

BRIJ Care Limited

Forest Brow Care Home

Inspection report

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Tel: 01730893342

Date of inspection visit:
20 January 2017

Date of publication:
27 February 2017

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

This unannounced inspection took place on 20 January 2017. Forest Brow Care Home provides accommodation and personal care for up to 32 people. On the day of the inspection, 31 people were using the service.

At our previous inspection of October 2013, the service met all the regulations we inspected.

There was a registered manager in post as required. A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

Staff identified and managed risks to people's health and safety. Staff followed guidance in place to manage the risks whilst respecting their rights. The registered manager monitored incidents and accidents and had put plans in place to prevent a recurrence. The lack of proper storage at the service meant that some equipment was not always stored appropriately. This could be unsafe for people with reduced mobility or who were at risk of falls.

People received the support they required with their medicines. Staff knew how to protect people from abuse. The provider used a safe process to recruit suitable staff. There were sufficient numbers of appropriately skilled staff on duty to meet people's needs.

Staff received training and support that enabled them to plan and deliver people's support safely and competently. The registered manager carried out regular supervision and appraisal and took action to address any knowledge and skills gaps.

People gave consent to care and treatment. Staff supported people in line with the principles of the Mental Capacity Act 2005. People's rights were upheld. Staff appropriately supported people whose freedom was authorised to be restricted under the Deprivation of Liberty Safeguards. The registered manager involved people, relatives and healthcare professionals to help people to make decisions that were in their best interest.

People had sufficient food and drink and enjoyed the meals provided at the service. Staff made referrals to healthcare professionals about people's dietary needs and monitored their food and fluid intake as required. People accessed the healthcare services they required for advice, treatment and support.

Staff treated people with dignity and respect and provided their care and support in a caring and compassionate way. Staff knew people well and understood their communication needs.

People took part in activities they enjoyed at the service and in the community. Staff encouraged people to

try new things based on their individual interests, hobbies, preferences and abilities.

Staff assessed and reviewed people's needs regularly and managed their changing needs in a flexible way. Staff had sufficient guidance on how to deliver people's care. People and their relatives, where appropriate were involved in planning for people's care. People received their care and support as planned.

People and their relative's views about the service were sought and acted on. People knew how to make a complaint. The registered manager responded and investigated complaints in line with the provider's procedure.

People, their relatives and staff were positive about the quality of care and support provided at the service. The registered manager used audit systems in place to monitor the quality of the service and addressed shortfalls to develop the service.

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 were protected from the risk of harm. Staff knew how to identify and report any concerns of abuse to keep people safe.

Risks to people's health and well-being were appropriately assessed and managed.

Appropriate recruitment procedures were used to ensure that only suitable staff were employed. There were enough staff to support and keep people safe.

People received the support they required with their medicines. Some medicines were not managed appropriately.

Is the service effective?

Good ●

The service was effective. Staff had the skills and experience needed to provide effective care to people. Staff were supported and had received training and supervision to enable them to undertake their role.

People received support in line with the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People gave consent to care and treatment. Staff supported people to have choice and control of their lives.

People were supported to eat and drink enough and maintain a balanced diet and to access health and social care services when required.

Is the service caring?

Good ●

The service was caring. People's support was delivered in a caring and compassionate manner. Staff knew people well and were kind and sensitive to their needs. People received personalised care.

People had their privacy and dignity respected and maintained. Staff knew people's individual communication methods which enabled them to understand their needs.

Is the service responsive?

Good ●

The service was responsive. People were involved in the planning and review of their care and support needs. Staff assessed people's needs and responded to the changes in their health.

People received care in line with their personal needs, preferences, likes and abilities. People were encouraged and supported by staff to pursue their interests, hobbies and activities.

The registered manager considered people's views about the service. People knew how to make a complaint.

Is the service well-led?

Good ●

The service was well-led. People, their relatives and staff spoke positively about the registered manager and the service. Staff felt well supported and valued at the service.

There were systems in place to assess and monitor the quality of the service and drive improvement where necessary.

The service had close links with the community.

Forest Brow Care Home

Detailed findings

Background to this inspection

We carried out this inspection of Forest Brow Care Home under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. It was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 20 January 2017. The inspection was carried out by two inspectors 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 information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that occurred at the service. Statutory notifications include information about important events which the provider is required to send us by law. The provider completed a Provider Information Return (PIR). This is a form that requires providers to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan the inspection.

During the inspection, we spoke with 15 people who used the service, three relatives and a healthcare professional. We spoke with the registered manager, deputy manager, head of care and 15 members of staff including care staff, activities coordinator and domestic and kitchen staff.

We looked at 15 people's care records and 15 medicines administration records. We viewed 15 records relating to staff including training, supervision, appraisals and duty rotas. We read management records of the service including incident reports, safeguarding concerns, complaints and audits to monitor quality of the service. We checked feedback the service had received from people and their relatives.

We undertook general observations and formal observations of how staff treated and supported people throughout the service. 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.

After the inspection, we received feedback from six relatives and four healthcare professionals.

Is the service safe?

Our findings

Medicines were safely stored and kept securely in a locked room. Although medicines audits were carried out on a monthly basis and records were up to date, we noted that some controlled drugs were not always appropriately recorded and disposed of. For example, one member of staff had recorded in the controlled drugs book medicines which was not in line with the provider's procedure of two signatures for safe management of medicines. Another person's controlled drug had not been administered since October 2015 because they no longer required it for their health condition. However, this medicine had not been disposed of. The issue was raised with the registered manager and a senior member of staff and they took immediate action during our inspection to rectify the issue. The registered manager contacted us after our inspection showing further action taken to ensure the process of managing controlled drugs was thorough.

People were safe from the risk of abuse. Staff knew how to recognise abuse and their responsibility to report any concerns to protect people from harm. One member of staff told us, "I would report any concerns to my manager and would go over their head if I needed to." Staff told us and records confirmed that they had received training in safeguarding adults. Staff understood the provider's safeguarding procedures to keep people safe. The registered manager had made a referral to a local authority safeguarding team to ensure appropriate action was taken to protect a person's safety. The registered manager was the designated lead for safeguarding and provided updates for staff at meetings and at individual supervision sessions.

Staff knew how to whistleblow to help protect people from potential abuse. They felt confident that the registered manager would take appropriate action to protect people. Staff understood the provider's whistleblowing procedure to follow to report their concerns of abuse at the service and to external agencies such as the local authority safeguarding team. One member of staff told us, "I would whistle-blow if necessary to protect people and myself."

The registered manager had taken action to minimise the risk of harm to people. Staff assessed risks to people and had guidance in place on how to support them safely. Care plans identified individual risks to people both within the service and when accessing the community. Risk assessments were carried out on the environment, nutrition and hydration, skin integrity, mobility and falls. Staff understood how to manage the risks whilst promoting people to retain their independence as much as possible. People who were at risk of developing pressure ulcers had these risks assessed and where necessary pressure relieving equipment such as cushions and mattresses were used. Staff carried out regular reviews of risk assessments to ensure support plans were still effective. We saw staff supported a person to eat and drink safely in line with their risk management plan.

People used well maintained equipment. Maintenance staff carried out safety checks of the premises which included gas and electrical safety checks. Equipment for moving and handling of people such as hoists and wheelchairs were maintained regularly to ensure they were safe for use. Repairs of equipment was carried out when necessary which ensured that appliances were fit for purpose and good to use. Staff were competent to use the equipment and had their competency regularly checked or when a new hoist was introduced. We saw equipment such as hoists and wheelchairs stored in corridors and could cause a

potential hazard to people. This could restrict people's movement, cause trips and falls for those with limited mobility or eyesight or those at risk of falls. We spoke to the registered about this and they explained the limited storage available at the service. The registered told us they had put plans in place to ensure staff stored equipment safely and only kept equipment that required immediate near people's rooms.

People were protected from the risk of recurring incidents which could cause them harm. Staff used the systems in place to record incidents and accidents. The registered manager monitored trends and put plans in place to prevent a recurrence. Personal emergency evacuation plans were in place and outlined the level of support people needed during an evacuation from the building. Staff were trained in first aid and fire safety and on how to respond to emergencies at the service. Fire safety tests of equipment, alarms and emergency lighting were carried out and staff attended regular fire drills.

There were suitable numbers of staff on duty to meet people's needs safely. A relative told us, "Staff are always around. In the communal areas people are not left alone." Another said, "There does seem to be enough staff." Staff told us and rotas confirmed that there were enough members of staff on each shift and that absences were covered adequately. One member of staff said, "Staffing is fine. It can be busy but we get everything done." The registered manager said they used a dependency assessment to determine the number of staff required to meet people's needs. During our inspection, we observed staff supported people in a calm and unhurried way.

People received support from staff suitable for their role. Appropriate recruitment procedures were in place for the selection of staff of good character and sufficiently skilled for their role. Relevant checks were carried out that included obtaining two written reference requests, proof of identity, employment history, right to work in the UK and Disclosure and Barring Service (DBS). The DBS checks that applicants are not barred from working with vulnerable people and helps employers to make safer recruitment decisions. Staff and records confirmed they started work at the service after all checks were returned.

Is the service effective?

Our findings

People received effective care and support from staff who were trained for their role. One person told us, "Staff know what they do." Another person said, "Staff are very good at their job." One relative said, "Staff do look after [relative] well. They are committed and very supportive."

Staff were supported to carry out their role effectively. Staff told us and records confirmed new staff had completed a comprehensive induction when they started work at the service. This included being inducted in the values and the ethos of the organisation, completing the provider's mandatory training and reading people's care records. This enabled staff to understand their responsibilities and how to support people. One member of staff told us, "I was assigned to a senior colleague who acted as a mentor and this helped me develop in my role before working on my own." Another member of staff said, "I got to understand how people like to be supported and to build meaningful relationships with them." The registered manager monitored and reviewed staff performance during probation.

Staff had the knowledge and skills to support people effectively. Staff had received appropriate training such as safeguarding adults, health and safety, fire safety, first aid, medicines management and infection control to enable them to meet people's needs. Staff received specialist training in dementia, diabetes, epilepsy and challenging behaviour to enable them to understand people's specific health conditions. Staff explained how they had put this learning into practice to ensure people received appropriate support. The registered manager maintained staff records and ensured they attended training and refresher courses when due.

Staff were supported to undertake their role effectively. Staff had received regular supervision to monitor their performance and improve their practice. One member of staff told us, "We talk about people and their health needs. It's also a chance to discuss my development needs and training opportunities." Supervision records were detailed and highlighted action plans that were followed up to ensure staff had received the support they required. Staff received an annual appraisal of their performance and the registered manager had put a learning plan when they identified training needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the 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 Deprivation of Liberty Safeguards.

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

People gave consent to care and treatment. Staff understood their responsibilities under the MCA and were able to explain to us how they gained people's consent to care and helped them to make choices on a day

to day basis. People told us staff respected their decisions and choices. People's mental capacity were assessed when appropriate. Records showed a person's family and professionals involved in their care were appropriately involved in making decisions in their 'best interest'. This was because the person had shown they were unable to make a certain decision themselves. Each person had been assessed and restrictions to their freedom or choice was monitored. The registered manager had made appropriate applications for DoLS authorisations to the local authority. People subject to DoLS received support in line with conditions of the authorisations.

People were supported to eat and drink enough and maintain a balanced healthy diet. They were happy with the food and drink provided at the service. One person told us, "The food is well prepared and very nice, I enjoy my meals and there is plenty of choice." One relative told us, "The staff give appropriate foods and help [relative] with eating." People were able to choose what food they wanted and a menu planner showed healthy options available to them. Menus were available on each table and displayed on a board in the dining room. Another person said, "The food is good and they always offer something else off the menu when requested." People said they met with staff regularly to discuss the foods they wanted to see on the menu. Records confirmed the discussions with staff and menu plans reflected people's choices and preferences. We observed staff supporting people who were having breakfast and there was a choice of cooked breakfast, cereals, and toast and fruit juices. We saw fresh food prepared in the kitchen. Fruit and drinks were readily available for people at the service.

People received food which met their individual dietary needs. Care plans showed people's dietary and hydration needs and the support they required with their nutrition. Kitchen staff were aware of this and records showed people received food in line with their dietary requirements such as pureed and soft diet and gluten and dairy free meals. One member of staff explained that one person needed support with eating and drinking as they were at risk of choking due to swallowing difficulties. Staff told us and records confirmed the person had been referred to a Speech and Language Therapist (SALT) to assess their needs. The registered manager had ensured staff followed SALT guidelines to ensure they met the person's nutritional specific needs. Staff were able to describe in detail how they supported the person to eat safely. We observed staff sat with the person during meal times and helped cut their food into smaller pieces and encouraged them to eat slowly to promote safe swallowing.

People were supported to access healthcare services they required to maintain their well-being. Each person had a personalised health action plan which staff supported them to follow. Records confirmed referrals made to relevant professionals for advice and guidance including psychiatrists, GPs, opticians, dentists, community mental health nurses, opticians, tissue viability nurses, audiologists and chiropodists. Staff had involved a GP and occupational therapist due to concerns on a person's falls and ensured the person used their mobility aid for support when walking. Each person had a 'hospital passports'. These would be used to provide hospital staff with information they need to know about the person and their health if they were admitted to hospital.

The service worked with other social and healthcare professionals to ensure people received effective care. A healthcare professional told us, "The manager and staff team are proactive. They work well with us to ensure people receive timely checks on their health." Another professional said, "The staff are very receptive and maintain good communications." However, another healthcare professional did feedback and told us they were concerned about the timeliness of their involvement with the service on people's health but emphasised that relations had improved. The registered manager had informed us of the ongoing engagement with some healthcare professionals to ensure an effective service for people. We are confident that the registered manager and some healthcare professionals were working together positively to help ensure people's care needs were met.

Is the service caring?

Our findings

People told us staff were kind and caring. One person told us, "Staff genuinely care for us and are polite. It's feels homely here." One relative said, "They [staff] are respectful and sensitive to the needs of people." Another said, "The carers at Forest Brow were all patient, caring and seemed as though nothing could be too much trouble for them." One healthcare professional commented, "The staff are generally very caring and put the needs of their residents first."

People had developed positive relationships with staff. One person told us, "Staff know me very well." A relative told us, "Staff are very caring and understand [relative] well. They are very friendly." Another said, "Staff are caring because they know [relative] well, her needs and her history. They are patient with her." We observed pleasant and warm interactions between people and staff and it was clear they were comfortable around them.

People and their relatives, where appropriate were involved in making decisions about their care and support. Staff provided information to people to help them to understand and make decisions about the care available to them. Care plans were person centred and contained information about people's likes, dislikes and preferences in relation to their care. Staff respected people's choice and allowed them to maintain control about their care, treatment and support. For example, people told us they decorated and arranged their bedrooms as they wished. Some bedrooms were personalised with people's own possessions, furniture, photographs and personal items and ornaments of sentimental value to them. One person told us, "I have been encouraged [by staff] to bring some of my personal possessions into my bedroom."

There was easy going conversation and interaction about people's wellbeing and how they planned to spend their day. Staff addressed people by their preferred names and interacted with them in a kind and compassionate way and took time to listen closely to what people were saying. Staff told us of a person who had partial hearing and that they had initiated the use of a wipe board in the person's bedroom to assist with communication. This had helped staff to provide information and explanations to the person about the care they were providing.

People's information about their health and support needs was kept confidential and secure. Staff were able to explain data protection and confidentiality. They told us they ensured people's information was shared appropriately with other healthcare professionals involved in their care. Records were stored in lockable cabinets and were only accessible to staff who provided care to people.

People's privacy and dignity was respected. Staff demonstrated a good understanding of how to maintain people's privacy and dignity. One person told us, "They [staff] knock on my door and say their name before entering." People spent private time in their rooms when they chose to. Relatives told us staff always made them to feel welcomed and had no restrictions to visiting times. One relative told us, "We can have quiet times and privacy when we visit the service." Another relative said, "Me and the family are always made to feel really welcome, we visit at different times of the day and the welcome is always the same." We observed

staff supported people in a way that maintained their dignity by discreetly talking to them about their care in such a way other people could not overhear.

People were encouraged to maintain good relationships with their relatives and friends if they wished to do so. One person told us, "Staff help me get in touch with my family." Another said, "I can make a phone call to my family and friends when I want." Staff supported people to reduce the risk of social isolation. One person told us, "I have friends here and can sit and have a chat." A relative said, "The staff are supportive. They encourage friendships and we get people from the community to visit."

People at the end of their life received the care they required. Relatives were happy with the care provided by staff. A relative commented, "Staff were exceptional in their care when [relative] was unwell." Another said, "We were supported and [relative] was made comfortable towards the end of their life." The registered manager ensured staff had the knowledge on how to support people at end of life. The service had a close working relationship with a local hospice who provided guidance to ensure people were comfortable and as pain free as possible during the end of their lives. Records showed people who wished to do so had received the support they required to plan their end of life care and support and make their wishes known. People were confident staff would respect their plans. Records showed and the relatives confirmed the hospitality offered at the service, for example being given a room to stay which enabled them to spend time with their relative who was on end of life. Another relative commented they were allowed to stay over, "allowing us to look after [relative] during their last days."

Is the service responsive?

Our findings

People received care that was appropriate to meet their individual needs. The registered manager completed a pre-admission assessment of people's needs to ensure that their individual needs could be met. One person told us, "Staff asked me how I wanted my care delivered. They listened to what I had to say." Assessments included input from relatives if appropriate and a record of any allergies, medical history, communication, life style including expressing sexuality, skin integrity, mobility and the person's sleep pattern. The service involved healthcare professionals in people's care in identifying their needs and how these should be met. Care plans contained information about how people's needs should be met. Each person had a document called "My Day" which contained information about the name they liked to be called, their daily routine and preferences and the activities that they enjoyed. Some people had previously attended the service for day care which allowed them to become familiar with the environment, meet other residents and provided staff with the opportunity to get to know their individual needs.

Staff reviewed and updated people's support plans in response to their changing needs. People and their relatives were involved in regular reviews of each person's care plan to ensure they were accurate and up to date. A relative said about the reviews, "We are invited to reviews at the service about [relative's] care and support." Another said, "I have been involved in [relative's] care and have signed care reviews and assessments. I have done this when there has been a change and on the yearly review." The service organised care reviews with healthcare professionals to ensure that the care to be delivered was agreed and met people's expectations. Care plans were reviewed regularly and were up to date.

Each person was allocated a key worker from the staff team to provide them with one to one support. The service kept a record of a person's wellbeing to consider what was working well and what could be done to support them appropriately. Keyworkers completed monthly reports which reviewed people's goals and outline their progress. Staff monitored people's progress and made changes to their support plans to enable them to meet each person's needs and wishes. Care records showed staff were responsive to people's needs.

People received the support they required to follow their interests and hobbies and to maintain links with the community. Staff told us and records confirmed they knew people well and had asked them how they liked to spend their time. People told us staff were flexible in their approach and supported them with their preferences which enabled them to do the things they wanted when they wished. A relative told us they felt the service offered a range of enjoyable activities for people to undertake. Another said, "We have been involved in lots of activities here. There was a summer fete in the garden. There have been visits from a farm and [relative] was able to feed a lamb, it was fabulous she loved that. So much to do if people want to."

We saw people during our inspection people engaging in the activities they wanted to do including accessing the local community. Activities provided at the service included card games, knitting, exercises, films and musical entertainment, film watching, bingo, quiz sessions and outings to places of interest such as Wisley gardens and coffee shops. We observed people being supported to take part in different activities if they wanted to. We saw photographs of previous activities which were displayed on the noticeboard in the

sitting room and on a screen in the main corridor. There were staff and volunteers available to provide activities during the week and on weekends.

The registered manager demonstrated to us how the service ensured people could have a good quality of life. People who remained in their bedrooms were assisted as required. For example, a member of staff was assigned to offer 'bed and breakfast' to people who chose to have meals in their rooms or those who were unable to go to the dining room. People told us they enjoyed this service and felt staff responded positively to their wishes if they wanted to have a lie in. A member of staff said, "It's all about meeting people's needs in a very person-centred way, which I am sure gives them a high quality of life."

People and their relatives were encouraged to express their views about the service and their feedback was acted on. This was done through daily interactions with people and resident's meetings. For example, the service had responded positively to people's suggestions and had purchased a gazebo for the garden for use during summer. The service had a 'resident representative' who held regular meetings with the registered manager and discussed any concerns about the quality of the service. The registered manager recorded people's ideas and followed them up in the next meetings and updated them on the progress made in implementing their ideas. For example, one person told us, "It is nice and warm but we did have to complain that it was a bit cold, they did sort that out quickly though." The service's heating service was being upgraded at the time of our inspection to ensure people were comfortable at the service.

The service had received compliments which included comments, These included, "I can only speak highly of every aspect of Forest Brow, staff and friends." And, "To sum up, we shall always be grateful that [relative] ended her days peacefully in such a beautiful house amongst kind and caring people." And "The commitment and care which her whole team [staff] show to everyone without favour is not forced or legislated; the ethos at Forest Brow is priceless."

People and their relatives told us they knew how to make a complaint. They had received the complaints procedure when they started using the service. One person told us, "Yes I would complain if I had to." We saw that the service responded promptly to complaints and followed the provider's procedures for addressing complaints to their satisfaction. Actions were taken to resolve any concerns and these were well documented.

Is the service well-led?

Our findings

People, their relatives and staff described the registered manager as friendly and approachable. They were happy with the way the service was managed and spoke highly of the quality of care provided to people. One person told us, "This is a great place to stay. Everything is well organised." One relative told us, "The managers are hands on and staff work as a team." One member of staff told us, "[Registered manager] is good. She makes sure we keep people happy and give them the best care possible." One healthcare professional said, "The service is managed well."

There was a positive, inclusive and open culture at the service. The registered manager encouraged staff to acknowledge and learn from mistakes to improve the quality of care people received. The registered manager held regular staff meetings and discussed people's needs, training, activities and the day to day operations of the service. Staff told us that they were able to openly discuss any concerns, question their practice and make suggestions for improvements to the service. Records showed the registered manager provided staff with updates regarding policies and procedures and feedback from audits carried out in the service.

Staff were supported and felt valued at the service. One member of staff told us, "The manager gives us feedback about the quality of our work and how we can improve things." A relative told us, "They don't hide away in the office, when I visit I know where they are; they can always be seen." Staff told us the registered manager was visible at the service and showed a commitment and passion to ensure people received high quality care. They said the registered manager encouraged teamwork and they worked well together.

The registered manager operated an 'open door' policy and they were readily available to staff for support and guidance. Staff told us the registered manager encouraged openness and transparency in how the service provided support and care to people. Staff meeting minutes showed learning that took place after accidents and incidents and plans put in place to prevent recurrence. Staff told us the registered manager encouraged them to acknowledge that mistakes could happen but promoted a 'no blame culture' where they discussed lessons to be learnt and how to avoid repeats.

The service welcomed feedback to drive improvement. The provider sought the views of people, their relatives, staff and healthcare professionals through client satisfaction surveys. Feedback from the 2016 surveys showed people were happy with the quality of care and support and were positive about the service and the staff. The registered manager told us they valued feedback because it gave them the opportunity to improve how they worked at the service. Staff told us they were happy to contribute to the staff surveys because the registered manager considered their views.

The service enjoyed close community links. The registered manager told us the service offered a day care service where elderly people from the community spent time at the service. The service provided people with meals and allowed them to take part in activities at the service. This had ensured positive community relations with the service and an opportunity for friendships to develop.

The registered manager and staff understood the provider's vision and values and how it shaped their way on how to support people by involving them in their care and support. They told us they were committed to ensuring people led active and fulfilling lives as much as possible. Staff and relatives told us the service was well-led and was person centred. One member of staff, "[Registered manager] champions a high standard of care for people. She is open to new ideas to improve people's quality of life." One relative told us, "Staff do a great job and they will do the extras to make [relative] happy."

The registered manager understood their responsibilities in regards to their registration with the Care Quality Commission (CQC). The service had submitted notifications to CQC as required. We saw that policies, procedures and practice were regularly reviewed in line with changing legislation and good practice as advised by healthcare professionals.

The provider and the registered manager recognised and valued individual and team efforts which boosted staff moral and saw people receive good standard of care. Two staff had received awards of recognition for their caring attitude towards people using the service and going the 'extra mile' and were awarded the Hampshire Hero 2016 and a Best newcomer 2016. One member of staff told us, "It's good to be recognised and it spurs all of us to want to improve the quality of care we give to people. It's a fulfilling role when done properly." The registered manager visited the service out of hours in order to review the quality of care. Staff were enthusiastic about their work and said they wanted to provide a high quality service for people who were living at the service.

The registered manager used audit systems in place effectively to assess and monitor the quality of service and drive improvement. The service had a schedule of internal audits to ensure people received good care consistently. Regular checks and audits carried out included staff training, supervision and appraisals, accidents and incidents, people's care and support plans and staff's record keeping. Checks were also carried out on health and safety, medication and the fire system to ensure people's health and well-being. Records showed the registered manager regularly completed audits and had made necessary follow up on the concerns raised. Staff told us the registered manager regularly monitored their practice and raised any issues picked up their supervisions. The registered manager appointed staff to champion service provision of high quality care in areas, such as falls, dignity, dementia, health and safety. Staff leads ensured staff embedded good practice in the areas they led and provided additional support where required.

People's records were subject to regular checks to ensure appropriate planning and delivery of their care. Audits of care plans and risk assessments were carried and ensured that they were up to date and effective. Staff told us the registered manager discussed with them record keeping to ensure they recorded accurately the support and care people received. The registered manager had ensured staff maintained and followed guidance from healthcare professionals to improve their quality of care.