

HC-One Beamish Limited

Roseberry Court

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

We inspected Roseberry Court on 13 June 2017. The inspection was unannounced, which meant the staff and provider did not know we would be visiting. The last comprehensive inspection of the service was in May 2015 and we found that the provider was meeting the legal requirements in the areas that we looked at and rated the service as Good. At this inspection we found the service was also Good. We have also carried out two focussed inspections of Roseberry Court in May 2016 and December 2016 when we received information of concern.

Roseberry Court provides care and accommodation to a maximum number of 63 people. Accommodation is provided over three floors. The ground floor of the home can accommodate a maximum number of 18 people who require personal care. The first floor of the home can accommodate a maximum number of 24 people who require personal care. The second floor can accommodate a maximum number of 21 people living with a dementia. Communal lounge and dining facilities are available within each unit. There is an enclosed garden/patio area for people to use. At the time of our inspection there were 61 people who used the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have a 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 was not present on the day of our inspection, however we spoke with them after our inspection visit.

The registered manager and staff displayed clear enthusiasm to make a positive difference to people's lives. Activities were stimulating, outings and events were well thought through, varied and in plentiful supply. There was a 'Three wishes campaign'. People who used the service were asked to write down things they wanted to accomplish over the coming year. Staff then worked hard to make sure at least one of their wishes came true. People who used the service told us this had happened and their wishes had been granted. There were meaningful activities for people living with a dementia and thought had been given to the layout of Grace Unit to ensure it enhanced the life of people living with a dementia. Themed areas had been created in corridors which encouraged people to stop, look and interact with the surroundings and others.

People were protected by the services approach to safeguarding and whistle blowing. People told us they felt safe and could tell staff if they were unhappy. Staff were aware of safeguarding procedures, could describe what they would do if they thought somebody was being mistreated and said that management acted appropriately to any concerns brought to their attention.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. This enabled staff to have the guidance they needed to help people to remain safe. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety was maintained.

Medicines were managed safely with an effective system in place. Staff competencies, around administering medication, were regularly checked.

There were sufficient staff on duty to meet the needs of people who used the service. There was a system in place to ensure that staff recruited had the appropriate skills and experience and were of good character.

Staff had been trained and had the skills and knowledge to provide support to the people they cared for. Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards which meant they were working within the law to support people who may lack capacity to make their own decisions.

People were provided with a choice of healthy food and drinks, which helped to ensure that their nutritional needs were met. People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks.

Care plans detailed people's needs and preferences and were reviewed on a regular basis to ensure they contained up to date information that was meeting people's care needs.

The provider had a system in place for responding to people's concerns and complaints. People told us they knew how to complain and felt confident that staff would respond and take action to support them.

Staff told us they enjoyed working at the service and felt supported by the registered manager. Quality assurance processes were in place and regularly carried out by the registered manager and provider, to monitor and improve the quality of the service.

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 remains safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Outstanding ☆

The service was very responsive.

People consistently received person centred care. People who used the service and relatives were involved in decisions about their care and support needs.

People were provided with numerous opportunities to take part in a varied range of stimulating activities of their choice inside and outside the service. Careful thought had been given by the manager and staff to enhance the life of those people living with a dementia.

People did not raise any concerns. The provider had a system in place in which complaints could be made.

Is the service well-led?

Good ●

The service remains well led.

Roseberry Court

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 checked 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 comprehensive inspection took place on 13 June 2017 and was unannounced, which meant the staff and provider did not know we would be visiting.

The inspection was carried out by one adult social care 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 we reviewed all the information we held about the service, which included notifications submitted to the Care Quality Commission by the provider. Notifications are reports of changes, events or incidents the provider is legally obliged to send us within required timescales. We contacted the local authority commissioning team and the safeguarding team at the local authority to gain their views.

The provider had completed a provider information return. 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 used this information to help plan for the inspection.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spent time observing staff interactions with people throughout the inspection.

During the inspection we reviewed a range of records. This included four people's care records including care planning documentation and medicines records. We also looked at four staff files, including recruitment, supervision, appraisal and training records, records relating to the management of the service and a wide variety of policies and procedures.

We spoke with the assistant manager, acting senior lead, the area director, a senior care assistant, the activity co-ordinator and two care assistants. We spoke with 13 people who used the service and seven relatives. We also spoke with a visiting professional. After the inspection visit we spoke with the manager on the telephone.

Is the service safe?

Our findings

We asked people if they felt safe. One person told us, "Perfectly, well the staff of course, they'll do anything for you." Another person said, "The staff in here make you feel safe. They [staff] are always asking you if you are alright." A relative said, "[Person who used the service] is constantly having people coming to see her." Another relative said, "Yes we think [person who used the service] is safe, at the home [person who used the service] couldn't manage the stairs and it's all on the same level, there's no stairs here." A professional we spoke with said, "Yes definitely in terms of the carers there's a lot of involvement and it's a closed environment, they have security and for the residents with dementia there is normality and routine as the floors are similar. If anyone is moved to another floor they do try to keep them in the same layout."

Policies and procedures for safeguarding and whistleblowing were accessible and provided staff with guidance on how to report concerns. Staff had an understanding of the policies and how to follow them. Staff were confident the manager would respond to any concerns raised.

Recruitment procedures were thorough and all necessary checks were made before new staff commenced employment. For example, disclosure and barring service checks. These were carried out before potential staff were employed to confirm whether applicants had a criminal record and were barred from working with people. We asked people if staff were available when they needed them. One person said, "Yes they're [staff] good they come round all the time and take you to the toilet if you want. It's a lovely home I have no complaints at all." A relative we spoke with said, "Yes there seems to be, there's usually someone available to talk to."

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments had been personalised to each individual and covered areas such as falls, moving and handling, nutrition and the use of equipment. This enabled staff to have the guidance they needed to help people to keep safe. We observed that a toaster and a hot water dispenser were in the dining areas on all units. We raised concern that people living with a dementia may come to harm with these items. Management told us that they would take immediate action to ensure the toasters were removed after use and stored within a cupboard. The hot water dispenser was locked (by way of pressing a button). Management told us this had been in use for many months and had not posed a risk to people, however they would look to continually risk assess this.

The provider had systems and processes in place for the safe management of medicines. Staff were trained and had their competency to administer medicines checked on a regular basis. Medicine administration records were completed correctly with no gaps or anomalies. We asked what information was available to support staff when handling medicines to be given 'as required'. We saw that written guidance was kept to help make sure they were given appropriately and in a consistent way.

Arrangements were in place for the safe and secure storage of people's medicines. Medicine storage was neat and tidy which made it easy to find people's medicines. The room temperature in which medicines were stored was monitored daily to ensure the potency of medicines were kept. Staff carried out regular

checks and audits on medicine stocks, which enabled staff to rectify any errors immediately. We checked medicine stocks and they tallied with records. This showed that medicines were well managed for people.

We looked at records, which confirmed that checks of the building and equipment were carried out to ensure health and safety. Water temperature of baths, showers and hand wash basins were taken and recorded on a regular basis to make sure they were within safe limits. We noted some temperatures to be slightly higher than they should be. This was pointed out to the assistant manager who took immediate action to address this. We saw documentation and certificates to show that relevant checks had been carried out on the gas safety, fire extinguishers and the fire alarm. We saw certificates to confirm that portable appliance testing (PAT) had been undertaken and was up to date. PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use. This showed that the provider had developed appropriate maintenance systems to protect people who used the service against the risks of unsafe or unsuitable premises and equipment.

Is the service effective?

Our findings

We spoke with people who used the service who told us that staff provided a good quality of care. One person said, "Everything I need is right here. The staff are very good." Another person said, "I get all the care and help I need."

Staff received regular one to one supervision from their line managers to discuss their work role. Notes of supervision meetings showed discussions about people, health and safety and matters relating to the running of the service. Training needs were discussed at these meetings. Appraisals were conducted annually where staff received feedback on their work performance which covered their achievements in relation to supporting people and developing the service. Staff told us they felt well supported. One staff member said, "There's enough support I would say probably supervised once or twice a month. We have a group meeting once per month but if we ever need to see the manager the door is always open." Another staff member said, "I can go to management anytime and don't feel it's a burden to ask them. I can go to them anytime they're there to help and advise."

Records showed care staff had received the training they needed to meet the needs of the people using the service. This training included, safeguarding, first aid, infection control, moving and handling, health and safety, medicines management and fire training. Staff told us they had enough training to enable them to support people and meet their needs. One staff member said, "Training is continuous we use training tool called 'Touch'. Some [training] are yearly and others are to do as and when. I did moving and handling last week and if the training is in house we get a staff notice and are given plenty of time. I'm doing NVQ Level 5." Another staff member said, "Our training is great."

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).

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. At the time of the inspection 22 people were subject to DoLS authorisations with a further four awaiting authorisation. People subject to DoLS had this clearly recorded in their care records and the service maintained a good audit of people subject to a DoLS so they knew when they were due to expire.

We looked at the menu plan, which provided a varied selection of meals. There were two choices available at each meal time; in addition there were also other alternatives such as a sandwich, soup, jacket potato or salad. Portion sizes varied depending on the individual person. At lunch time staff supported people discretely and in a very caring way. Staff provided help to maintain people's independence where needed.

Food was well presented and looked very appetising. Several people chose to have trays in their rooms. We asked people if they enjoyed the food that was provided. One person said, "You can't fault the food, yes you get a choice, never had to ask for an alternative I always enjoy it. It's a perfect place I've been in a couple of other places and they don't come up to this standard." A healthcare professional we spoke with said, "We have input with dietary requirements especially [for people with] dementia, the kitchen will do fortified or pureed meals and the staff do support."

Kitchen staff used a product which enabled pureed food to be fortified, given texture and moulded to resemble the original shapes, such as meat and vegetables. This food was prepared for people who had difficulty with swallowing. The food could then be eaten with a knife and fork. This meant people's dignity was maintained as they could eat pureed food with a knife and fork despite having special dietary needs.

Staff used another product (a powder) that could be added to a variety of drinks and, using an air pump, created bubbles/foam. This provided a refreshing alternative to oral care swabs which were used when people received end of life care.

We saw records to confirm that nutritional screening had taken place for people who used the service to identify if they were malnourished or at risk of malnutrition. Discussion with staff and examination of records informed us that when people had lost weight they had been referred to the dietician.

We looked at the dementia care unit ('Grace Unit') and saw that careful thought and effort had gone into creating a dementia friendly environment. Interior designers used Stirling University philosophy to create a calm but stimulating environment. The 'Grace Unit' had been set up to provide a smaller number of themed areas to improve the environment and quality of care for people living with a dementia. The themed areas consisted of a beach area in which there were sounds of water and waves. There was also a housekeeping area with memorabilia.

We saw records to confirm that people had visited or had received visits from the dentist, optician, chiropodist and their doctor. Staff said that they had excellent links with the doctors and community nursing service. Visits from professionals were recorded in care records and detailed outcomes of these visits. If people who used the service needed to attend hospital for any reason then family or relatives were asked to accompany them. If this was not possible, and the appointment was a pre-planned appointment there was an additional charge made for the staff member to accompany the person. If this was an emergency appointment then a staff member would accompany the person without charge. A relative said, "The nurse and doctor do come in, it's mainly the nurse from the surgery and [person who used the service] has just had the optician in and if anything goes wrong with [person's] wheelchair they get someone in to look at it. [Person] only been here since Christmas and has [their] own chiropodist who comes in and I pay the home.

Is the service caring?

Our findings

It was clear from our observations that people had developed positive relationships with staff and were treated with kindness and compassion. One person said, "The staff are so very kind. If I need anything I only have to ask." A relative said, "The carers here are superb. They are involved, skilled, gentle, kind and caring. [Name of person who used the service] connects with them [staff] and staff connect with [person]."

People and their relatives described how staff supported them in a caring and inclusive way. People's friends and family were encouraged to visit; relatives were very complimentary about the welcome they received from staff when they visited their family member. One relative said, "I am made to feel so welcome. They look after me as much as they do [person who used the service]. I am told to have a day off and relax."

We observed staff showed kindness; they were attentive and spoke gently to people. Staff took every opportunity to interact with people. We saw staff smiled and chatted with people in a meaningful and caring way. Staff who were not directly involved in people's care also spent time with people and were interested in their wellbeing. We saw people smiling and they looked relaxed. There was a calm and friendly atmosphere.

People's needs were met in a caring way and staff promoted people's independence. For example, we saw a member of staff support a person to walk independently with their walking aid. The staff member was patient and provided encouragement and praise. On another occasion staff prompted people to drink their tea and eat their snack. People who used the service told us staff promoted their independence. One person said, "They encourage me to do things for myself all the time." A relative said, "They [staff] do try to encourage [person] to walk and [person] does have a walker and on a good day [person] can toddle to [their] room which is right next to the lounge but if it's to the dining room then they [staff] will use a wheelchair."

We spent time with people who were living with a dementia. On occasions we saw that people became upset or frustrated and staff were very quick to reassure people and provide support. On one occasion a staff member spoke gently and touched the hand of a person who used the service when they became upset. We saw that this brought comfort to the person. We saw that staff were appropriately affectionate, tactile and provided reassuring hugs when people needed reassurance, and ensured that professional boundaries were maintained. There were many occasions during the day where we saw staff and people who used the service engaged in conversation, general banter and laughter. On one occasion staff were supporting a person to move from their chair to a wheelchair and we heard staff joking and laughing with the person. The person clearly enjoyed the jokes as they smiled at staff. The relative of this person was with them and said to us, "I am glad [person who used the service] is here. Last year my life was full of worry but it isn't anymore. I have never seen [person who used the service] laugh so much. [Person who used the service] has found their sense of humour again and can be cheeky and the staff understand that."

We saw staff speak with people in a friendly and courteous manner and saw staff were discreet when speaking to people about their personal care. This showed us that that people were treated with dignity

and respect and this promoted their well-being. A relative we spoke with said, "[Staff] make sure [person's] co-ordinated with clothes and [person] has [their] hair done every week. They seem to care about [person's] presentation."

We looked at care plans to see how people had been involved in decisions about their care. Examination of records confirmed that people were involved in making decisions about their care and treatment on an ongoing basis. People's lifestyle and personal choices were respected by the service; ensuring people were supported to continue their preferred way of living.

It was clear staff knew people's care needs well. Staff were able to give a detailed history of people who used the service, including likes, dislikes and the best way to approach and support the person. It was clear, from the interactions between staff and people who used the service that positive relationships had been built.

Staff encouraged people to make choices such as what they wanted to wear, eat, drink and how people wanted to spend their day. We saw that people made such choices during the inspection day. Staff told us how they encouraged independence on a daily basis.

Is the service responsive?

Our findings

People told us they were involved in a plentiful supply of activities and outings. People said, "I go out once a week on the [homes] bus, they ask you where you want to go. We went to Peterlee to the new home [another home in the organisation] and they put dinner on for us and we had a game of bingo, yes it was nice. We have bingo every Wednesday afternoon and they take you over to the church if you want to go." A relative said, "[Person who used the service] is not really that interested in the activities but likes the singers, but there is activities going on, just in [person's] nature not to get involved." A professional we spoke with said, "Yes they tend to alternate between the floors and those that don't come down would still get the opportunity, they also have group exercises. There's a few things coming up i.e. fairs and this gives the public an opportunity to see what's going on within their community."

The service employed an activity co-ordinator to plan activities and outings for people who used the service. We spoke with the activity co-ordinator who was clearly very passionate about their role and ensuring people were provided with meaningful activities. They told us how they were trained in the HEARTS process, which is a combination of therapeutic approaches that aim to enhance people's relaxation, peace and well-being. They told us how they spent time with many people who used the service providing gentle touch and massage to the hands of people who used the service with the aim of providing peace and calm. Some people who used the service were unable to provide feedback on their experience of this relaxation therapy so the activity co-ordinator kept a written record of their body language as confirmation that they enjoyed this. We saw records to confirm that a relative had praised this process. They wrote, '[Person who used the service] was waiting for [their] morphine but due to the HEARTS treatment they did not need it. [Person who used the service] slept for two hours and woke in a refreshed and pain free state.'

Lots of thought went into the activities on offer to make sure they met people's needs and motivated their interests and used their skills. This included the activities co-ordinator and staff getting to know people's likes when they first moved into the service. There was a full calendar of stimulating events in each of the units so people and relatives could see the activities taking place. Activities included music therapy, sing a longs, board games, news reviews, arts and crafts, gentle exercises, bingo and quizzes and trips out into the community. The activity co-ordinator told us how they spent time on a one to one basis with those people who were less able or who did not want to join in group activities

The activity co-ordinator told us about 'Twiddlemuffs', which were knitted woollen muffs with items such as ribbons, large buttons or textured fabrics attached that people living with a dementia can twiddle in their hands. People living with a dementia often have restless hands and like something to keep them occupied. We saw how people were occupied and content in exploring the 'Twiddlemuffs'. The activity co-ordinator told us people who used the service living with a dementia liked to reminisce.

We spent time on the 'Grace Unit'. Grace is the name chosen to represent the philosophy of caring for people living with dementia. The manager explained the thinking behind this; (Graciousness, Respect, Acceptance, Communication and Empowerment). The unit had been set up with a number of themed areas that enhanced the quality of life for people living with a dementia.

The Home had a mobile 'Tuck shop' which people regularly used. Staff assisted people to choose individual snacks and treats of their choice.

The manager and activities co-ordinator told us how the community was extremely important to them. Children from the local primary school visited the service every Monday to spend time speaking with people and taking part in activities. The manager and activity co-ordinator have made links with the manager of another care home nearby. They had invited people from the other care home to take part in activities and events at the service. They told us how people who used the other service were coming to celebrate Care Home Open Day at Roseberry Court.

Staff told us about the 'Three Wishes Campaign'. People using the service were asked to write down three things they would like to achieve over a year. Staff then worked hard to make sure at least one if not all of the wishes comes true. One person had expressed a wish to go to a local park in Redcar. Their relative told us, "[Person who used the service] wanted to go to Lock Park in Redcar and feed the ducks and they arranged it, gave us some bread and the camera, I think it's a good idea." Another person joked as they told us their wish had been to win the lottery or go back to a new home in the organisation where they had previously been for an afternoon out. They said, "I asked to win the lottery, I also asked to go back to Peterlee again and yes it pleased me that I was able to do something I'd asked about." Another person had expressed a wish to go out for tea with their family and staff had arranged this for them.

We were shown a letter dated January 2017 that had been sent to the manager. This letter was from the Mayor of Redcar and Cleveland who was writing to thank the staff for their kind hospitality on their regular visits to the service. They mention that the activity co-ordinator had invited them on many occasions to support events. The letter also said, 'Roseberry Court is clearly a very well run home and it always leaves me with a good impression.'

The manager and activity co-ordinator were extremely passionate about ensuring that people were provided with a variety of activities. People who used the service had also benefited from extremely meaningful activities from Forward Assist. Forward Assist is a charity based company that provide assistance, help, and support to veterans of all ages. Over several weeks a writer and a photographer visited the service and met with veterans to trigger memories of war stories. Veterans were provided with the opportunity to recall memories from childhood or military service and photographs were taken. After this the art work was unveiled at a presentation at Roseberry Court. Veterans who participated received their professional photographs with their scripted memories embossed onto the photographs to keep. The unveiling was covered by the media, and the day was spent reminiscing and remembered fallen heroes, with a party in memory of all those who fought for queen and county.

The Forward Assist charity had also supported in the 'Three Wishes Campaign'. One person who used the service who was an avid Formula One fan and was provided with the opportunity to visit Croft Circuit. The person was unable access the super cars, however, had a wonderful time viewing the cars at the circuit. In addition the person had a virtual experience of a spin in a Lamborghini using virtual reality headsets. The person thought this was the like the real thing only more comfortable.

The manager had welcomed embarking on a Cleveland Police dementia friendly initiative. Roseberry Court was registered with Cleveland Police as a "Safe haven" for the Redcar area. This meant that if the police found an elderly person who was lost, disorientated in time, place or person, then they may ask the home to allow them access. This would be on a temporary basis until the elderly person could be reunited with their family and friends. This system was in preference to accommodating people who were lost in a police station. The manager told us how they had successfully supported two people through this initiative.

On a weekly basis numerous people who used the service took part in a chair based activity and exercise programme that was provided by an external fitness and wellbeing company. People told us how they very much enjoyed the exercise.

People were assessed before they came to live at Roseberry Court to determine if the service could meet their needs. The outcomes of these assessments were used to develop individual, detailed plans of care. The care plans included people's personal preferences, likes and dislikes. Care plans described the individual care and support the person needed. People also had an advanced care plan for any future preferences. This care plan for one person provided detailed information to staff for preferences in the event of death such as their religious beliefs and funeral requests. This provided staff with information they needed to ensure people's needs and requests were met. We saw that care plans were reviewed monthly along with the necessary risk assessments. We saw that staff had updated care plans as people's needs changed.

People and relatives confirmed staff were responsive to their needs. One relative told us, "When something goes wrong they [staff] are very much on the ball. [Person who used the service] has a catheter that is prone to blockage. Staff call the district nurse out immediately. These girls [staff] are ready and watching out." The relative told us how this had positively impacted on the person's wellbeing as in a previous care home this hadn't been spotted and the person was often unwell.

The service had a complaints policy and procedure, details of which were provided to people when they first joined the service. Complaints records showed any form of dissatisfaction was taken seriously. Investigations were completed and responses provided to complainants of the action taken by the service in response to concerns.

Is the service well-led?

Our findings

People who used the service spoke highly of the manager. One person said, "The manager is ever so nice." A relative said, "The leadership is very good. [Name of manager] mucks in and is a very, very caring woman." The same relative said, "[Name of manager] went around cuddling everyone [people who used the service] before they went on holiday, and this was on a Sunday on their day off. It's impressive when management are like that."

Staff spoke highly of the manager. One staff member said, "[Name of manager] has got an excellent rapport with the residents, staff and families." Another staff member said, "I think the manager is great and very supportive. The home is well run and calm. Residents are happy and well cared for. The atmosphere is great."

Staff told us that the manager was open to suggestions and feedback and was supportive to them. Staff were clear about the management structure and told us they had the leadership and direction they needed to be effective in their roles. The manager regularly held meetings with the staff team to discuss issues regarding people and any concerns. Staff told us that they were able to discuss matters freely and as a team they found solutions together. All the staff we spoke with demonstrated they understood their roles and responsibilities. They talked enthusiastically about their roles in ensuring people were well supported to improve their health, and well-being.

The provider had a Kindness in Care Awards programme to recognise kind staff and their efforts and impact they have on the lives of people who used the service. The manager told us after the inspection they had received this award in July 2017.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. Monitoring of the service was good. The manager completed a wide range of audits to maintain people's safety and welfare at the service. These looked at quality in areas of the service such as infection control, housekeeping, medicines, care records, the environment and health and safety. Any areas identified as needing improvement during the auditing process were analysed and incorporated into a detailed action plan. A detailed report was frequently produced in relation to quality. We saw there was a culture of continuous learning and improvement.

Satisfaction surveys were used to gather feedback from people and their relatives on an annual basis. The results of this survey and action taken were thoughtfully displayed on a large window so people and relatives could see the outcome.

Records showed the area director visited the service regularly to talk to staff and people who used the service and check on the quality of service provided. An action plan was developed for any areas identifying improvement.

Records were available to confirm the manager made unannounced visits to the service at weekends and out of hours to speak with relatives, check on staff and monitor the quality of care and service provided.

Meetings for people who used the service had also taken place. These were used to discuss menu choices, activities, upkeep of the home and to ask people if they had any concerns or complaints and any suggestions they had for improvement at the service. We sat in on a meeting that had been planned on the day of the inspection. Discussion took place about new staff members, the fire procedure drill, safeguarding and safety, housekeeping, meals and activities and outings. We saw that people were encouraged and supported to share their views.

We looked at the culture of the service, including if it was open, transparent and accountable. Throughout the inspection staff were open and cooperative, answering questions and providing the information and documents that we asked for.

The manager understood their role and responsibilities, and was able to describe the notifications they were required to make to the Commission and these had been received where needed.