

Mr & Mrs K Whalley

St Davids Residential Home

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 inspection took place on 6 January 2016 and was unannounced. St David's Residential Home was last inspected on 24 November 2013 when we found that all the areas inspected were being met.

St David's Residential Home can provide care and accommodation to up to 16 older people. St David's Residential Home does not provide nursing care. At the time of our inspection there were 16 people living in the home.

There was a registered manager in post. 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 were protected from abuse because there were systems in place to ensure that staff were able to identify abuse and able to raise concerns if they had any. People were protected from the risk of injury from the care provided because risks had been identified and management plans to minimise the risks were in place.

There were sufficient numbers of appropriately trained and supported staff through supervision and day to day discussion to ensure that people received safe and effective care. Staff were monitored to ensure the care and support provided to people was appropriate and involved people in making choices.

Systems in place ensured that people received their medicines as prescribed.

People were involved in making choices and decisions so that they received care that was personalised and based on their needs and preferences and that protected their human rights.

People were supported to eat and drink food that met their dietary requirements and that they enjoyed eating.

People's health needs were met appropriately by staff that liaised with healthcare professionals to provide the support people needed.

People received a caring and personalised service where they were valued and cherished as individuals. Staff provided support that was sensitive, kind and compassionate in a small, friendly environment. Privacy and dignity was maintained and people's independence and self-confidence was promoted. People's wishes were identified and people were supported to fulfil them.

People received care that was responsive to their needs and they were encouraged to be involved in the running of the home. People were able to comment on the suitability of new staff and what they wanted to

do to ensure that that their social and emotional needs were met. There was a complaints process in place but people were happy with the service. Family and friends were able to visit their relative at all reasonable times.

The service was well led and there was an open and inclusive environment where people's views were listened to and acted on. People were at the centre of the service and staff were supported to see things from people's point of view. There were systems in place that ensured the service was continually improved and the quality of the service maintained and improved where possible.

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 abuse because staff were knowledgeable about how to keep people safe and what actions to take in the event of suspected abuse.

People were protected from risks arising from their needs because staff were knowledgeable about the risks and knew how to minimise them.

People were supported by sufficient numbers of staff and who had been appropriately checked for their suitability to work with people.

People received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People received care and support from staff that had the appropriate skills and knowledge to meet their needs in a personalised way.

People's human rights were protected and they were supported to make decisions and choices about their lives.

People were supported to eat and drink well to maintain their health.

People's health needs were met through liaising with a number of healthcare professionals.

Is the service caring?

Good ●

The service was caring.

People received a caring and personalised service from staff that were knowledgeable about their needs and wishes. People received care in a homely environment where they were cherished as individuals.

People were treated with kindness and compassion and their privacy and dignity was always respected. We saw staff responded in a caring way to people's needs and requests. People were supported to maintain and develop their independence.

Is the service responsive?

Good ●

The service was responsive.

People were involved in making decisions about their care and able to comment about the service they received. People knew about the complaints procedure but had never had cause to use it. Information about advocacy services was available.

There were organised group and individual activities for people to take part in. People were supported to maintain links with people important to them and community services.

Is the service well-led?

Good ●

The service was well led.

There was an open and inclusive atmosphere in the home and people were encouraged to suggest improvements.

There was good leadership and a culture that ensured that people were at the centre of the service provided.

Staff were proud of the service provided and ensured that people received the service they wanted.

There was a good track record of the service being monitored and the continually improved to meet the needs of people.

St Davids Residential 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 6 January 2016 and was unannounced. The inspection was carried out by two inspectors.

As part of our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law.

The registered manager had not completed a Provider Information Return (PIR) because it had not been received by the service. This is information we asked the provider to tell us about what they are doing well and areas they would like to improve. We use any information we have received to guide the planning of our inspection.

We spoke with 10 people who received support, seven relatives and three visiting healthcare professionals. We spoke with five staff including the registered manager, care staff and the cook. We also spoke with the provider. We observed the interaction between staff and people throughout our inspection.

We looked at the care records of two people to check that they received care as planned and some records relating to the management of the home including medication records and one staff recruitment file.

Is the service safe?

Our findings

People were protected from harm because staff were aware of the actions to take to protect them. People we spoke with told us that they liked living in the home and that they felt safe. One person said, "This is my home. Staff are very nice." Relatives told us they were happy with the care provided. One relative told us, "My mom's safe here." Another relative told us, "I never worry about [person] in the home because she's having 100% care. We can't fault it here." Staff were able to explain the actions they would take if they had any concerns and told us that they received regular training updates on protecting people.

People were protected from harm because risks had been identified and plans put in place to minimise risks. People told us that they had been involved in planning their care and were happy with the plans in place. One person we spoke with was able to tell us about the risks involved in their care needs and what the staff had to do. One person's visitor told us that they were quite happy that the person's risks had been identified and managed well. We saw that people were supported to get up safely from their chairs by staff and they were provided with equipment such as walking frames, wheelchairs and pressure relieving cushions to keep them safe. Staff were aware of the actions to take in the event of an accident or fire. Records showed that there were regular fire drills so that staff knew what to do.

People told us that there were sufficient numbers of staff available to meet their needs. One person told us, "You only have to mention something and it is dealt with." Another person said, "One thing I feel is fantastic is that the staff are wonderful. I would never dream of going elsewhere." Relatives told us that there always appeared to be staff available and they had never heard the buzzers ringing for a long time so that people were never waiting for a long time for help. Staff told us that they felt there were always sufficient staff on duty to meet people's needs and our observations confirmed this. Records we looked at showed that the appropriate recruitment checks were undertaken to ensure that the right people were employed to work in the home. The registered manager and provider told us that they followed up written references with a telephone call to verify the reference to ensure they were from the appropriate people. The registered manager told us and staff confirmed that only bank staff were used to fill any gaps in staffing levels so that people were always supported by staff they knew.

People received their medicines as prescribed. One person told us that they received their medicines when they needed them. We saw medicines were administered safely by staff and that they had been trained in the safe management of medicines. We saw that people were asked if they were ready for their medicines and staff ensured the medicines had been taken before completing the medicine administration records (MAR). The MARs looked at showed no gaps and the number of tablets checked corresponded with the number of tablets signed as given showing that people had received their medicines as prescribed. We saw that people received appropriate pain relief and there were safeguards in place to ensure that medicines were appropriately received, stored and destroyed when no longer required.

Is the service effective?

Our findings

People told us that they received support as and when they needed it. All the people spoken with told us they were happy with the care they received. One person told us, "It's marvellous here. We're all more than satisfied." Another person told us, "I would call it home. It's a lovely place. Everybody takes notice of you." A relative told us that they had been asked for information about their family member's likes and dislikes and life history so that staff could support them in the way they liked. Another relative told us, "It's excellent. The level of care is great. They are extremely kind, it's very homely, it's cosy and she's well. Lovely room and it's clean." Another relative said, "I'm very pleased with the care here, I put mom on the waiting list because I only wanted her here. We were very comfortable from day one. This place makes a bad situation bearable."

People told us that the staff knew what they were doing. One person told us, "I am sure they [staff] have been trained. They are very good." A relative told us, "Staff are careful how they handle people and how they speak to them. Staff are trained." We saw staff assisting people out of their chairs carefully and ensured people knew what they were doing. Staff told us and records showed that they had received the training they needed to help them meet people's needs. Records showed and staff confirmed that there was an induction programme for staff. We saw that some staff were working but not included in the staffing numbers. The registered manager told us this was because they were new and still being trained for their roles. The registered manager was aware of the requirements of the care certificate. The care certificate identifies the values, skills and knowledge all staff should have to equip them to carry out their roles effectively. We saw that new staff were completing workbooks based on the requirements of the care certificate.

The registered manager told us and staff confirmed that they were regularly observed to ensure that they were carrying out tasks as required and received feedback on their work. We saw records showing that spot checks had been carried out by the registered manager to ensure that staff were working to the standards required. We saw that new staff were supported and guided by experienced staff so that they understood how to carry out their role to meet people's needs.

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 supported people to make choices such as where they sat, what they ate and what they did during the day. People told us that they were able to get up when they wanted and do what they wanted. A relative told us, "It's a small home so it's not regimented." The registered manager told us, "They [people] do tell us what they want and when they want it". We saw that staff were working in line with the MCA and ensuring that people were supported to make choices where possible. For decisions that they were not able to make themselves relatives and professionals involved in their care were consulted to ensure that the decisions were in their best interests. This included decisions about whether to be resuscitated following a heart attack

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 saw that the service was working in line with the requirements of the MCA and DoLS. The registered manager had got the forms for making a DoL application but had not needed to make any applications as everyone living in the home had capacity. The registered manager was considering an application for some whose ability to make decisions had decreased recently. The registered manager told us and records showed that a staff quiz was undertaken to check that staff understood the requirements of the MCA and DoLS.

People received the food and drink they needed to maintain good health. Everyone spoken with told us that they enjoyed their meals. Meals were attractively presented and there was a relaxed and sociable atmosphere at mealtimes. At lunchtime we observed that people were asked if they had had enough to eat and if they wanted a second helping. One person told us they only liked small meals and we saw that their portions had been appropriately adapted. We saw that where appropriate people were given their meal in a bowl rather than a plate to enable them to eat more easily. We saw that people were sensitively encouraged to eat as much as they could.

Tables were set nicely with napkins for people to use if they wanted to protect their clothes. However, people were able to eat where they wanted to eat and we saw that some people remained in their bedrooms for their meals. We saw that people who were out at lunchtime had their meal kept aside so that they were able to eat it later. Although people told us that they did not remember what meals they were going to get we saw that at lunchtime people were offered a choice at the point of serving the meal. A relative told us, "The foods nice there's always an alternative."

Some people who had been identified as being at risk of losing weight were referred to the GP and dietician for advice on managing their nutrition. A relative told us, "[Person] is eating and drinking well here. Better than when she was at home." We saw that people received food supplements and meals and drinks had been enriched with milk and butter where needed. We met with the cook who was knowledgeable about people's individual needs. One member of staff told us, "People have drinks throughout the day and snacks evening and morning. The kitchen is open at all times."

People told us that they were able to see the GP when needed. Relatives told us that their family members were seen by the dentist, nurses and chiropodist as required. Records seen confirmed this. A relative told us, "With medical issues the nurses are always called. They are on the ball." Another relative told us they were, "I'm very happy with the care. I couldn't ask for better. They [staff] keep me informed. I am informed if [person] goes to hospital." A healthcare professional told us the staff were sensitive to people's needs and referred people for review appropriately. They commented that the service was much better than other services they were involved with. During our inspection we saw that when someone became unwell staff supported them with care and kindness and ensured that the GP was contacted. A new innovation introduced into the home for people was the internet access to medical support. This was used to ensure that people received advice and comfort when they felt unwell but not so unwell that they needed to see the doctor.

Is the service caring?

Our findings

People told us that they liked living in the home and all the comments we received showed that they felt cared for, important and there was a sense of belonging in the home. People told us they considered it to be their home. One person was upset that we were in their home and asking questions when they hadn't asked us to come in. The provider reassured the person and explained why we were there in a caring and comforting way. People told us that staff were like their 'family'. One person described the staff as "Lovely." During our observations we saw that staff communicated affectionately with people. A relative told us, "You can't get much better. They love [person] to bits, they give her a kiss and cuddle. She's been very happy here." Another relative told us, "Their extreme kindness is the best thing about here. There's not one bad member of staff."

Staff responded extremely well to people's needs. We observed caring and helpful interactions from staff. Staff were patient, kind and compassionate and gave people time to make decisions for themselves. For example, during lunch time people were given time to decide which meal they wanted and to eat at a pace that was appropriate for them. Relatives and people told us that the staff asked them what help they wanted and how they wanted to be supported. A relative told us that when their family member moved into the home they were asked about the family and their life history. They were pleasantly surprised that the next day the staff had remembered this and were able to use this information to chat with their family member and support them in the way they wanted. Another relative told us, "It's really good and caring. Nan's really looked after well. They are very patient with her." A visiting healthcare professional said, "I have found the staff (even when I can see they are busy) attentive, caring and understanding of me and the resident I am seeing. On two occasions the staff member has sat in on the [procedure] to ensure the resident feels safe and secure, I do not see this very often!"

There was a homely environment that was suited to meeting the needs of the people that lived there. A relative told us the home was, "Small, friendly and homely." We saw that the lounge and dining areas were homely and provided comfortable seating for people. There were photographs of people living in the home on calendars and people had brought in belongings to make their bedrooms homely. All areas of the home including, garden, bathroom and toilets accommodated people's health and physical needs. For example, there were ramps, stair lift and a passenger lift available to ensure that people were able to access all areas of the home. There was an emergency call bell in place so that people could summon assistance if they needed it.

The registered manager told us that the registered provider was in the home most days overseeing the care and our observations showed that people knew the provider and were very comfortable in her presence. A relative told us, "Kelly [registered manager] is a lovely person, very dedicated. When a new resident moves in the manager stays overnight to make sure they're well settled." Staff confirmed that this took place. The registered manager told us that the reason she stayed in the home overnight was to ensure that the staff had support if needed and she assured that the person settled in. The registered manager told us, "Because I have assessed people they have already built a relationship with me so it is nice for them to have someone familiar to them present in the home." This showed the caring approach of the registered manager in

supporting people to make the move into the home more comfortable for them.

People's privacy and dignity was maintained. Everyone living in the home had their own bedroom with en-suite facility meaning they had their own private space for relaxing in and for having their personal care needs met. People told us that the staff knocked on their bedroom doors and waited to be invited in. We saw that staff supported people discreetly when assisting them to the bathroom. People were spoken with in a respectful and caring tone of voice and promoted choices throughout the day. A member of staff told us, "People's dignity is paramount." We observed that when one person became unwell staff responded sensitively and took them to their bedroom and sought medical advice.

We saw that people were dressed in styles and clothes that reflected their personalities. Staff showed that they understood the importance of being dressed in the way they wanted to so their self-confidence was maintained. We saw that people were supported to maintain their appearance and we saw that people had their nails varnished if they wanted and had their hair cut and styled in the way they wanted from their preferred hair stylist.

People's independence was promoted and maintained as far as possible. One person told us, "I can do everything for myself above the waist but need help with dressing and washing below the waist. Staff let me do as much as I can for myself." Another person told us that they were supported to do what they could for themselves. We saw that people's walking frames were left close to them so that they could get up and walk around if, and when, they wanted. One person told us they walked around the home and said, "Staff doesn't seem to mind that I walk around." We saw that people were able to help themselves to condiments such as salt, pepper and gravy at lunchtime. We saw that one person was supported to go by taxi to have their hair done by the hairdresser that had always done their hair. Staff arranged transport so that the person could go to the hairdresser independently in time for their appointment. The registered manager told us, and records showed that one person was finding it difficult to take out the clothes they wanted to wear from their wardrobe. Staff had offered to take out the clothes to help her choose but she didn't want this. To support the person to retain her independence in this activity she was provided a clothing rack to hang her clothes on rather than in the wardrobe. She was very happy with this compromise. Another person had been provided with a kettle in their bedroom so that they could independently make a drink for their visitors.

The registered manager and provider had introduced an innovative and personalised way of identifying people's wishes for the future. An example of this was that they had introduced a wishing tree into the home. This meant that soon after moving into the home people were asked on an individual basis what they would like to do and plans were put in place to achieve this. One person had always wanted their nails to be done professionally and this had been achieved and a plan put in place to have them done professionally on a regular basis. Another person was being supported to make links with a relative they had lost contact with and another person was going to attend a pantomime.

As a way of involving and encouraging a sense of achievement and caring for people less fortunate than themselves the people living in the home had been supported in making up a food hamper for homeless people. People were recognised for this achievement in a newspaper article with pictures of them and the hamper. People told us this made them feel involved and felt good that they had been able to do something for others.

The registered manager and provider told us that they did everything they could to ensure that when people were at the end of life they were able to stay in the home. A visiting healthcare professional told us, "The staff are very supportive of keeping people there. Care plans are in place to ensure support people to get the care they need from other services so that they do not have to go into hospital." We saw many thank you

cards expressing the gratitude of relatives for the care and kindness shown at this very difficult time. This showed that staff were compassionate and supported people with empathy and understanding. The registered manager told us that people did not always want to attend funerals but they always toasted the passing of someone after the funeral with a drink with the people they had lived with. The registered manager told us, and we saw, that photographs of people that had passed away were put in a frame and left on display so that they were not forgotten and they were often remembered in conversations with people.

The aims and objectives of the service as stated in the statement of purpose were to provide a caring and personalised service where people were valued and cherished. Everything we saw and heard during our inspection reflected that this was being achieved.

Is the service responsive?

Our findings

People told us that they were very happy with the service they received and they had been involved in choosing where they lived and the care they received. One person said, "I spent the day here before I moved in. I felt at home straight away. The ladies treat me nicely."

People we spoke with told us they were happy with the care and support they received. Relatives told us that they were always made welcome and provided with drinks and biscuits. One person said, "They [staff] are so nice if anyone comes to visit you there's always a hot drink and biscuits." We saw this happen during our inspection. People and their relatives told us they were fully involved in planning their care. Relatives told us that they were kept informed if their family member was unwell or had any medical appointments. A relative told us that they and their family member had been asked about their needs so that they received care and support that was based on their needs. We observed that staff had a good knowledge about people's needs and relevant information was passed onto staff coming on duty during a handover of information when staff came on shift. Staff told us and we saw that when a person's needs changed they informed the registered manager who reviewed the care plan and risk assessments if needed.

Staff told us that they were supported to carry out their roles by the registered manager. We saw that there were regular discussions between staff and the registered manager about whether people's needs had changed and how to carry out tasks such as accurately monitoring what people had eaten and drunk.

There were systems in place for gathering people's views about the service provided. People told us that they had completed questionnaires and we saw that people had been asked for their views about the service they had received. People told us that they would have no hesitation in raising any concerns they might have. One person told us they, "I would speak to my daughter or the staff if I had any concerns." We saw that the complaints procedure was displayed in people's bedrooms and the entrance area as well as information about how to contact advocates if people wanted support with being able to express their views. The registered manager told us that no concerns about the service had been received. A relative told us, "The managers always sort things out. They phone and tell me what's happening." Another relative told us, "I raised a comment to a senior and next time I came in the manager wanted to chat it through with me, it was really nice." Records showed that minor issues were recorded and addressed promptly.

People told us that there were things for them to do such as bingo, puzzles, exercises and music. One person told us, "We do jigsaws, exercises and I go to visit my son and daughter and they can come and visit me." A relative said, "There are plenty of things going on during the day, they have singers and so on." During our inspection we saw people reading books and newspapers. One person told us, "Staff bring in books for me to read." We saw that a member of staff instigated a brief session to stimulate gentle movement with people and people listened to music some of the time. Some people decided to stay in their bedroom to watch their own television. We saw evidence of some organised group activities such as going out for meals, making cards, celebration of special days such as birthdays, Christmas and St Patrick's Day. There was a weekly activities plan on display in the office. The provider told us that when people went out for a meal extra staff was needed. Staff assisted people to go out for a meal voluntarily in their own time but the

provider paid for staff meals. This showed that the staff and management team worked co-operatively to ensure that they responded to people's needs and ensured they were able to take part in social events.

There were no restrictions on visiting times and we saw that visitors were able to sit with people in the communal areas or in the privacy of their bedrooms. A relative told us, "We can visit at any time of day or night." We saw evidence that people were supported to see only people they wanted to see and on occasions visitors were turned away as people did not want any visitors at that time.

Is the service well-led?

Our findings

There was a registered manager in post and this meant that the conditions of registration for the service were being met. A registered manager is a person who has registered with CQC to manage the service.

We saw leadership in the home was good. The registered manager had the required qualifications and experience and was competent to run the home. The registered manager had a clear understanding of the key principles and focus of the service, based on the organisational values and priorities. She told us that along with the provider they worked to ensure the service continuously improved to provide an increased quality of life for people who used the service with a strong focus on individual needs. An example of this was the identification that people living in the home were becoming more forgetful and planning for staff to receive more advanced training on supporting people living with dementia.

We found the registered manager and provider had been part of a team that had the skills and knowledge to provide a sustained track record of delivering high standards of performance and managing improvements. There was a high commitment to promoting dignity, a focus on valuing people's individual needs and introducing innovative approaches to practices within the home. We saw examples of this such as the introduction of the wishing tree, a resident recruitment panel and use of the electronic health advice service. A visiting professional told us that the staff worked in line with the Gold Standard Framework for people at the end of their lives. This means that the registered manager ensured that medical professionals were alerted to the deteriorating health conditions of people and people were prioritised for visits by doctors when needed and equipment was accessed quickly. They told us, "From what I have seen they are an excellent service". We were told of plans for computer tablets to be made available for people in their bedrooms so that they were supported to skype relatives. The registered manager and provider explained to us that they consulted with people on a one to one basis to ensure that everyone's views were heard rather than in group meetings because some people tended to take over the meetings.

People who used the service told us that the culture within the home was open and transparent where people were at the centre of all decisions made and people were involved in making decisions about the running of the home. For example, we saw that there was a panel of people who asked potential new staff a number of questions, rated the individuals and commented on whether the individuals should be invited for a second interview. One person had stated the reason for being involved on the panel as, "It's something different and makes you feel important." Staff spoken with were very enthusiastic about their role and the quality of the service provided. They all said that they were confident that people were happy with the service received and would have no hesitation in recommending the service to their family members.

Staff demonstrated a good understanding of the values and ethos of the home. They told us the manager and provider led by example and encouraged them to make suggestions about how the service could be improved for people. One member of staff told us, "The manager is very committed, sometimes too committed." A relative commented, "The owner is here a lot and that's important, there's a personal touch."

Both the provider and registered manager were very committed to provide a service that met people's

needs and staff understood how people felt when receiving care. For example, we saw that a written exercise had been carried out with staff to record what they felt would be important to them if they were receiving care. The provider told us the next step was to get staff to experience receiving care for a day.

Relatives we spoke with felt the service was well run and praised the manager and provider, who they said were approachable and listened to their views. One relative said, "They're both very good and always available. I think it's a very well managed home." Comments received from professionals involved in providing a service in the home confirmed that the quality of the service was extremely high. Comments we received about the registered manager included, "The manager is very perceptive" and "She has a track record of providing good care having worked up the ranks herself." Discussions with the registered manager showed that she ensured that she kept herself up to date with new developments. For example, she was aware of the duty of candour and what she needed to do if something went wrong with the care provided. The requirement to ensure that quality rating for the service was displayed so that people knew how well the service was doing. The care certificate had been implemented in the service which ensured that staff had the skills and knowledge to provide good quality care.

We saw evidence that the registered manager and provider kept up to date with new legislation and ensured continuing and improving good practices in the home through contact with professional bodies in the care sector. This included the Birmingham Care Development and other professionals who were experts in their own area of practice such as clinical case managers. The internet was used to ensure that they kept abreast of good practice guidelines such as those provided by the National Institute of clinical Excellence. Alerts were received from the Medicines and Healthcare products Regulatory agency for drug safety updates and alerts and recalls or failures of equipment used such as hoists.

The registered manager and provider worked alongside staff overseeing the care given and providing support and guidance where needed. Our discussions with people who lived in the home, relatives and staff and our observations during the visit showed there was a positive and open culture led by the registered manager and provider. Staff told us they felt confident in raising any issues and felt assured that they would be dealt with appropriately. One staff member said, "We all work together as a team to give the best quality care possible."

We found monitoring of the service to be extremely good. For example, there were systems for gathering, recording and evaluating accurate information about the quality and safety of care, treatment and support the service provided. We saw a wide range of health and safety audits had been periodically conducted by the organisation. The registered manager and provider told us satisfaction surveys were sent out quarterly to people who lived in the home, health and social care professionals and staff. We saw a sample of the most recent surveys which gave very positive feedback. We saw that the responses from the previous survey had also been positive. The provider had analysed the responses and we saw records that showed that people who had not answered very good or above in their responses had been contacted to ask what could be improved about the service. We saw that the responses were due to issues such as 'not having ever made a complaint so couldn't really say'. This showed that the registered provider and manager were committed to ensuring that the service improved where possible.