Bymead House Limited

# Bymead House

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

The inspection took place on Monday 29 February 2016 and Tuesday 1 March 2016 and was unannounced. The inspection was carried out by a single inspector on both days.

Bymead house is a residential and nursing home situated in Charmouth. It is registered to provide care for up to 30 people and had no vacancies at the time of inspection. The home is a detached property with rooms set out over two floors accessed by stairs or a passenger lift. There are lounge and dining areas on each floor of the home and a rear garden which is fully accessible. 27 of the bedrooms have an ensuite bathroom and all have call bells.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

Medicines were stored safely at the home. Medicines were given appropriately according to the MAR (Medicine Administration Records). The MAR correlated with the medicines held at the home.

We looked at the creams which people used at the home. Each cream had a chart with written instructions and a body map indicating the area where the cream should be applied. We looked at creams for three people and found that in two cases, people had additional prescription creams in their rooms which they were no longer using. These should have been disposed of and we told the registered manager about this who immediately removed them. We spoke with staff who were able to tell us what creams were required and the charts in peoples rooms correlated with which creams should be used. We recommended that the creams for all people at the home should be reviewed to ensure that old stock was disposed of.

Staff were aware of how to keep people safe and had undertaken safeguarding training, they were able to explain the signs of abuse and knew how to report any safeguarding concerns

Although some of the staff and people we spoke to didn't feel that there were enough staff, people's care and support needs were met. We spoke with the registered manager about staffing and they explained that they use ratios to plan staffing and discuss with staff how to best use them to meet the needs of the people.

We saw evidence of group supervisions from January and February 2016 and the written documentation from these. We saw that each member of staff had scheduled individual supervision bi-monthly and we also saw evidence that the Registered Nurses(RN) had discussed and agreed a plan for managing these for other staff. The registered manager told us that they were in the process of rolling out the individual supervision plan.

The service was effective. Staff had detailed knowledge about the people they were supporting. We spoke to

people about the support they received from staff and one told us that staff "support in the way I want". Another said "If there is something you really wanted, they would get it for you".

Staff told us that they communicate well and used staff meetings and staff handovers to discuss how to support people. A staff member said "we bring things we want to discuss and set an agenda beforehand". Another told us that if staff are unable to attend, they "have input via a paper note and the issues are discussed".

Staff were aware of the MCA and had received training. They were able to explain how they supported people with decision making. For example, one staff member told us that if a person "was confused or unable to make a decision, I would give space and reapproach" they also told us that they would tell the registered nurse(RN) in case the confusion evidenced a change to their health.

People, staff and visitors all told us that the food was good. One person said that the "catering is excellent", another said that the "food is very nice, no problems at all". Visitors also told us that the "food is good, offered choices". Another said that their relative "loves the food, (it is) one of the best things about here". Visitors said that they were invited to have meals, one told us "meals are good, I've stayed for two meals", another told us that they had been in for lunch recently.

People and visitors told us that the service was caring. One person said "they're ever so kind aren't they" and another told us "I'm comfortable, well fed and looked after". A visitor told us they were "always pleased how happy and cheery the staff are and (there is) a nice atmosphere". Another visitor said that people were "well cared for, staff are nice, approachable and helpful".

We looked at the resident's information and found that advocacy services were explained. However people and staff were not aware about advocacy services. We told the registered manager about this and they told us that they would make sure people, visitors and staff were aware about advocacy and how to refer.

We observed that staff treated people with dignity and respect. We saw one staff member knock on a person's door and ask whether they were "ready for your wash?", when the person confirmed that they were, the staff member then closed the door. The service had a system in place to indicate if people were receiving personal care and staff we spoke to were clear about how to use this and also told us about the different ways in which they supported people's privacy and dignity.

Staff knew the individual needs of people they were supporting. They were able to tell us the preferences and dislikes of people and these were reflected in the care records. People's care records were written in a person centred way and promoted independence. For example. one record said "encourage me to maintain some of my independence such as washing my face and hands".

People could visit when they wanted. One person told us that there were "open visiting times and (visitors) come in whenever". Another said that they didn't "have to ask if people can visit, they just come in". Visitors said that "we wander in and out as if it's your own home". We observed that visitors arrived at various times throughout the inspection and some chose to stay to share a meal with their relative.

There was an activities co-ordinator and a monthly activities plan with different options every morning and afternoon. Activities included hand massage, art and reminiscence as well as regular trips out. One person told us "anything, I will join in, no problem". Another person said that they enjoyed "going on trips" in the minibus owned by the service. There were a range of different social opportunities available and people were encouraged to be involved.

People told us that the service was well led. One person said that the "registered manager is a nice person, I would talk to them if I had any problems". Another person told us that the "registered manager comes in (to each bedroom) each morning and checks on us". One visitor said that the "management is brilliant, lovely to the people and on the ball. They are straight and firm" and another said that the "registered manager is wonderful".

Staff spoke highly about their management team. One staff member said that they had "always found them to be completely approachable". Another said that the "registered manager checks in every morning and the focus is all about the care". Another told us the registered manager "does a good job of keeping everyone happy. Very approachable and has an open door policy".

The registered manager had monthly audits in place which covered areas including maintenance, health and safety, medication and care plans.  Information from these audits was used to inform changes to the service. For example, one audit highlighted the need to update the nursing documentation to reflect the fundamental standards. The service had commissioned an outside company to provide a quality assurance audit and again, had used this information to inform change.

## 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

Medicines were stored and administered safely, however topical creams in people's rooms were not removed once they were no longer in use.

Staff had completed training in safeguarding and were aware of their role in safeguarding people.

People felt safe and were supported by staff that had a clear understanding of the risks for each person, and their role in reducing these.

There were sufficient staff to meet the needs of people living at the home.

### Is the service effective?

Good

Staff had received sufficient training, but had not received regular formal supervision in 2015. However regular group supervisions had been held in 2016 and there were clear, structured plans for individual supervision to commence immediately.

People were offered choices about their care and treatment and staff sought consent in line with the principles of MCA.

DoLS had been applied for people who needed their liberty to be restricted to live safely in the home.

People were supported to maintain a balanced diet and were offered choices and about what they wanted to eat and drink.

People had prompt access to health professionals when needed.

### Is the service caring?

Good

The service was caring, staff treated people with dignity and compassion and maintained their privacy.

People and staff were not aware of advocacy services or how to refer.

People were encouraged to be independent and were offered choices about their care and treatment

Care records were kept confidentially.

## Is the service responsive?

Good

People and their relatives were involved in care planning and staff knew the people they were caring for and their preferences.

Feedback was encouraged and the information used to further develop the service.

People, relatives and staff told us that there was a good range of activities at the home.

People and relatives knew how to complain and were confident to do so.

## Is the service well-led?

Good

The service was well led. People, visitors and staff had confidence in the management of the home and spoke highly about the management team.

Staff felt supported in their role and were encouraged to express their views and ideas.

The service had clear, regular audits in place and evidenced how these were used to drive quality and best practice.

# Bymead House

**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 Monday 29 February 2016 and Tuesday 1 March 2016 and was unannounced. The inspection was carried out by a single inspector on both days.

Before the inspection we reviewed all the information we held about the service and notifications the service had sent us. The provider had not completed a Provider Information Return(PIR) because we had not requested that they do so. A PIR is a form that asks the provider to give some key information about the service, what the provider does well and what improvements they plan to make. We gathered this information during the inspection. We also contacted health care professionals from the local authority quality improvement team, and the Clinical Commissioning Group (CCG) who were involved in the care of people living at the home to obtain their views on the service.

During the inspection we spoke with four people using the service, three visiting relatives and two health professionals. We spoke with four members of staff, the registered manager and the responsible individual. We used the Short Observational Framework for Inspection(SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We looked around the home and observed care practices throughout the inspection. We reviewed five peoples care records and the care they received. We looked at the files of three staff members working at the home, and reviewed records relating to the running of the service. These included quality audits, policies, medication records, health and safety records and minutes of staff and residents meetings. We also looked at recruitment, training and supervision of staff.

Good

# Is the service safe?

## Our findings

Medicines were stored safely at the home. Medicines were given appropriately according to the MAR (Medicine Administration Records). The MAR correlated with the medicines held at the home. One told us that their "medicines are always on time" and that staff "always ask if I want painkillers". Another said that medicines were "on time, if they run out, I get a new one".

People's creams were recorded on  a chart with written instructions and a body map indicating the area where the cream should be applied. We looked at creams for three people and found that in two cases, people had additional prescription creams in their rooms which they were no longer using. These should have been disposed of and we told the registered manager about this who immediately removed them. We spoke with staff who were able to tell us what creams were required and the charts in peoples rooms correlated with which creams should be used. The registered manager told us they would review people's creams to ensure that old stock was disposed of. The registered manager told us that the creams and the medicines would be reviewed monthly.

We looked at medication audits and found that Controlled Drugs(CD's) were audited weekly and medicines monthly. Medicines  audits highlighted any errors, and actions planned and completed following these. For example, a GP was recorded incorrectly, action was set for the pharmacy to be informed and the date was added to evidence that this had been completed. The CD audit covered safe storage, stock and that two signatures were evidenced. Again, any errors were clearly highlighted, actions added and dated once completed.  .

People told us that they felt safe at the service.  One person said "I'm comfortable, well fed and looked after" another said "I never have to worry". Staff supported people to remain safe. For example we observed a member of staff supporting someone to have a drink in bed. They said "Shall I support you to sit up a bit because you are coughing".

Visitors said that they felt the service was safe. One told us "They don't ever rush them, they let them take the lead, not pressurised or rushed unsafely".  Another told us that the person living at the home "would tell me if the care wasn't good".

Staff were aware of how to keep people safe and had undertaken safeguarding training, they were able to explain the signs of abuse and knew how to report any safeguarding concerns.  One staff member explained how they had used this training in practice and another told us that the training had increased their understanding about types of abuse. We looked at the training matrix which confirmed that staff had undertaken training in safeguarding.

Staff understood people's risks and were able to explain their role in reducing these risks. For example one staff member told us that they used their handover to ensure that if a person was feeling unwell or unsteady, this information was shared with colleagues. Another told us about the risks of one person falling.  This risk had been identified and reduced by staff providing close supervision when mobilising and alerting the

registered nurse(RN) promptly if the person was unsettled. Visitors also told us that staff managed risks. One said that their relative was at "risk of falls, they supervise them everywhere" they also told us that this was "such a relief to me, I can't tell you".

We spoke with staff about the equipment at the home. They told us that there was enough equipment to meet people's needs. One person said that "there are moving and handling plans in each person's bedroom". We observed that there were plans in people's rooms. One staff member also told us that some new equipment and replacement equipment was required for one person, and that this had been provided promptly.

The registered manager told us that the call bell system was being updated during our inspection. They explained that the new system would enable audits to be completed and that the call bells would be wireless, which meant that people would be able to access a bell in any part of the home in an emergency.

Staff told us that there were not always enough staff to support people. One said that shifts were "very busy, harder in the mornings, staff are very rushed". Another told us that could "be a struggle in the mornings". However staff did explain that they do talk about staffing and "ways of doing things better". Another member of staff said that the staff worked "efficiently and well".

Most people told us that they felt that there were enough staff to support their needs. A person said that there was "always someone around if you need them" and another told us that the staff were "very good, very polite and so good. There are enough of them". However one person said that it was "a shame that there isn't more time for the staff to spend with the residents".

Although some of the staff and people we spoke to didn't feel that there were enough staff, people's care and support needs were met. We spoke with the registered manager about staffing and they explained that they use ratios to plan staffing and discuss with staff how to best use them to meet the needs of the people. For example the registered manager explained that staff had said that one part of the home was busier and this was taken on board and more staff used to support this area.

One staff member told us that they were "developing staff handovers more to talk about deployment of staff". The registered manager also explained that the service have separate admin staff, housekeeping, kitchen staff and an activities co-ordinator. They also had a maintenance person who was present during the inspection carrying out various jobs including fixing a curtain pole in one person's room.

We looked at three recruitment records for the service and found that references and pre-employment checks had been completed.

Good

# Is the service effective?

## Our findings

The service was effective. Staff had detailed knowledge about the people they were supporting. We spoke with people about the support they received from staff and one told us that staff "support in the way I want". Another said "If there is something you really wanted, they would get it for you". Visitors also told us that "they would speak to them first, and then come to me with any questions". Another visitor said "Staff know them and ask them what they want, they are very adaptable".

Staff at the service had not been receiving regular formal supervision. We spoke with staff about supervision and one told us that they had "face to face supervision every six months". Other staff told us that they had "no regular 1:1 currently" , we "ask the registered manager if we need to talk about anything confidential. We have group supervisions". We looked at the supervision matrix for 2015 and saw that only some staff had received formal supervision once during the year.

We asked the registered manager about supervision who told us that they do "lots informally but not documented" and that they offer 1:1 when they need to bring something up. The registered manager went on to explain that in 2016, they have introduced more regular, structured group supervision and developed an individual supervision rota for staff. We saw evidence of group supervisions from January and February 2016 and the written documentation from these. We saw that each member of staff had scheduled individual supervision bi-monthly and we also saw evidence that the Registered Nurses(RN) had discussed and agreed a plan for managing these for other staff. The registered manager told us that they were in the process of rolling out the individual supervision plan and that a training session in managing supervision had been organised later that month.

Staff told us that they communicate well and used staff meetings and staff handovers to discuss how to support people. A staff member said "we bring things we want to discuss and set an agenda beforehand". Another told us that if staff are unable to attend, they "have input via a paper note and the issues are discussed". We looked at the minutes from staff meetings and saw that areas were discussed including ideas about training, activities, fluid charts and relatives comments. Staff told us that handovers were done verbally twice daily and helped the staff to communicate well.

The registered manager told us that they have links with another home locally and with an external trainer. They also evidenced that they used a range of other local meetings and contacts for guidance in best practice.

We looked at training at the service and saw that staff received training in a range of topics including Fire Safety, Moving and Handling, Infection Control and Safeguarding. Staff received medication training from an external company and The Registered Nurses(RN's) received face to face clinical training and online training around medication. The registered manager told us that they were currently developing competency assessment documents for the RN's.

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.

Staff were aware of the MCA and had received training. They were able to explain how they supported people with decision making. For example, one staff member told us that if a person "was confused or unable to make a decision, I would give space and reapproach" they also told us that they would tell the registered nurse(RN) in case the confusion evidenced a change to their health. People's capacity to make decisions was assessed. Where people had given legal power to another person to make decision on their behalf, we saw copies of these legal documents on file. One visitor told us that when the use of bed rails was being considered, they were involved in the decision making process.

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 registered manager told us that they had submitted applications for DoLS authorisations to the local authority for assessment, they explained why the applications had been made and this was in line with DoLS .

People, staff and visitors all told us that the food was good. One person said that the "catering is excellent", another said that the "food is very nice, no problems at all". Visitors also told us that the "food is good, offered choices". Another said that their relative "loves the food, (it is) one of the best things about here". Visitors said that they were invited to have meals, one told us "meals are good, I've stayed for two meals", another told us that they had been in for lunch recently.

Staff were able to tell us about the preferences and dislikes of people. They were aware that some people required a soft diet and told us that if meals were soft, the different foods were "separated out, so it looks like a proper meal and is appealing to look at". The chef told us that people had vegetarian options at each meal and several choices of pudding. They also said that if someone didn't like any of the options, they would make other food to order. They were also able to tell us about special dietary requirements of people and food allergies.

We looked at peoples care records and saw that staff were regularly checking people's weights and using the Malnutrition Universal Screening Tool (MUST) to identify people at risk of losing weight.

We observed that most people chose to have their meal in the main dining room at the home. This was a large bright room, and the atmosphere during mealtime was relaxed. Staff encouraged people to make their own choices and offered options at mealtime. For example, staff used a white board to write on the pudding options and went to each person asking for their choice of desert. A staff member told us that they used a board as some people found it easier to see the options and if it was noisy, the visual board also supported people to make choices.

We saw that one person was not feeling well during our inspection and did not want lunch. A member of staff sat with them, asked them what they wanted to do and reassured them. The person chose to go to their room for a lie down and staff later offered to get some food and the person chose what they wanted. Staff were attentive and offered to help people with their meals, for example "shall I cut your meat up?". People were offered a choice of drinks, including alcohol with their meal and we observed that people were engaged, chatting to each other and to the staff.

We looked at how the service involved health professionals when people's needs change. One person told us that if they "want to see the GP, they will send for them straightaway". A visitor said that staff "never sit on it and always ring me and keep me informed, they don't let things drift". We spoke with one health professional who said that the service was prompt and on the phone quickly to make a referral when needed. Another health professional told us that the staff had a "preventative approach" and that there had been "no incidences of calls not being made promptly".

We observed one staff member requesting that observations be carried out for one person, and that the GP be called following this as they reported to not feel well. We followed this up later with another member of staff who told us that the observations had been carried out, and the GP called. This evidenced that staff communicated well and acted promptly to involve health professionals.

Staff were able to tell us which people needed support to turn in bed to reduce the risk of skin damage. Records showed that staff were supporting people as they had told us. Pressure-relieving mattresses were adjusted to the correct weight for the people using them. We also looked at peoples care records and saw that where people had wounds, there were detailed treatment plans and evidence that consideration had been given to referrals to GP and tissue viability nurses.

Good

# Is the service caring?

## Our findings

People and visitors told us that the service was caring. One person said "they're ever so kind aren't they" and another told us "I'm comfortable, well fed and looked after". A visitor told us they were "always pleased how happy and cheery the staff are and (there is) a nice atmosphere". Another visitor said that people were "well cared for, staff are nice, approachable and helpful".

One visitor spoke to us about how they had chosen the service and said "it stood out from other homes because of the staff, very genuine and honest". Health professionals told us that staff "know individuals needs and preferences" and "staff are above average and know the people well".

We observed staff attending patiently to people when they needed support. Staff were respectful in their communication and had a good rapport with people. One member of staff explained how they had supported a person who was extremely anxious when they arrived at the service and how this had reduced the person's anxiety and they were now much more settled. Staff knew the preferences of the people they were supporting. One staff member said that they "know how they like to be approached" and they "adapt to the individual".

People told us that they were involved in choices about their care. For example one person said that they "get up when I want, I'm comfortable". Another said that they had "not asked for anything and been turned down". A visitor told us that staff had informed them that they were going to arrange a review with their relative and invited them to be involved. Another visitor said that they had been involved and been through the care record of the person with staff. The registered manager told us that they had written to relatives asking them to be involved in care planning and reviewing the support for the person.

We looked at the resident's information and found that advocacy services were explained. However people and staff were not aware about advocacy services. We told the registered manager about this and they told us that they would make sure people, visitors and staff were aware about advocacy and how to refer.

We observed that staff treated people with dignity and respect. We saw one staff member knock on a person's door and ask whether they were "ready for your wash?", when the person confirmed that they were, the staff member then closed the door. The service had a system in place to indicate if people were receiving personal care and staff were clear about how to use this and also told us about the different ways in which they supported people's privacy and dignity. A visitor also told us that staff "shut the doors and always knock".

People's information was kept confidentially at the home. Care records were kept in a secure room and we observed that this was kept closed when there was no-one in there. Staff told us that they asked the registered nurses(RN) if they needed access to the records and that the RN's kept the records updated. One said "we don't have codes to access the care plans, the nurses(RN) will give me access".

We spoke to staff about team meetings and saw that they had general staff meetings, but also meetings for

the registered nurses(RN) regularly. One member of staff told us that they used the meetings to "bring situations that have occurred and (discuss) what to learn from them". We looked at minutes from the RN meetings and saw that RN's had discussed several areas including outcomes from resident's questionnaires, the complaints policy and themes around dignity and care planning.

Good

# Is the service responsive?

## Our findings

Staff knew the individual needs of people they were supporting. They were able to tell us the preferences and dislikes of people and these were reflected in the care records. People's care records were written in a person centred way and promoted independence. For example. one record said "encourage me to maintain some of my independence such as washing my face and hands". Records included individual care plans for different areas of a person's life and highlighted what support a person needed, and their preferences for how they wanted to be supported. For example one record said "I would like to choose my own clothing for the day". Another said that a person wanted "privacy when friends visit".

People could visit when they wanted. One person told us that there were "open visiting times and (visitors) come in whenever". Another said that they didn't "have to ask if people can visit, they just come in". Visitors said that "we wander in and out as if it's your own home". We observed that visitors arrived at various times throughout the inspection and some chose to stay to share a meal with their relative. People were asked about where they wanted to see their visitors and some went to their own rooms while others stayed in the communal lounges. One visitor told us that their relative "prefers to be in her room and visitors come and see them". The registered manager explained that they often used a smaller dining room if people wanted a meal in private with their visitor. We observed that visitors stayed for some activities in the home.

There was an activities co-ordinator and a monthly activities plan with different options every morning and afternoon. Activities included hand massage, art and reminiscence as well as regular trips out. One person told us "anything, I will join in, no problem". Another person said that they enjoyed "going on trips" in the minibus owned by the service. There were a range of different social opportunities available and people were encouraged to be involved, one person told us that they were the bingo caller and that one of the staff was supporting them to learn basic computer skills. The home had a hairdressing room and also had manicures on the activity plan. We observed several people having their nails done and engaging with the activities co-ordinator and also observed a 'what's in the papers' session which was well attended by people.

One visitor told us that there was "always something happening, (they have) been on two trips and loved it". Another visitor told us that their relative had "been out recently (in the minibus) to see the snow drops". Staff told us how they supported people to maintain links with the community. They said that the local vicars from different denominations come in to the home regularly and they hold a family service each month. They also told us that the service holds cake sales several times a year. One staff member said that "everyone is invited and all the residents join in and have fun. The money raised from the cake sale goes to the residents and they go out for a nice meal". Another staff member said that there were "different events and they invite the community, relatives and friends". These included garden parties and barbeques which staff told us were advertised to friends, families and the local community.

The registered manager told us that they had an 'in home shop' every week where people could choose and buy items they wanted. They had also introduced cinema evenings following feedback from a residents meeting and had recently started to look at using a chef alternate weekends to come in to make cakes and

hold craft sessions with the residents as feedback had highlighted some people wanted evening activities at the weekends. The registered manager told us that they had asked people whether they preferred a bath or shower and used this information to inform changes to the facilities at the home. They had a new accessible jacuzzi bath and two wet rooms installed to ensure that people's preferences were met.

People felt able to provide feedback about the service. One person told us that they "can raise any concerns at the residents meetings". Another said that if they were worried they would "speak to any member of staff". Visitors told us that they had received a copy of the complaints policy for the service. One said that they were "confident to raise any issues". They also said that they fedback "to the registered manager with any questions, tend to feedback verbally". The registered manager told us that relatives went to them and raised any queries. They said that they "deal with these'(queries) there and then, liaise with the family and provide feedback"

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We looked at the minutes from the residents meetings and saw that relatives were invited and attended. The records showed that new staff were introduced to people, updates and plans were discussed and feedback was invited. For example, someone had asked to have a clock in the lounge area. The next residents meeting noted that this had been purchased as requested. We also saw that the home had completed service user questionnaires and completed an audit of this feedback to plan improvements in the service.

Good

# Is the service well-led?

## Our findings

People told us that the service was well led. One person said that the "registered manager is a nice person, I would talk to them if I had any problems". Another person told us that the "registered manager comes in (to each bedroom) each morning and checks on us". One visitor said that the "management is brilliant, lovely to the people and on the ball. They are straight and firm" and another said that the "registered manager is wonderful".

Staff spoke highly about their management team. One staff member said that they had "always found them to be completely approachable". Another said that the "registered manager checks in every morning and the focus is all about the care". Another told us the registered manager "does a good job of keeping everyone happy. Very approachable and has an open door policy".

Staff felt supported in their role. One told us that there was a "no blame culture" and that any mistakes would be used as an opportunity to learn. Another said that they "feel I can speak to the registered manager about anything and they will bring us up on things straight away". Staff also told us that they felt appreciated. One staff member told us that the registered manager "makes a point of thanking staff on duty for their hard work". We were also told this by a second member of staff and another told us that they knew they were doing a good job because of the feedback they received from people and relatives. The registered manager said that they always considered ways of working and asked "are we doing things smartly, are we working efficiently?".

The provider had a whistleblowing policy and staff were able to tell us what whistleblowing meant and told us that they would be confident to use the policy if they needed to. They were also able to tell us where the policy was kept and said that they had been given leaflets with details of who to contact if they had a concern.
Staff told us that management were very good at taking ideas on board and gave us an example of when they had made a suggestion to the registered manager for laundry bins to be individually labelled, this had been discussed, agreed and implemented quickly.

The registered manager had monthly audits in place which covered areas including maintenance, health and safety, medication and care plans. Information from these audits was used to inform changes to the service. For example, one audit highlighted the need to update the nursing documentation to reflect the fundamental standards. The service had commissioned an outside company to provide a quality assurance audit and again, had used this information to inform change.

The registered manager explained that they achieved registration for The Gold Standard Framework(GSF) in March 2015. The GSF is a model that enables good practice to be available to all people nearing the end of their lives, irrespective of diagnosis. The service held GSF meetings bi-monthly and the registered manager told us that the staff were "eager to attend and like being asked their opinions".

We were told by the manager that they were focussed on further developing how they supported people and

said "it's not about how fast we do things, (we want staff) to take time and do it properly, it's about quality". They also told us about plans to increase the competency assessments for staff and that they were developing a prevention and management of falls policy. They told us they had sent questionnaires to professionals to gather their feedback about the service and would use this with the existing questionnaires for people and relatives to further drive the quality and best practice at the service.