of the people were living with dementia and could not answer our questions very well. During the inspection we therefore made observations when staff were supporting people. We observed people were comfortable around staff and people living with dementia seemed happy when staff approached them. Staff were patient and kind with people and were always available to offer support to people when needed. Staff offered reassurance when supporting people who required the use of aids to move. Staff moved people safely by following the correct procedures and training records we were shown identified all staff had been trained in safe moving and handling.

We asked people using the service of their opinion regarding staffing levels. One person told us "There is always someone about. I'm never worried I won't get the help I need." Another person told us, "There seems to be enough staff. Quite often they sit and chat with us. Sometimes they get busy with other people but they will always have time for you."

We looked at the staff rota for the week. This showed staff were deployed to cover times throughout the day and night when people needed the most support. The registered manager told us most staff were long serving and were therefore familiar with people's needs. This also meant staff were able to build up trusting relationships with people they cared for. Staff spoken with confirmed they had time to spend with people living in the home. The registered manager told us cover for sickness or annual leave was managed well with existing staff providing the majority of cover needed.

We looked at records of three staff employed at the service to check safe recruitment procedures had been followed. We found checks had been completed before staff began working for the service. These included the receipt of a full employment history, an identification check, written references from previous employers, a physical and mental health declaration and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

We discussed safeguarding procedures with staff. They were clear about what to do if they had any concerns and indicated they would have no hesitation in reporting any concerns they may have. There were policies and procedures in place for staff reference including whistle blowing. Whistleblowing is when a worker reports suspected wrongdoing at work. Officially this is called 'making a disclosure in the public interest'. Staff told us they had training in safeguarding vulnerable adults.
We looked at how medicines were managed and found appropriate arrangements were in place in relation to the safe storage, receipt, administration and disposal of medicines. Arrangements were in place for

confirming people's current medicines on admission to the home. Medication was delivered pre packed which meant people's medicines had been dispensed into a monitored dosage system by the pharmacist and then checked into the home by staff on duty. Corresponding Medication Administration Records (MAR) charts were provided and all the MAR's we checked were complete and up to date.

Medicines were stored securely which helped to minimise the risk of mishandling and misuse. Training records showed staff responsible for medicines had been trained and a regular audit of medicine management was being carried out. Where new medicines were prescribed, these were promptly started and arrangements were made with the supplying pharmacist to ensure that sufficient stocks were maintained to allow continuity of treatment. People requiring urgent medication such as antibiotics received them promptly and courses of antibiotics were seen as completed.

People had been assessed to determine their wishes and capacity to manage their own medicines. Care records showed people had consented to their medicines being managed by the service. People we spoke with told us they received their prescribed medicines on time.

We looked at how the service managed risk. Environmental risk assessments and health and safety checks were completed and kept under review. These included for example, Legionella testing, water temperature monitoring, and fire equipment and fire alarm testing. Emergency evacuation plans were in place including a personal emergency evacuation plan (PEEP) for each person living in the home. Heating, lighting and equipment had been serviced and certified as safe.

Risk assessments were in place in relation to pressure ulcers, behaviours, nutrition, falls and moving and handling. We found the provider used up to date methods for risk management. An example of this was 'Steady on', an initiative by EAST Lancashire Hospitals NHS Trust to reduce the number of elderly accidents, deaths and injuries from falls. We saw instances of good practice where falls had been audited and root cause analyses completed showing action taken to minimise the risk resulting in improvements for people. The registered manager had also ensured staff were trained and involved in new models of care such as 'React to Red Skin' (A pressure ulcer prevention campaign that is committed to educating as many people as possible about the dangers of pressure ulcers and the simple steps that can be take to avoid them). Where people had behaviours that challenged others, this was identified and plans were in place to deal with this safely.

We found the premises to be clean and hygienic in all areas we looked at. We observed staff wore protective clothing such as gloves and aprons when carrying out their duties. Hand cleansing gel was available for use in toilets, bathrooms and visitors to the home were requested to use this on entering and leaving the premises. Infection control information was displayed and there was infection control policies and procedures in place for staff reference. There were arrangements in place for the safe removal of clinical and sanitary waste. Staff training records showed infection control training was provided. The environmental health officer had given the service a maximum five star rating for food safety and hygiene.

Good

Is the service effective?

Our findings

People spoke positively about their care and support. One person told us, "The staff are very good and kind. I get all the help I want and need." Another person told us, "The staff are friendly and we can have a bit of fun and have a good laugh. They know what I like and are very obliging when I need any help." People also referred to staff as "hard working", "easy to get on with" and one person told us, "They see to everything I need". We observed there was a friendly, open atmosphere and people engaged happily with staff.

There was a stable staff team at the home. They told us they had regular meetings to discuss any issues relating to people's care as well as the operation of the home. We saw minutes of the meetings during the inspection. Staff discussed how they cared for each person to ensure they received effective care and support according to their needs and wishes.

We looked at how the service trained and supported their staff. From our discussions with staff and from looking at records, we found staff had attended regular training. We saw evidence in staff files that new staff had undertaken induction training before they were allowed to work unsupervised with people using the service. The registered provider told us in addition to this, further training was being provided in all key areas such as moving and handling, first aid, infection control, health and safety, fire safety and food hygiene. Other training provided included malnutrition, pressure ulcer prevention, stroke awareness and dementia care. Most staff employed had completed a nationally recognised qualification in care at level 2 and above and had regular supervision.

The registered manager told us four people had 'Do Not Attempt Resuscitation' (DNAR) consent forms in place. We looked at these and found evidence discussion had taken place with relatives, the person the DNAR related to, and the persons GP.

We looked at pre admission assessments for three people. We found information recorded supported a judgement as to whether the service could effectively meet people's needs. This meant people were not at risk of receiving inappropriate care and support and they could have confidence their needs would be met. Furthermore people had a contract outlining the terms and conditions of residence that protected their legal rights.

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). The DoLS provide a legal framework to protect people who need to be deprived of their liberty in their own best interests.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

All the staff team had received training in the principles associated with the MCA 2005 and the DoLS. We found staff understood the relevant requirements of the MCA and put what they had learned into practice. One person had a DoLS in place. Records showed this was being managed very well and had been kept under review. An application had been made to the relevant authority for consideration for another person using the service.

Care records showed people's capacity to make decisions for themselves had been assessed on admission and in line with legal requirements. Useful information about their preferences and choices was recorded. We also saw evidence in care records people's capacity to make decisions was being continually assessed on a monthly basis which meant staff knew the level of support they required while making decisions for themselves. Where people had some difficulty expressing their wishes they were supported by family members.

Consent regarding sharing of relevant information, medication support and personal care support was routinely requested. Staff understood the importance of gaining consent from people and the principles of best interest decisions. Throughout the inspection, we saw staff speaking to people clearly and waiting for responses before providing care.

We looked at how people were supported to maintain good health. People's health care needs had been assessed and people received additional support when needed. People were registered with a GP and people's healthcare needs were considered within the care planning process. We noted assessments had been completed on physical and mental health. This helped staff to understand people's limitations such as with their mobility, and with personal care. We found staff had developed good links with health care professionals and specialists to help make sure people received co-ordinated and effective care. People's healthcare needs were kept under review and routine health screening arranged. Records had been made of healthcare visits, including GPs, the mental health team, the chiropodist and the district nursing team. People using the service considered their health care was managed well. One person said, "If I want to see my GP I can do. The staff will see to this."

People were supported to have sufficient amounts to eat and drink and to maintain a balanced diet. People told us they enjoyed the food and were given a choice of meal at tea time. One person told us, "The food is good and we always have plenty of choice. We don't go hungry." Another person said, "I'm very satisfied with the food" We saw that people were regularly asked for their views on the food provided and the menu was a regular feature on the 'resident meeting' agenda. Menus were changed in response to people's preferences. We noted there was information in the kitchen about which people required a special diet. Weekly menus were planned and rotated every four weeks.

We observed the arrangements over lunchtime. The dining tables were nicely set. We noted people could choose where they liked to eat. Meals served looked nutritious and portions served were generous. People could have as much as they wanted and were regularly asked if they wanted any more. We noted however for people needing pureed food this was served blended together. This meant people needing their food served this way did not have an opportunity to taste the different elements of the meal. We discussed this with the registered manager and was told all components of the meal would be blended separately. People requiring support to eat their food were given this in a dignified way. During lunchtime staff were kind and attentive to people and the atmosphere was relaxed and unhurried.

People's weight and nutritional intake was monitored in line with their assessed level of risk and referrals had been made to the GP and dietician as needed. We noted risk assessments had been carried out to assess and identify people at risk of malnutrition and dehydration. We observed staff offering people drinks throughout the day and nutritional supplements such as 'smoothies' and milk shakes were offered daily. Food and fluid intake charts were being completed as routine. This meant people assessed as being at risk of poor nutritional intake were being monitored.

The home provided a pleasant and homely environment for people. People told us the home was "lovely", "very nice" and "suits me". They had arranged their rooms as they wished with personal possessions that they had brought with them.

Good

Is the service caring?

Our findings

People we spoke with told us the staff were very caring. Comments about the staff included, "They are very good. I have no complaints." "I think they are all wonderful and yes, they are caring." "We get all the help we need, and there is nothing they wouldn't do for you. I'm quite happy here." "I've not been here long, but I've made friends with the staff. They are very good and easy to get on with." People we spoke with also considered staff helped them maintain their dignity and were respectful to them. Staff politeness and being treated with dignity was discussed at residents meetings. This showed people's views were valued.

We observed how people were treated with dignity and respect. During our visit staff responded to people in a kind and patient manner and communicated very well with them. Staff we spoke with had a good understanding of people's personal values and needs. They knew what was important to people and what they should be mindful of when providing their care and support. Care plans highlighted what people could do for themselves and what they wanted to do, enabling staff to support people to maintain their independence as much as possible and in a safe way.

We looked at acknowledgements of thank you from relatives received at the home. We noted the following comments, 'I cannot thank you enough for the special loving care you have given dad over the last 5 years'. 'Thank you all so very much for all your help, care and attention you have given and shown to my Mum'. And 'The commitment and tender loving care shown to all your residents by staff is highly commendable'.

There was a 'keyworker' system in place. This linked people using the service to a named staff member who had responsibilities for overseeing aspects of their care and support. The registered manager told us they planned to link night staff into the key worker system. This would further support people and enhance their care, by providing a more personal service.

There were policies and procedures available for staff about caring for people in a dignified way. Staff had training that focused on values such as people's right to privacy, dignity, independence, choice and rights. Staff training also involved linking into new models of care such as initiatives for pressure ulcer prevention and falls prevention. Information on advocacy services was provided. This service could be used when people wanted support and advice from someone other than staff, friends or family members.

Staff spoke about people in a respectful, confidential and friendly way. One staff member said, "It's like looking after family. We look after people as we would want to be looked after. Every person has the right to live a good life irrespective of their needs." Another staff member said, "Each person is an individual with different needs and it's important we understand and respect these. If we can improve people's life experience whilst living here then we are getting it right for them. We know everyone and they know us." And other staff said, "I find the work very rewarding."

Communication was seen to be very good. Staff told us they were kept up to date about people's changing needs and the support they needed on a daily basis. Daily records completed by staff were written with sensitivity and respect. All staff had been instructed on confidentiality of information and they were bound

by contractual arrangements to respect this. This meant people using the service could be confident their personal information was kept confidential.

People were encouraged to express their views during daily conversations, residents and relatives' meetings and satisfaction surveys. The residents' meetings helped keep people informed of proposed events and gave people the opportunity to be consulted and make shared decisions. We looked at the last meeting people had. People had been asked for their opinion on the new flooring, their food and entertainment. Where suggestions had been made these were acted upon.

Staff had received end of life training. We discussed this with staff on duty. We were given good examples of working with GP's, district nurse and family to ensure people at the end of their life received special care according to their wishes. Care plans were written to reflect people's wishes. This meant staff could approach this person's end of life care and ensure their dignity and their comfort, and treat them with respect according to their wishes at the end of their life. We saw acknowledgements from relatives in regard to the excellent care and compassion shown to their family member and also to them during this difficult time. 'The care has far exceeded the care and dignity she would have had at hospital'. And 'Dad was a beautiful soul and I know he would have appreciated you all so very much. I felt you provided him with so much dignity and respect in his final days. This helped me so much'.

Good

Is the service responsive?

Our findings

People we spoke with were complementary to the staff regarding their willingness to help them when needing help. One person told us, "I never have to worry I won't get the help I need. We have a bell to use if we need to." Another person told us. "They will remind me if I am going out or my son is to visit me. I tend to forget things. On the whole I please myself what I want to do. Sometimes I like staying in my room. I do get on with the people here and the staff are very obliging." People told us they determined their own day. One person told us they liked their own routine and staff helped them manage this. There were no rigid routines imposed on them that they were expected to follow.

We looked at the way the service assessed and planned for people's needs, choices and abilities. We looked at three people's assessment, care and support plans. These were thorough and focused on people's individual circumstances and their immediate and longer-term needs. The information in the assessments was wide ranging and covered interests and activities, family contact, identification and management of risks, personal needs such as faith or cultural preferences, physical and mental health needs, communication and social needs. Care records clearly detailed people's routines, likes and preferences and provided good evidence to show people were at the centre of their care.

We found evidence in care records that people had been involved in setting up their care and support plan. All people had a care plan, which was supported by a series of risk assessments linked to their need. Details of what was important in people's lives and how this can be achieved with staff support was recorded. All files contained a personal profile that included some details about people's life history. The profile set out what was important to each person for example how they were dressed, personal care and how they could best be supported.

The care plans had been updated on a monthly basis and in line with any changing needs. Staff told us there was a handover meeting at the start and end of each shift. They used a handover recording sheet designed specifically for this purpose. The record was simple to use and comprehensive in content and provided a focus on people's overall wellbeing and of any concerns during the meeting. This ensured staff were kept well informed about the care of people living in the home and provided guidance on any immediate action to be taken such as contacting the persons GP, or increased observation. Staff told us they read people's care plans on a regular basis and felt confident the information was accurate and up to date.

People were supported to keep in contact with families and friends and visiting arrangements were flexible. There was evidence people's friends and family had been invited to join in with activities and entertainment and a visitor information book provided details of forthcoming events and entertainment.

People told us they were satisfied with the activities provided in the home. One person told us, "I like playing golf and I go out with (registered manager) to take the dog for a walk. I'd like to get out more, perhaps visit my friends. It will be better in the Summer." Another person told us, "I've always liked to be busy. If I want to join in anything I can, staff will remind me what is on." Information about daily activities was displayed on notice board. Activities arranged in the home included arts and crafts, movement to music, sing-along,

quizzes, baking, swimming, and table top games. The registered manager told us activities were being reviewed. It was recognised this was a personal need for everyone. At the last staff meeting we noted staff were reminded to tell everyone what was on offer each day. People had opportunity to be involved in basic daily living tasks if they wished such as serving cakes, washing up and folding laundry. This helped people have a sense of normality in their lives and promote their sense of wellbeing and worth. One person told us, "You get a laugh with the staff. They let me help them give cakes out with our drinks. I like to join in. I have no complaints."

We looked at how the service managed complaints. The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales. We noted there was a complaints procedure displayed in the home and information about the procedure in the service user guide.

People told us they would feel confident talking to a member of staff or the registered manager if they had a concern or wished to raise a complaint. One person told us, "I haven't any concerns, but if I did I would say. I'd tell my son as well. The staff are very helpful." Staff confirmed they knew what action to take should someone in their care or a relative approach them with a complaint.

People who used the service and their relatives had further opportunity to discuss any issue of concern during day to day discussions with staff, during care reviews and also as part of regular quality monitoring surveys carried out. Information from the recent satisfaction survey indicated people knew who to complain to if they were unhappy about any aspect of their care.

Good

Is the service well-led?

Our findings

We asked people who lived in the home if they were asked about their experience of receiving care and support and their living conditions. For example we asked people if the registered manager talked to them routinely and spent time with them. One person said, "The manager is always about and will help the staff. She often chats to us." Another person told us, "She (registered manager) works here every day. We can ask her anything. She knows what's going on and she will have a chat with us."

The registered manager was qualified, competent and experienced to manage the service effectively and had been registered as manager with the Commission in 2011. We saw she had an 'open door' policy that supported on-going communication, discussion and openness. People, and staff regularly approached her for a chat throughout our visit. The registered manager was supported in her role by senior staff.

Staff we spoke with were very complementary about the management of the service. One staff member told us "She (registered manager) has very high standards. She is very supportive and will cover shifts. When you've been off she will give you a brief of what's been going on and will print off any information you need." Another staff member told us, "It's brilliant here. You couldn't wish for a better manager. She is always there for us if you need to discuss anything. She will listen and help where she can. We are here for the residents and she makes sure we provide a good service. I wouldn't want to work anywhere else." And another staff told us, "She lets us use our own initiative. Standards are set and that's what we work to."

A wide range of policies and procedures were in place at the service, which provided staff with clear information about current legislation and good practice guidelines. These had been reviewed regularly to make sure they were updated to reflect any necessary changes.

People were actively encouraged to be involved in the running of the home. We saw meetings were held and minutes of recent meetings showed a range of issues had been discussed. These included for example refurbishment plans and improvements made, activities, food and forthcoming events. We also noted people using the service were asked about staff competence and politeness.

The provider used a range of systems to monitor the effectiveness and quality of the service provided to people. This included feedback from people using the service, their relatives and from health and social care professionals in formal quality assurance questionnaires. Results of these surveys showed a high satisfaction with the service. Where improvements could be made these had been considered. For example we saw action was taken as a result of professionals feedback relating to improving communication and better working together. A new communication book was introduced to improve communication between district nurses and staff. All staff were encouraged to support professionals caring for people as part of their professional development and to help them gain confidence in their work. This was reported to be working very well by management and staff. A suggestion box was also in place for people to raise any ideas or suggestions for improvements.

Staff we spoke with had a good understanding of the expectations of the registered manager. They had

been provided with job descriptions, staff handbook, employment policies and procedures and contracts of employment which outlined their roles, responsibilities and duty of care. Staff had been given a code of conduct and practice they were expected to follow. This helped to ensure the staff team were aware of how they should carry out their roles and what was expected of them. Staff told us they received regular feedback on their work performance through the supervision and appraisal systems and enjoyed working for the service.

People using the service and their relatives were asked for their opinion of the staff who supported and cared for them. We looked at a quality assurance audit carried out in June 2015, the results of which were included in an information pack available for people and visitors to the service to read. Topics people had been asked about included quality and personal care, privacy and dignity, service provision, bathroom facilities, food and activities. The results of this survey were very positive.

We noted good practice issues were raised and discussed at staff meetings, for example making sure staff understood their responsibility when deciding their rota to ensure it was fair and equal for all, the communication book, quality and compliance systems, fire safety and the Investors In People (IIP) award. Staff we spoke with felt they could have an open discussion and give their opinions during their meeting.

There were systems in place to regularly assess and monitor the quality of the service. The registered manager told us they monitored key areas of care delivery such as medication, health and safety, staff training records, care plans, the environment and catering requirements. We were given good examples of quality monitoring, for example monitoring falls and nutrition and action that had been taken to reduce the risk. The registered manager told us they were appointing staff to take a lead role in all areas of quality monitoring such as infection control, health and safety, safeguarding, falls and nutrition, and dignity. This would help to make sure there was constant oversight of the service.

Other audits included regular daily, weekly, monthly and annual checks for health and safety matters such as cleanliness, fire fighting and fire detection equipment and water temperature monitoring.

There were procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding and deprivation of liberty teams. Our records showed that the registered manager had appropriately submitted notifications to CQC about incidents that affected people who used services.

The registered provider had achieved the Investors In People award. This is an external accreditation scheme that focuses on the provider's commitment to good business and excellence in people management.