

The Firs Residential Care Home Limited

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This announced inspection was carried out on 2 March 2016. The Firs Residential Care Home is registered to provide accommodation and care for 12 older people. On the day of the inspection there were 12 people using the service.

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

People's safety was promoted because systems were in place to keep people safe from harm. Staff knew how to report any concerns to the authorities where they suspected someone was at risk of harm or abuse.

People were supported by a sufficient number of staff who had the time to meet their care and social needs. People had the assistance they required to take their medicines as prescribed.

People were provided with care and support by staff who were trained and supported to deliver care safely and appropriately. People's human rights to make decisions for themselves were respected and they provided consent for their care when needed.

People received the assistance they required to have enough to eat and drink. People received support from staff who understood their health conditions and arranged for them to see healthcare professionals when needed.

People were able to try the home to see if it was to their liking before making a decision to move there. They were actively involved in preparing and reviewing their care and support so this was exactly how they wished it to be. People were given the encouragement and practical support they needed so they could follow their hobbies and interests and maintain links and friendships with their own local community.

People were asked how their service could be improved any action needed could be taken without them needing to make a complaint. People felt comfortable to raise any issues that they wished to and were confident these were listened to and addressed.

People had opportunities to express their views on what it was like to live in the service and how they felt this was run. People knew the registered manager well and trusted them to look after their welfare. There were systems in place to monitor the quality of the service and make improvements when needed.

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 due to the systems in place to recognise and respond to abuse.

People were supported by a sufficient number of suitably experienced staff required to meet their needs.

People received the support they required to ensure they took their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People were supported by an enthusiastic staff team who received the training and support they needed to provide safe and effective care.

People's rights to give consent and make decisions for themselves were encouraged.

People were supported to maintain their health and had sufficient to eat and drink.

Is the service caring?

Good ●

The service was caring.

People built meaningful relationships with staff who they felt cared for and supported them as they wished to be.

People's privacy and dignity was supported and staff were aware of the importance of promoting people's independence.

Is the service responsive?

Good ●

The service was responsive.

People were actively encouraged and enabled to be involved in planning and deciding what care and support they required and how this should be provided. People were then able to continue to influence this whilst they used the service meaning people were fully involved in deciding and planning their care and support.

People were encouraged and enabled to have an active social life in the home and within their community. They were given the support they needed to be able to follow their hobbies and interests and maintain friendships they had held for many years, including treating the home as their home.

People knew they could make a complaint but had not needed to because they were regularly asked to say what could be done better in the service for them and acted upon straight away.

Is the service well-led?

The service was well led.

People were actively involved in developing the service and giving their views on how the service was run.

People had regular contact with the registered manager who spent considerable time in the communal areas of the service and communicated with people on a daily basis. There were systems in place that monitored and improved the quality of the service.

Good ●

The Firs Residential Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 2 March 2016 and was unannounced. The inspection was carried out by two inspectors.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We contacted the local authority and other professionals who have contact with the service and asked them for their views.

During the inspection we spoke with seven people who used the service, three relatives and two friends of people who used the service. We also spoke with four care staff, the registered manager and the registered provider.

We looked at records held in the service including the care plans and medicines records of nine people. We also looked at staff training records, two staff recruitment files and other records kept by the registered manager as part of their management and auditing of the service.

Is the service safe?

Our findings

People felt safe using the service and told us that they were treated well by the staff who cared for them. A person who used the service said, "I couldn't feel any safer." A relative told us how their relation felt so much safer since moving into the service, they said, "[Relation] is so much less anxious now they are here." A visitor told us, "[Friend] is safe here. We never have to worry when we go away."

Staff were aware of the different types of abuse and of their responsibility in keeping them safe. Staff told us they had attended safeguarding training and knew how to raise a concern with the local authority if they needed to. They also spoke of the whistleblowing policy.

Staff told us there had not been any incident they had needed to report to the registered manager but were confident this would be acted upon if they did. The registered manager said they had not needed to make any referrals about people's safety to the local authority but they had the information and guidance on how to do so if the occasion arose. There was a record of a recent discussion about safeguarding procedures in the staff meeting minutes. This included a discussion about changes that had been made to the local authority safeguarding procedures so staff had the most up to date information.

People were enabled to have freedom, choice and control over their daily routines and these were risk assessed to ensure people were given the support they required to maintain their independence. People who used the service spoke of being supported to be as independent as they were able to be. Some people described to us how they were able to go out into the local community. One person had regularly used public transport to meet up with friends. They were currently unable to do so due to personal circumstances, but intended to resume this when they were in a position to do so. A relative told us, "The expectation is they will be as independent as they can with the support needed." They described an occasion when their relative was given additional support and encouragement by staff to maintain their independence rather than take an easier and quicker option.

People were cared for as safely as possible and advice was sought to identify ways to continue to do so. We saw one person who was cared for in bed received careful and regular attention from staff to promote their wellbeing with nutrition, hydration and their skin integrity. Staff told us they referred people to other healthcare services when they identified any risk and additional input would help identify the safest care.

If a person had any form of accident, documentation showed appropriate care and support was provided. We saw when one person had fallen there had been a falls analysis completed and as this was not the first occasion the person had fallen, a prompt referral had been made to the falls prevention team. The team had been in and visited the person and were sending a report with their advice to guide staff on how to minimise the risk of further falls. There were risk assessments for planning how to keep people safe from identified risks they may face as well as risks they could face though maintaining their independence, such as going out into the local community.

There had been a recent interruption in the water supply to the service due to an incident in a nearby village.

As a result the registered manager and the provider had reviewed their contingency plan and taken action so in future they would be able to continue with a water supply in the event of a similar incident.

People had their needs met in a timely manner because there were sufficient staff on duty with the skills they needed to do so and keep them safe. We saw people received the attention they needed throughout our visit. One person who used the service told us, "There is always someone [staff member] nearby."

Staff told us there were sufficient staff on duty to meet people's needs in a timely fashion. There were bank staff employed who were contacted to cover any absences from work. A staff member said if there wasn't a bank worker available to cover then one of the staff team would work an extra shift.

We looked at two staff files to check whether the correct recruitment procedures were followed. One of the files showed they had been, however the other file showed there had been a complication which had prevented the correct procedures being followed in their entirety. We discussed this with the registered manager who recognised they needed to complete the process and informed us after the inspection this had been completed.

People told us they were supported with their medicines appropriately. Most people had been assessed as not being safe to administer their own medicines and so relied on staff to do this for them. People we spoke with told us that staff gave them their medicines when they were supposed to. One person had requested they continue to manage and administer their own medicines. The person had signed a consent form for this and had been assessed to establish if they could do this safely.

Medicines systems were reviewed to check they were safe and changes were made to improve the systems when needed. A staff member told us they had reviewed and changed their administration procedures when a couple of minor recording errors had taken place. The change meant that staff administering medicines were less likely to be disrupted and complete the associated records correctly.

We found the medicines systems were organised and that people were receiving their medicines when they should. Staff were following safe protocols for example completing stock checks of medicines when they were received to ensure the medicines matched what people had been prescribed. Staff had received training in the safe handling and administration of medicines and had their competency assessed annually to ensure they were following safe practice.

Is the service effective?

Our findings

People were cared for and supported by staff who had the skills and knowledge to meet their needs. People felt the staff knew how to meet their needs and were happy with how they were supported. A relative told us, "All the staff know what they are doing, they really are excellent."

The registered manager told us they were moving from staff having traditional training to a more competency based method. This involved staff still attending or completing the training but in addition they then had their competency assessed by another staff member who held a specialist role in that area, for example in medicine administration and moving and handling. The registered manager said this was proving to be a more effective way of developing staff and ensuring people's safety.

Staff spoke positively about the training they received. A staff member told us that after they received any training this was followed up with a competency assessment to ensure they had incorporated the learning into their practice and were providing care safely and correctly. A recently appointed member of staff told us about the induction they received when they started to work for the service. They said this had been useful and had prepared them for how they were expected to work in the service.

The registered manager said they provided staff with support through both individual and group supervision sessions. They also said they held frequent discussions with staff as and when needed during the working day. Staff confirmed they received regular supervision and support and we saw records of supervision sessions on staff files.

People's rights to make decisions for themselves were recognised, respected and supported. People told us they chose what they did each day and were able to live their life as they wished. One person said, "We spend time where we want. We have our bedrooms to use when we wish and we have a little library if we want to go in there." We saw staff asked for people's consent or agreement over every day issues such as where they wanted to spend their time.

Staff said they always asked people for their consent before they carried out any personal care. A staff member said one person had not wanted to get dressed that morning so they had stayed in bed and they had checked on them to ensure they were alright.

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. Staff understood the principles of the MCA and said they followed this in practice. A staff member told us they had considered whether a DoLS application was needed for one person but when they had taken advice it had been decided that this was not required. The registered manager had the knowledge and understanding of when a DoLS application would be needed and had experience of doing so previously.

People were provided with support to ensure they had enough to eat and drink to maintain their health and wellbeing. One person told us, "We get plenty to eat." Visitors also commented on the food people were given. One visitor told us, "They are very good with [friend]'s nutrition and [friend] always has a drink nearby." We observed people had cold drinks available and staff frequently made hot drinks for them.

Staff told us how they provided different meals according to what people wanted to eat. They said one person who was not eating well at the moment would only have some soup so they provided them with this. A staff member told us how if someone did not want to choose from the menu they could request something else that they fancied. They spoke of the most important thing being people having the nutrition they need.

People were supported to have their nutrition in the way it had been assessed for them to do so safely. We saw from the records of one person that they needed to have a soft diet and have a thickener in their drinks due to the risk of choking. We observed staff gave the person their meals and drinks in line with the guidance in the care records. There was a detailed plan in place explaining the risks to the person if they did not receive their food and fluid this way.

A staff member said how they had discussed one person not eating well in a best practice meeting. They said they had come up with some ideas of how they could encourage the person to eat better. The staff member said these ideas had made a big difference and the person was now eating well. There was specific information about people's nutritional intake including what food they did and did not like and what sized portions they would normally prefer.

People's healthcare needs were known and supported. One person told us about how well they had been supported following an injury. Staff told us about the different healthcare professionals they worked closely with for different people who used the service. One person had been supported to have input from a podiatrist and the speech and language team (SALT). Records showed the person's doctor was contacted when their health changed and they were supported to attend regular dentist and optician appointments.

Feedback we received from other professionals who worked with the service was positive and healthcare professionals told us that staff followed advice given by them which had directly brought about improvements in people's health conditions. There were separate sheets to record any contact or advice provided by different healthcare professionals. This made it easy to refer to what each professional had advised for the person.

Is the service caring?

Our findings

People commented positively on the staff and about the care they received. One person told us, "They (staff) are kind. There is a senior here and they are marvellous." Another person said, "I am very happy here. The staff are very kind." The visitors of one person told us they felt the two best things about the service were the care given and the teamwork between staff. Relatives also told us they felt their relations were well cared for. One relative told us, "There are expectations set for staff which they enjoy working to."

We were told by different people including visitors and staff that the first impression on walking into the building was one of warmth and caring which stayed with them. A relative told us they had been impressed with the service the moment they walked through the door. They added, "My first impressions have never changed." The registered manager told us they were proud of the standard of care provided.

People had developed friendships with other people who used the service. We observed people doing things for each other. For example, we observed one person delivering a newspaper to another person. We saw two people who greeted each other warmly and one said to us, "We are pals."

The registered manager demonstrated a passion for delivering high quality care in the service. She told us she worked hard to ensure people were happy and lived a fulfilling life. We observed the registered manager spent a great deal of time with people who used the service and their relatives and staff. She had clearly built up a positive relationship with people and worked as part of the staff team to support people. We observed the registered manager with people who used the service and saw there was a mutual warmth between them. One person was very ill and we saw when the registered manager approached them, the person was clearly pleased to see her and greeted her with a smile and warmth.

The registered manager told us they sought to identify and meet any diverse needs people had. They said there had been some fascinating discussions between staff and people who used the service when completing a document entitled, 'This is me' which gathered information about people's lives.

Staff spoke with enthusiasm about their work which they said they enjoyed. They told us all the staff really cared about people and one staff member referred to them as, "One big family." A staff member told us after they attended a dementia course it had inspired them to make some memory boxes for people to use. They said, "It is lovely to see pictures of people when they were younger."

People were involved in reviewing their care and contributing to any changes that were needed. One person told us they felt they got, "Individualised care." Staff told us people who used the service were automatically included in the review of their care plan to see if they were receiving the care and support they wanted in the way they preferred. People were asked if they wanted a family member to be involved. A staff member said people were asked if there was anything else staff could do for them. They said one person had said they would like to have a supper in the evening and this was introduced as an option for everyone.

People had access to advocacy services if they needed support. Staff told us when one person who used the

service did not have anyone to speak on their behalf they had made contact with an advocate to visit them and speak out on their behalf if needed. The person was visited by the advocate, however they decided they did not need that support so it did not continue. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up.

People were treated in a way that respected their rights to privacy and dignity. We saw people were treated respectfully and observed staff knocked on people's doors then waited to be asked to come in. People were comfortable in the company of staff and we observed good natured laughter and a display of warmth.

Staff described how they respected people's privacy and dignity at all times through considered care practices. They spoke of maintaining people's confidentiality through working practices and referred to continuing to do so when they were not at work. The registered manager told us that in the past a person who used the service had been the dignity champion and they were looking to see if another person would like to take on that role. People who lived in, worked at or visited the service could leave messages of condolence for anyone who had passed away in a remembrance book.

People were supported to keep in touch with their relatives and friends. Relatives and friends told us they were made to feel welcome. One visitor told us, "We are made to feel wanted. We are always welcome." Another visitor told us, "The staff are very friendly and I always feel welcome. They always offer a cup of tea." We saw visitors were greeted warmly by staff and offered a cup of tea or coffee as soon as they arrived.

Is the service responsive?

Our findings

People were able to test the service to see if it was the right place for them to live. People spoke of how they had been able to stay at the service for a trial period to see if this was the place they wanted to move to permanently. A relative described how the plans for their relation to move to the home were tailored to suit their needs. They told us the initial assessment had been, "Pitch perfect" and their relation had been given the time and support they needed to make the decision to move into the home. They described how this had allowed their relation make such a big decision at the pace that suited them without feeling pressurised to accept the place.

We noted during our visit how attention was paid to detail in order to provide people with an excellent service. Entering the home created a positive impression. The atmosphere was homely and welcoming and staff responded to people individually. A relative said, "Extra's don't count for them, it is all extra. There is an expectation of excellence."

People were empowered to shape the way their care and support was delivered. People were actively involved in planning and reviewing their care and support to ensure this was planned and delivered in the way they wished it to be. People told us they were asked to express views and wishes which they would like to be included in their care plans. A relative told us, "My relative wrote their own care plan. [Registered manager] came to check how things were going." We saw some people had written parts of their care plans.

Due to people's involvement in preparing and writing their care plans they contained specific detail about their personal preferences so they could receive their care exactly how they wanted it. For example one person's morning routine plan detailed how many sugars they wanted in their morning cup of coffee and at what time they would like their morning newspaper brought to them. Another care plan stated the person would inform the staff when they would like to have a bath, and they could have these as frequently as they wished. We saw people were involved in preparing plans for advanced decisions they may wish to make in the event they were not able to make them at a later date.

People told us their care plans were discussed and reviewed with them and they could have a relative present if they wished. A visitor told us, "I have been involved in reviews of [friend]'s care a number of times." A relative told us how their relation had asked in a care plan review to change their bedtime regime. They described how arrangements had been made to accommodate the request. However their relation had decided they preferred the previous arrangements and consequently asked these were changed back. The relative said, "That was no problem, no fuss, it just happened."

Staff told us the care planning arrangements worked well and there were effective systems to ensure these were reviewed and updated. They had introduced a system of continuous assessment where they reviewed each person's care notes weekly to see how effective the care was and if there were any signs or issues they needed to be alert to. The registered manager told us the continuous reviewing system they had introduced had been really helpful and meant they could quickly pick up on any issues. They gave an example of where they had been able to pick up on a change in one person's personal care needs promptly due to this. This

had enabled them to adjust the way they cared for the person and this had further promoted their dignity.

Care plans were clear and easy to follow. They were well ordered and reviewed to ensure they were kept tidy and kept up to date. This meant staff could easily refer to the most up to date information about people's needs. Each person had essential and useful information about them in a hospital passport prepared so that in the event a person needed to go to hospital in an emergency this was already in place to accompany them. This would provide hospital staff with the information they needed to know to care for the person.

People's personal preferences were incorporated into how their needs were met. One person had expressed a preference for their supper time arrangements. This included having a drink and sandwich at a time that suited them due to their previous lifestyle, and this had been provided in line with the person's requests. However they subsequently expressed a further preference regarding the bread used for their sandwich and this was also provided according to the person's wishes. The registered manager told us they had been pleased they had been able to provide the person with their supper exactly how they wished it to be.

We joined a group of three people who used the service for a game of dominoes. During the game they told us how they, "Thoroughly enjoy living here", "Couldn't be treated any better" and that, "Nothing is too much trouble." The people clearly enjoyed each other's company and offered each other support as well as having fun and laughter. A staff member, who we had seen playing with them earlier, brought them a drink during the game.

People praised the catering arrangements and told us they were able to choose what they would like to eat. There was a four week menu in place which provided a choice of dish at each meal, and there were a number of other alternatives available each day. People told us that they could request other dishes as well that were not on the menu. One person said, "Nothing is too much trouble for the kitchen." A relative told us, "The food is good, one day last week I was here at teatime and everyone had a different tea. They can have whatever they want to eat." The cook told us they thought it was important that people ate well and had something they liked to eat. They went on to say they were happy to prepare different dishes if it helped people to have the nourishment they needed.

Feedback we received from other professionals who worked with the service included comments that they would be happy for a family member to be cared for in the home and some said it was a home they would like to use themselves if the need arose in the future.

Staff went the extra mile to support people to live their life the way they chose. People were given encouragement and practical support that enabled them to maintain their independence and relationships with their community. One person told us that they had always been socially active and used public transport to get around. The nearest bus stop was further than the person could comfortably reach independently. They told us staff supported them with this by taking them to the bus stop whenever they wished to go out.

People were encouraged and enabled to maintain their friendships and to participate in their long standing hobbies and interests. One person had continued to follow a hobby, with their friends, in the local community when they moved into the service, but after a while had found this was too much for them to be able to continue. Rather than let the person stop taking part in an activity they had loved to play for many years staff had suggested and then helped the person arrange for their friends to come and hold the activity at the home each week. This was now a regular event for the person and they were all provided with refreshments during their visit. This enabled the person to maintain their friendships and continue with their long standing hobby. Another person who had been taking part in a different activity, with their friends in

the community was temporarily unable to attend this due to an injury. Arrangements had also been made for this activity to be held at the home whilst the person could not go out. Both of these people had also introduced and led these activities for other people who used the service to join in with.

Some other people spoke of their love of gardening and enthusiastically told us about a 'gardening club' where people who had a love of gardening could be involved in planning, creating and looking after the garden areas. One person told us they were looking forward to spring so they could, "Get the garden looking nice." They spoke of the, "lovely view" from the conservatory. People told us how they enjoyed using the garden when the weather allowed and spoke of having their lunch and afternoon tea there. A relative told us they had volunteered to help a staff member run the gardening club.

There were three staff who were responsible for organising opportunities for people to follow their own hobbies and interests and participate in organised activities. Staff said there was some sort of activity provided most days. One person who was cared for in bed was provided with individual time for activities they enjoyed. There was a religious service held on the morning of the inspection which staff told us was a monthly occurrence. The registered manager spoke of how they involved the local community in the home, for example some pupils from a local school visited people at special times during the year.

One of the activities coordinators belonged to a group of other staff holding the same position in other local homes who met regularly to discuss ideas and develop the range of activities provided. This was led by a worker from the dementia outreach team who offered advice on how to develop activities that included people who lived with a dementia related illness.

There was a personal activity record completed for each person, which showed what activities had been offered and whether the person had chosen to take part or not. These records showed some people maintained interests and contacts within the local community and that everyone had regular opportunities to take part in a variety of activities.

People told us they would feel comfortable to raise concerns if they had any. Visiting relatives and friends also said they felt they could raise issues if needed. One visitor told us, "We feel we could approach [registered manager] if we needed to but we have never had any concerns, far from it." A relative said, "Any problems, we can discuss with the staff."

Staff said people could talk with them about any problems with the service. They said if they needed to involve other staff to resolve anything they would do so. They were not aware of any formal complaints being made. The registered manager told us they picked up on any issues people had in the regular reviews which meant matters were dealt with and did not escalate into a formal complaint. They said they always asked people who used the service and their relatives, "What could we be doing better?" This had resulted in people being involved in changes made in the service and in people not having to raise any concerns.

Is the service well-led?

Our findings

People who used the service had meetings every three months where they could make suggestions and have discussions about the service. One person told us, "We are asked to get together for meetings. We can say if we are not satisfied or if there are any initiatives we could try. If we ask for changes, they are made and the decisions are put on the notice board." One person gave us an example of a change they had requested and they confirmed this had been actioned straight away. Another person told us, "You only have to ask [registered manager] and it is done." One suggestion that had been acted upon was to have wine served with the Sunday dinner.

People's ideas and suggestions were used to help shape the service. People gave us examples where changes had been made in the service as a result of discussions in residents meetings and we saw these examples included in the minutes of these meetings. These included activities that took place and meals provided. There were also details about the gardening club we had been told about. The registered manager said there was a culture where people could openly question and challenge if needed.

Staff said they were able to contribute ideas and suggestions about all aspects of the service. Staff were able to share and discuss issues in regular staff meetings. All staff signed the minutes to show they had read these. The registered manager said she had introduced best practice meetings which had been very successful. She said they had learnt a lot from these and it encouraged all staff to bring ideas and she added, "Some excellent ideas had been brought." Staff meeting minutes showed a wide range of discussions took place. These included training and keeping staff informed about actions being taken following a recent infection control audit.

The registered manager told us staff were quick to pass on any concerns they had. She also said that staff were encouraged, and did, inform them if they had made any form of mistake so they could take any action needed to correct this. The service was managed in a way that was always looking to improve. The registered manager told us, "I am not too proud to change tack if I felt there was a better way of doing something." Staff told us they were given positive feedback about their work which they appreciated. One staff member said, "It's nice to be told you are doing your job well." Another staff member said, "I know what is expected of me."

The provider complied with the condition of their registration to have a registered manager in post to manage the service. We found the registered manager was clear about their responsibilities, including when they should notify us of certain events that may occur within the service. Our records showed we had been notified of events that had taken place the provider was required to notify us about.

There was a visible management of the service which people trusted and respected. One person told us, "[Manager] is lovely." Another told us, "The manager works very hard, she does too much really. She is very approachable and always around." This person also commented on the registered provider and told us, "[registered provider] gets involved, even took me to hospital and stayed with me for hours."

Staff told us that the service was well managed and there was a positive atmosphere amongst the staff team. Staff described the registered manager as very dedicated. One staff member said the registered manager was, "Always there on the floor and gets involved." Another staff member told us, "The management are lovely." Feedback we received from other professionals who worked with the service included that it was extremely well run and that the registered manager was a very inspiring leader who managed staff very well.

There were systems in place to identify where improvements could be made to the service. The registered manager showed us annual quality surveys that had been completed by people who used the service, relatives and staff. The registered manager said they valued all comments made. We saw action had been taken on comments that had been made on the survey forms. For example the chairs in the small lounge had been upholstered when a comment had been made about them.

Staff said they were provided with guidance on how to complete records to ensure they were completed to the required standard and contained the information needed. Personal care records were removed from people's files each month and audited before being archived. When we requested a previous record which had been archived a staff member was able to provide us with this promptly.