Quantum Care Limited

Mountbatten Lodge

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 unannounced inspection on 12 and 14 October 2016.

The service provides care and support to older people with a range of support needs, including chronic health conditions, physical disabilities, and those living with dementia. At the time of the inspection, 58 people were being supported by the service.

There was no registered manager in post as the manager had recently left the service and deregistered with the Care Quality Commission. A manager from the provider's other service was temporarily managing the service until a recently recruited manager started in November 2016. 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.
Potential risks to people's health, safety and welfare had been reduced because there were risk assessments in place that gave guidance to staff on how to support people safely. There were systems in place to safeguard people from avoidable harm and staff had been trained in safeguarding procedures. The provider had effective recruitment processes in place and there was sufficient staff to support people safely. People's medicines were managed safely.

Staff had regular supervision and they had been trained to meet people's individual needs. They understood their roles and responsibilities to seek people's consent prior to care and support being provided. The requirements of the Mental Capacity Act 2005 (MCA) and the related Deprivation of Liberty Safeguards (DoLS) had been met.

People were supported by caring, friendly and respectful staff. They were supported to make choices about how they lived their lives and how they wanted to be supported. People had enough to eat and drink to maintain their health and wellbeing. They were supported to access other health services when required.

People's needs had been assessed and they had care plans that took account of their individual needs, preferences, and choices. Where possible, people and their relatives had been involved in reviewing people's care plans. The provider's 'Rhythm of Life' programme promoted person centred care. People had been provided with a variety of activities within the home. The provider had appointed another activities coordinator so that more activities could be provided to help people to socialise more and to keep active.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people who used the service, their relatives other professionals and staff, and they acted on the comments received to continually improve the quality of the service.

The provider's quality monitoring processes had been used effectively to drive continuous improvements. The interim manager had provided stable leadership and effective support to the staff until a new manager

started in November 2016. They worked effectively with care team managers to promote a caring and inclusive culture within the service. Staff were motivated to do their best to provide good care to people who used the service and support people's relatives.

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 felt safe and there were effective systems in place to safeguard them.

The provider had a robust recruitment procedure in place. There was enough skilled and experienced staff to support people safely.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff received appropriate training and support in order to develop skills and knowledge necessary for them to support people effectively.

Staff understood people's individual needs and provided the support they needed.

People had enough to eat and drink to maintain their health and wellbeing. They had access to health professionals when required.

Is the service caring?

Good

The service was caring.

Staff were kind, caring and friendly towards people they supported.

People were supported in a way that protected their privacy and dignity. As much as possible, they were also supported to maintained their independent living skills

People's choices had been taken into account when planning their care and they had been given information about the service to help them to make informed choices and decisions.

Is the service responsive?

Good

The service was responsive.

People's care plans were person centred and took into account their individual needs, preferences and choices.

Staff worked in partnership with people and their relatives so that their needs were appropriately met.

The provider had an effective complaints system and people felt able to raise concerns.

Is the service well-led?

Good

The service was well-led.

The interim manager provided stable leadership and effective support to staff, in order to promote a caring and inclusive culture within the service.

People and their relatives were enabled to routinely share their experiences of the service.

The provider's quality monitoring processes had been used effectively to drive continuous improvements.

Mountbatten Lodge

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.

The inspection took place on 12 and 14 October 2016, and it was unannounced. It was carried out by an 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.

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 also reviewed information we held about the service, including the previous inspection report and notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection, we spoke with nine people who used the service, four relatives, seven care staff, an activities coordinator, the head housekeeper, two care team managers, and the interim manager.

We reviewed the care records for eight people who used the service. We checked how medicines and complaints were being managed. We looked at five staff files to review the provider's staff recruitment and supervision processes, and we also saw the training records for all staff employed by the service. We looked at information on how the quality of the service was being monitored and managed, and we observed how care was being provided in communal areas of the home.

Good

Is the service safe?

Our findings

During our inspection in July 2014, we found the provider was not meeting some of the standards because clinical waste bins had not been stored safely, there had been no referral to a speech and language therapist for a person at risk of choking, and staff did not support people quickly during busier times of the day.

During this inspection, we found improvements had been made and the manager was able to show us what action had been taken to make the required improvements. For example, the clinical waste bins were now stored securely and could only be accessed by members of staff who knew the codes to open the padlocks. They had also employed more staff so that people could be supported in a timely way.

People told us that they felt safe living at the home. One person said, "I feel safe. There is always someone here day or night." Another person said, "If I need someone, I ring this bell and someone comes." Relatives told us that they had no concerns about their relatives' safety and that they were looked after really well by the staff. One relative also said, "I have never been concerned at all."

Staff told us that people were safe because they had policies and procedures to follow and they had been trained on how to safeguard people. A member of staff said, "Residents are safe. We all keep an eye them." Another member of staff told us, "I have never been concerned about residents being at risk of harm. We are told in training to always report if we suspect this and to be fair, anyone here would do that." A third member of staff who said that people were safe because "good people work here" went on to describe the actions they would take if they thought a person was at risk of harm, including reporting any concerns to the manager, the local authority safeguarding team or the Care Quality Commission. We saw that the provider had processes in place to safeguard people, including safeguarding and whistleblowing policies. Whistleblowing is a way in which staff can report concerns within their workplace without fear of consequences of doing so. Information about how to keep people safe was displayed in prominent areas around the home to give people who used the service, staff and visitors guidance on what to do if they suspected that a person was at risk of harm. This also contained relevant contact details of where concerns could be reported to.

Potential risks to people's health and wellbeing had been assessed and detailed risk assessments were in place to manage the identified risks. The majority of people had assessments for risks associated with them being supported to move, pressure area damage to the skin, falling, not eating or drinking enough, medicines, and the home environment. However, some people required risk assessments to address specific issues. For example in addition to the generic risk assessments, one person had some to mitigate their risk of choking, effects of smoking, and leaving the building unsupervised by staff. We noted that people's risk assessments had been reviewed regularly or when people's needs had changed and there was evidence that people and their relatives were involved in decisions about how to manage potential risks. A relative who told us that staff were very good with managing pressure ulcers added, "Every little red mark and they are onto it." We observed safe procedures when staff used equipment to support people to move.

There were systems in place to ensure that the physical environment of the home was safe. Regular health

and safety checks had been carried out by staff and there was evidence that gas and electrical appliances had been checked and serviced regularly. Additionally, there were systems in place to ensure that the risk of a fire was significantly reduced by regularly checking fire alarms, firefighting equipment and emergency lighting. A planned fire drill took place on the first day of the inspection to ensure that staff knew what to do in an emergency. Each person had a personal emergency evacuation plan (PEEP) so that staff knew how to help them leave the building safely. The service also kept records of incidents and accidents, with evidence that these had been reviewed and actions taken to reduce the risk of recurrence. For example, we saw that the manager had discussed with staff at a handover meeting about monitoring people's movement around the home so that they reduced the incidents of people falling. A member of staff said, "We try to make sure the home is free from hazards, but we can't always plan for residents picking their walking frames instead of walking using them. We know who is likely to do this and we keep an eye on them."

The provider had robust recruitment procedures in place. Staff records we looked at showed that thorough pre-employment checks had been completed before staff worked at the service. These included obtaining appropriate references from previous employers and completing Disclosure and Barring Service (DBS) checks. DBS helps employers to make safer recruitment decisions and prevents unsuitable people from being employed.

There were mixed views about whether there was enough staff to support people safely and quickly. Although most people and relatives we spoke with said that people did not have to wait too long to be supported when they rang the call bell, some said that staff were always busy. One person said, "Generally they are very prompt." Another person said, "I try not to use the call bell, they are all so busy all the time." A relative said, "They are short of staff at times." They went on to tell us about a day they visited and their relative had just finished getting dressed at 11:30am. They added, "They did apologise for being short of staff that day. I haven't had it happen before, but I'm not usually here that early."

Staff told us that there was usually enough of them to support people and that occasionally, agency staff who had previously worked at the home provided cover for sickness and leave. A member of staff said, "There is enough staff, but if we are short, they get agency staff." Another member of staff told us, "There is enough staff and staffing has really got better in the last few months." A third member of staff said, "We have enough staff generally, but agency staff are sometimes used to cover leave." Although two members of staff who normally worked on one of the units for people with high care needs had told us that they did not feel there was enough staff at times on this unit, another member of staff who usually worked on this unit said that there was a third member of staff 'floating' and could support staff when it was busy. They said, "All you have to do is call and ask for support and someone will come."

The staff rotas we looked at showed that there was sufficient numbers of staff to support people. An assessment tool had been used to determine people's care needs and this information was then used to determine staffing numbers. The manager told us that they always ensured that rotas were planned in advance so that they had appropriate levels of staff on each shift. However, they acknowledged that they will be occasions when the service might be short of staff when they had not been able to cover for sick leave at short notice. They also said that they had recently recruited more care staff and they had only 20 hours of night shifts remaining vacant. They added, "We have seven staff who have been offered posts and we are still undertaking employment checks for some of them. Two of them started their induction training this week."

People's medicines had been managed safely because there were systems in place for ordering, recording, auditing and returning unrequired medicines to the pharmacy. Medicines had also been stored appropriately within the home. We saw that medicines were being administered by staff who had been

trained to do so. A member of staff told us that they had recently completed medicines management training and could now administer people's medicines without supervision. The medicine administration records (MAR) we looked at had been completed fully, with no unexplained gaps. This showed that people were being given their medicines as prescribed by their doctors and none of the people we spoke with had concerns about how their medicines were being managed.

Good

Is the service effective?

Our findings

People and relatives we spoke with told us that staff had the skills necessary to provide the support people required. When we asked about staff's skills, one person said, "They are all so good." A relative said, "I have always been happy with how [relative] is being looked after here." Another relative told us, "I can't fault the carers here, they are so good."

Staff told us that they provided very good care to people and in a way that met their individual needs. A member of staff said, "The standard of care is really high. It's not about tasks, it's about the care we provide to residents." Another member of staff said, "Residents get really good care. They always look well looked after." A third member of staff said, "We have good skill mix of staff and we always ensure that less experienced staff work alongside experienced ones. Although staff are mainly allocated to a specific unit, we are sometimes moved around so that everyone gets to know all the residents."

Staff were complimentary about the training they had received and they said this had helped them to develop their skills and knowledge. A member of staff said, "The training is really good. We go to the Head Office and we do full training. They want to make sure you really understand what you are being taught." Another member of staff said, "They encourage you with your skills to make sure you know what you are doing. New staff do six months of probation and are encouraged to do NVQs and progress in their work." A third member of staff told us, "I love the training and the trainers I have had so far are really good. We can do extra training too if we need to." A newer member of staff told us that they had found the induction and training they had done so far quite useful. They added, "I still have to do dementia training."

We saw that the provider had an induction programme for new staff and regular training for all staff in a range of subjects relevant to their roles. Some members of staff had also been able to gain nationally recognised qualifications in health and social care, including National Vocational Qualifications (NVQ) and Qualifications and Credit Framework (QCF) in order to further develop their skills. A member of staff told us that they were an assessor for the 'Care Certificate' course for members of staff without NVQ or QCF qualifications. They told us that part of this role was to guide new staff in understanding the provider's policies, procedures and relevant legislation. They added, "I am passionate about how residents are looked after. I want to know that they are always supported well."

Although the manager acknowledged that some of the staff supervisions were overdue, we saw that they had put a plan in place to get these completed as soon as possible. Staff told us that they received regular supervision and were well supported. A member of staff said, "I had one three weeks ago. It was about me, to see how I am getting on. If you have problems, you can always talk to someone." Another member of staff said, "All care team managers are very supportive. They support staff throughout the home and would always ask if staff are fine." A third member of staff told us, "I get enough support. When I was new, I asked my line manager for help when I did not know how to use a hoist and she showed me what to do."

The requirements of the Mental Capacity Act 2005 were being met. The 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. Over the two days at the home, we observed that staff asked for people's consent prior to supporting them and they respected people's choices. A member of staff said, "Most residents are able tell us what they want and it's all about body language for those who don't always speak." Some of the people's needs meant that they did not have mental capacity to make decisions about some aspects of their care and they were not able to give verbal or written consent.

In order to ensure that people's care was managed in line with the requirements of the MCA, we saw that mental capacity assessments had been completed and decisions to provide care and support were made on their behalf. Staff we spoke with understood the principles of the MCA and one senior member in particular was able to explain in detail what support they gave staff to ensure that they worked within the frameworks of the Act. For example, as part of their role as the 'Care Certificate' assessor, they assessed each member of staff's understanding of the MCA and if required, they provided them with additional resources to improve their learning.

When required to safeguard people, referrals had been made to the relevant local authorities so that any restrictive care met the legal requirements of the MCA. Some authorisations had been received, but the manager told us that they were still waiting for responses for the other referrals they had sent. People can only be deprived of their liberty so that they can 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).

Although there were mixed views about the quality of the food, we observed that people mainly ate and finished their lunchtime meals during both days of our inspection. Most people appeared to enjoy their food and they had been given a choice of food. For example, we saw staff offer ice cream, fruit or yoghurt to a person who did not want a hot pudding. Although the person had said that they wanted both the ice cream and the yoghurt, we observed that they only managed to eat the ice cream. Comments about food included one from a person who told us that they enjoyed their food and they always had plenty to eat. Another person said, "The food is alright. Not very good, but adequate." A third person said, "They have a hotel style menu, but no one knows what it means. We are just ordinary folk." However they added, "If you don't like it, you can ask for something else." Another person said they did not enjoy their food because it was dry. A person who had a small fridge in their bedroom told us that this ensured they could keep their own snacks. They said, "I can stock it up when I go out with my family and then I can eat what I want. Sometimes I share it too. Sometimes I like soup and lots of other bits and pieces." All the staff we spoke with said that the food given to people was of good quality and appropriately met their nutritional needs. A member of staff said, "Residents get good food and we can eat with residents to encourage them to eat." Another member of staff said, "It always smells nice during mealtimes and I wouldn't hesitate to eat any of the food." We also saw that the manager completed meal observations on each unit to ensure that people had nutritious and enough food to eat.

People with specific dietary requirements had been supported to eat well. A variety of options were available for people who required soft food, high calorie food or food low in sugar content for those living with diabetes. Staff regularly monitored people's weight to ensure that they were eating enough to maintain healthy weight. Where required, people had also been referred to health professionals to ensure that their dietary needs had been met.

People told us that their health needs were met because they had access to other health services, such as GPs, district nurses, dentists, opticians and chiropodists. People also told us that staff supported them to

attend hospital appointments. One person told us, "A carer will come with me if I need to go to the hospital." A relative said, "The carers go with them to appointments if we can't go." We spoke with one person who was complaining of pain and on checking their care records, we noted that they had been seen by their GP and staff were regularly giving them medicine to relieve their pain. Another person complained of ineffective dental treatment they had in the last year and we discussed this with the manager who said that they would explore if the person could be seen by a different dentist.

Good

Is the service caring?

Our findings

People and relatives we spoke with described staff as friendly, kind and caring. One person said, "The care staff are wonderful. I have a lovely girl who comes and sees me and we swap stories. It is lovely to talk to people." Another person said, "Carers are lovely and kind, they are like friends and they keep me going." A third person told us, "This isn't like home, but the girls are very nice."

We observed friendly and respectful interactions between staff and people who used the service. The communal areas were never quiet because staff chatted with people whenever they came into these areas. A member of staff said, "It's such a lovely atmosphere here. Staff are really caring and lovely." Another member of staff said, "We treat residents like we treat our own family members. I really like working here, the environment is nice. I knew the minute I walked through the door that I was in a nice place and everyone is really friendly." A third member of staff said, "We have a duty of care to create an environment that work for our residents, not staff. I go home feeling really well when I know that residents have been looked after really well."

People told us that they were able to make decisions and choices about how they lived their lives, including how they wanted to be supported. They also said that they chose when they went to bed and woke up in the morning. One person said, "There is a shift change in the evening and I usually get ready for bed before then, it suits me." Another person said, "I usually go to bed about 9, that's my choice." A third person said, "We can get up and go to bed whenever we want to." A relative of a person living with dementia said, "[Relative] got very nasty about shaving so the carers and I decided to let him grow a beard. Then it just has to be trimmed when he has his hair done and it's not a problem now." A member of staff told us that they supported people to make choices. They said, "It's all about choice and dignity. Just because someone likes a cup of tea doesn't mean that we just assume that's what they would want every day, we ask them." They further told us that they supported people to remain as independent as possible. This was supported by one person who told us, "I like to do what I can for myself, so the carers will help me with what I need and then they will let me do what I can."

People told us that their dignity and privacy were protected and that they were treated with respect. One person said, "The carers are very respectful." Another person said, "They are thoughtful and kind even when they are doing personal stuff. You know, washing and things." A third person said, "They always knock on the door of my room if they want to come in." Staff we spoke with demonstrated that they valued people's individuality and rights, and they understood the importance of maintaining confidentiality. They also valued the contribution of people's relatives in helping them to better understand people's needs. A member of staff said, "We always respect that what is good for one resident might not be for another resident. We have good communication with residents and their families to ensure residents' wishes are met." Another member of staff said, "Quite a lot of families visit and this is always a good opportunity to talk to them about issues some residents might not be able to answer. That way, we can get to know how to better care for our residents."

People confirmed that their relatives could visit them whenever they wanted. Relatives said that staff were

always welcoming when they visited. One person said, "My family can come anytime, but I don't go out anymore." One relative said, "We can come whenever we want to." Another relative said, "I come in when I want to and I can have lunch if I want to, but I don't usually. I do stay a long time."

People had been given information about the service to enable them to make informed choices and decisions. This included the level of support they should expect and who to speak with if they had concerns about their care. Where required, some people's relatives or social workers acted as their advocates to ensure that they received the care they needed and understood the information given to them. There was also information about an independent advocacy service that people could contact if they required additional support.

Good

Is the service responsive?

Our findings

People told us that their individual needs were being met by the service and they were happy with how their care was being managed. An assessment of people's needs had been carried out prior to them moving to the service. This information had been used to develop their individual care plans so that they received appropriate care and support. The care plans we looked at were person centred and had detailed information about how staff would support people with their needs in areas such as communication, physical health, personal hygiene, eating and drinking, moving around, keeping safe, leisure and recreational activities, and cultural or spiritual needs.

The care plans clearly identified each need, what people were able to do for themselves to meet this need, and the support required from staff. People and relatives told us that they were involved in discussions about their relatives' care and some could remember when they last had a review meeting. One person said, "I know I have care plans, but I don't bother much looking at them. I trust carers know what they have to do." One relative said, "We have a yearly meeting about the care plans." We noted that people's care plans were reviewed regularly or updated when their needs had changed. A member of staff said, "The care team managers do a great job in ensuring that residents' care plans are up to date. We might not always discuss with residents when we do monthly reviews, but we always talk to them or their families when their care plans have been changed." Another member of staff said, "We work with residents every day and we can see if anything has changed. We report everything even if we think it a small thing and this gets sorted."

People told us that staff normally supported them quickly and we observed this during the inspection. Call bells were answered quickly and staff regularly checked if people sitting in communal areas of the home needed anything. Additionally, we saw that they also checked people being cared for in their bedrooms. Although one person told us that staff were normally very busy, they did not express any concerns about the responsiveness of the staff.

The provider had a programme called 'Rhythm of Life', which promoted person centred care by developing the service provided in five key areas. These were in providing excellent physical care; maintaining and building relationships; promoting choice and consultation; respecting individuality; engagement and occupation. Staff we spoke with were proud to have achieved recognition by the provider for the efforts they had made to meet the provider's objectives to 'help ensure people using our services enjoy the best possible quality of life'. A member of staff explained what this programme meant to them. They said, "It allows residents to continue living their lives as much as they did when they lived in their own homes." They further told us that the colour coded bedroom doors and memory boxes were part of their plan to help people to connect with their life prior to moving to the home. We were also shown a sensory garden which provided people with different textures and colours to enjoy. The manager told us that they had an internal audit of their processes the day before our inspection and they were confident that they were meeting the criteria for providing a person centred service.

People and relatives had mixed views about whether there were enough activities and entertainment provided within the home. Some of the people we spoke with told us that they enjoyed the exercises.

However, one person added, "But we haven't had them for a long time now." Another person said, "Someone stole the tape for our exercises and so now we can't do them. I used to enjoy that." One relative said, "They could do with more activities, but it is difficult because they come in and offer [relative] to do activities and if they say 'no', they don't push it at all." Another relative said, "[Relative] doesn't join in much, but they don't encourage it." A third relative said that the garden was not used much, even in the summer when it was warm enough for people to enjoy it. We observed that the home was beautifully decorated, with each unit having a different theme. One person and staff were proud to tell us that people had helped to make the butterfly decorations that adorned the walls on one unit. The home had been also beautifully decorated for the Halloween celebrations.

The service had one activities coordinator and a second was due to start later that month in order to increase the amount and range of activities available for people to take part in. Staff told us that people were not bored because there was always something for them to do. One member of staff said, "There is enough activities for residents, but sometime they just want to sit and talk to staff. The activities coordinator does a good job." The activities coordinator told us that they ran some group activities, but they added, "It is hard to get people to join in." We observed that a few people had attended a relaxation session during the morning of our first day at the home. We also saw that the activities coordinator spent one to one time with some people. Three people told us that they generally preferred to stay in the lounges on the units where they lived than to go to the main lounge where group activities normally took place. However, they said that enjoyed some of the 'big entertainment', which we understood to mean entertainment provided by external entertainers and themed celebrations. We observed that a person who enjoyed sweeping the floors had been provided a broom to do so. This was a good way of providing the person an opportunity to take part in a meaningful activity they enjoyed. Some people told us that they mainly went out occasionally with their relatives. One person said, "I go out with my family, we go to garden centres and other places, and I love Christmas." Another person said, "My family bring me large print books, I don't think there is a library here."

The provider had a complaints policy and procedure which gave people information on how to raise any concerns they might have about their care. There was a system to manage complaints and other minor concerns. None of the people we spoke with had complained and some of them did not what the complaints procedure was. Records we looked at showed that there had been no complaints or concerns recorded in the 12 months prior to our inspection. This showed that people were happy with how they were supported by the staff.

Good

Is the service well-led?

Our findings

There was no registered manager in post as the manager had recently left the service. An interim manager from one of the provider's other service was managing the service until a newly appointed manager started in November 2016. A new deputy manager had also been recently appointed and they were due to start in November too. The service also had seven care team managers who led each of the shifts including nights. They also provided day to day leadership to the staff and had overall care management responsibilities, including ensuring that people's care records were up to date and reflected their current needs.

Most people did not know who the manager was as they had not been at the service for that long. However, staff were very complimentary about the stability and leadership the interim manager brought to the service. They also appreciated the support the care team managers had provided to staff during a time when both the manager and the deputy had left the service. A member of staff said, "The interim manager is nice. Management changes have been fine as the care team managers pulled together and supported everyone." Another member of staff said, "The interim manager is good and has made sure that the home is functioning well." They went on to show us a newsletter that featured the interim manager being awarded by the provider in recognition for their good work. The member of staff added, "She was being recognised for her management skills."

Staff told us that they felt valued and they were able to share ideas they might have for the development of the service. All members of staff we spoke with told us that they really enjoyed their work and that the service was a caring and supportive environment to work in and in turn, a lovely environment for people who used the service. A member of staff said, "I really like my job, I enjoy it a lot." Another member of staff said, "I love it here. We work well as a team and I genuinely enjoy my job. Quantum Care's ethos is to make sure that they do not only care for residents, but staff too." A third member of staff said, "Communication is really good. I work well with other staff and managers. Every time we have an issue, they sort it out quickly." We saw that regular staff meetings took place to enable staff to discuss issues relevant to their work. Staff also used handover meetings effectively to share important information to enable them to plan how to provide appropriate support to people who used the service. A set agenda included discussions on the provider's values, health and safety issues, medicines management, confidentiality, complaints, policies and procedures, and 'Rhythm of Life' care outcomes.

The provider sought feedback from people who used the service and their relatives so that they had the information they needed to continually improve the service. 'Residents' meetings' gave people the opportunity to discuss issues about their day to day care and support, and to suggest improvements they wanted to see within the home. There was a meeting held in each of the units and the most recent ones had been held during late September or early October 2016. We saw that people had opportunities to give feedback about their care, the food and activities provided by the service.

The provider also completed an annual survey and the results of the one completed between April and May this year showed that people and their relatives were mainly happy with quality of the service. The only negative comments were about the management of people's laundry, relatives not being informed of staff

changes and not enough activities provided. An action plan had been developed to show what had been done to address these issues and the manager was able to show us what actions had been taken so far to make the required improvements. For example, an additional activities coordinator had been employed to increase the range of activities offered to people. The service had improved their clothes labelling system to reduce the incidents of people's clothes being mislaid. The manager told us that newsletters would be displayed in the foyer so that visitors knew about any changes at the home. People gave us positive feedback about the caring nature of the staff and 12 compliments had also been received by the service since January 2016.

The provider had effective processes in place to assess and monitor the quality of the service provided. The manager and care team managers completed a range of audits including checking people's care records to ensure that they contained the information necessary for staff to provide safe and effective care. They also completed health and safety checks to ensure that the environment was safe for people to live in, and that people's medicines were being managed safely. Where areas of improvement were identified, we saw that action plans had been developed and prompt action had been taken to address these. For example, following completing meal observations on each of the four units, the manager gave written notes to the care team mangers of units where improvements were required to make mealtimes a pleasant experience for people who used the service. The care team managers' monthly reports to the manager included comments from people who used the service, their relatives and professionals, and the results of other audits they would have completed.