HC-One Limited

Beauvale Care 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 02 August 2016 and was unannounced.

Beauvale Care Home provides nursing and residential care for up to 35 older people and people living with dementia. On the day of our inspection there were 33 people using the service.

Beauvale Care Home is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection a manager was in place and their application for registered manager was being processed.

During our previous inspection on 12 and 13 August 2015, we identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to the service not having sufficient numbers of suitably qualified, competent, skilled and experienced staff deployed in order to meet the needs of the people using the service at all times.

During this inspection we checked to see whether improvements had been made. We found improvements had been made and this breach in regulation had been met. There were sufficient experienced, skilled and trained staff available to meet people's individual needs.

Staff were aware of their responsibilities to protect people from abuse and avoidable harm. Staff had received adult safeguarding training and had available the provider's safeguarding policy and procedure.

Risks to people's individual needs and the environment had been assessed. Staff had information available about how to meet people's needs, including action required to reduce and manage known risks. These were reviewed on a regular basis. Accidents and incidents were recorded and appropriate action had been taken to reduce further risks. The internal and external environment was safe.

Safe recruitment practices meant as far as possible only suitable staff were employed. Staff received an induction, training and appropriate support.

People's healthcare needs had been assessed and were regularly monitored. The provider worked with healthcare professionals to ensure they provided an effective and responsive service.

People received sufficient to eat and drink and their nutritional needs had been assessed and planned for. People received a choice of meals and independence was promoted.

The manager applied the principles of the Mental Capacity Act 2005 (MCA) and Deprivations of Liberty Safeguards (DoLS), so that people's rights were protected. Where people lacked mental capacity to consent

to specific decisions about their care and support, appropriate assessments and best interest decisions had been made in line with this legislation. Where there were concerns about restrictions on people's freedom and liberty, the manager had appropriately applied to the supervisory body for further assessment.

Staff were kind, caring and respectful towards the people they supported. They had a person centred approach and a clear understanding of people's individual needs, routines and what was important to them.

The provider enabled people who used the service and their relatives or representatives to share their experience about the service provided.

People were involved as fully as possible in their care and support. There was a complaints policy and procedure available but not all people were aware of this. People had access to an independent advocacy and support service that regularly visited the service and advocacy information was also provided and displayed.

People were supported to participate in activities, interests and hobbies of their choice. Staff promoted people's independence.

The provider had checks in place that monitored the quality and safety of the service. These included daily, weekly and monthly audits. These were found to be up to date and effective.

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.

There were systems in place that ensured staff knew what action to take to protect people from abuse and avoidable harm. Staff had received safeguarding adult training.

Risks to people and the environment had been assessed and planned for. These were monitored and reviewed regularly. People received their medicines safely.

The provider operated safe recruitment practices to ensure suitable staff were employed to work at the service. There was sufficient staff available to meet people's needs safely.

Is the service effective?

Good

The service was effective.

Staff received an induction and ongoing supervision and training to enable them to effectively meet people's individual needs.

The Mental capacity Act 2005 and Deprivation of Liberty Safeguards were understood by staff. Mental capacity assessments and best interest decisions had been appropriately completed.

People's healthcare needs had been assessed and planned for. The service worked well with external healthcare professionals to ensure people's healthcare needs were met effectively. People were supported to maintain a healthy and nutritious diet, some concerns were raised about meal choices and the manager addressed these issues immediately.

Is the service caring?

Good

The service was caring.

Staff were kind, caring and treated people with dignity and respect and understood what was important to people.

People and their relatives were involved in decisions about their care.

The provider arranged for people to be supported by an independent advocate and advocacy information was available for people.

Is the service responsive?

Good

The service was responsive.

People's needs had been assessed and care plans provided staff with the information required to provide appropriate and personalised care.

People received opportunities to participate in activities, including accessing the community.

People were supported to contribute to their assessment and involved in reviews about the service they received.

The provider had a complaints procedure but not all people were aware of this.

Is the service well-led?

Good

The service was well-led.

Staff understood the values and aims of the service. The provider was aware of their regulatory responsibilities.

The provider had systems and processes that monitored the quality and safety of the service.

People, relatives and staff were encouraged to contribute to decisions to improve and develop the service.

Beauvale 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 August 2016 and was unannounced.

The inspection team consisted of one inspector and an Expert-by-Experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed information we held about the service, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We also contacted local authority commissioners of adult social care services and Healthwatch and asked them for their views of the service provided.

We spoke with six people who used the service and four relatives for their experience of the service. We also spoke with the manager, a nurse, the cook, a senior care worker and three care staff. We also spoke with two healthcare professionals who were visiting the service at the time of the inspection and a representative from AgeUK.

We looked at all or parts of the care records and other relevant records of six people who used the service, along with other records relevant to the running of the service. This included policies and procedures, records of staff training and records of associated quality assurance processes. We also checked the management of medicines.

Good

Is the service safe?

Our findings

During our previous inspection on 12 and 13 August 2015 we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to the service not having sufficient numbers of suitably qualified, competent, skilled and experienced staff deployed in order to meet the needs of the people using the service at all times.

After our inspection the provider forwarded us an action plan which advised how they would make the required improvements.

During this inspection we checked to see whether these improvements had been made. We found there had been improvements. Staffing levels had increased since out last inspection.

Feedback from people who used the service and visiting relatives on the whole were positive about the staffing levels. However, gave a mixed response about the response times of staff to requests for assistance. One person told us, "I think there are enough staff, I have never had to wait." Another person said that on the morning of our inspection, they had to wait a substantial amount of time to be supported with their personal care needs. It was later identified that this person's call bell was not working. The manager arranged for this to be attended to immediately by the maintenance person. A third person told us, "There are not enough staff on in the evening; you have to wait for them, sometimes over half an hour for the toilet. It can be uncomfortable." One relative said, "The care staff are always working and I think there is enough." Whilst another visiting relative told us, "[Name of family member] has to wait a lot."

Staff told us that they were confident that there was sufficient staff available to meet people's individual needs and safety. All staff said that staffing levels had increased and any shortfalls due to staff sickness and leave were better managed. One staff member said, "We've had new staff start. We identified we needed extra staff at the weekends at tea time and the manager resolved this by putting another staff on so it's not a problem."

Staff were observed being present in the lounge throughout the day of our inspection. A relative told us, "There are plenty of staff generally. In the lounge the other week, no staff was in there and we had to keep getting someone as people kept getting up. I have noticed now that there is always someone there." We found staff were attentive to people's needs and responded in a timely manner to requests for assistance. The manager told us that they regularly reviewed people's dependency needs to ensure sufficient staff were available. We therefore concluded staffing levels were appropriate.

There were safe staff recruitment and selection processes in place. Staff told us they had supplied references and had undergone checks relating to criminal records before they started work at the service. We saw records of the recruitment process that confirmed all the required checks were completed before staff began work. This included checks on employment history, identity and criminal records. This process was to make sure, as far as possible, that new staff were safe to work with people using the service.

The provider had procedures in place to inform staff of how to protect people from abuse and avoidable harm. People who used the service and visiting relatives did not raise any concerns about people's safety.

Staff told us they felt people were cared for safely and showed they had a good understanding of their role and responsibility in protecting people from abuse in their care. Staff were able to identify the signs of abuse and told us what action they would take if they had any concerns. One staff member said, "We cover safeguarding people in our training. We have information available about what we need to do if we have any concerns."

We observed safeguarding information was available for staff, people who used the service and visitors. In addition staff had information about the provider's whistleblowing procedure. A 'whistle-blower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation. Records confirmed that staff had received appropriate safeguarding training this ensured staff knowledge met current best practice guidelines. When concerns had been identified these had been reported to the relevant external agencies, including CQC and action had been taken to protect people and reduce further risks.

Risks to people's needs had been assessed and risk plans were in place where required to inform staff of how to reduce and manage known risks. For example, risks associated with developing pressure ulcers, nutrition, general health and falls. These were reviewed on a regular basis to ensure they were up to date and correctly reflected people's needs. People who used the service and visiting relatives told us they felt involved in discussions about how risks were managed. Where people had been identified as requiring equipment for their safety such as pressure relieving cushions and mattresses these were present and used appropriately.

We found staff were knowledgeable about known risks people had been identified with, they told us how these were managed which reflected what was recorded in people's risk plans. For example, staff told us that some people were at risk of malnutrition and named people who were on two weekly weight monitoring. Some people were at high risk of falls and staff told us about people who had assisted technology in place such as sensor matts, that alerted them when staff were mobile.

We observed that staff supported people safely and used best practice guidance when providing support with mobility needs such as using a hoist for transferring people.

The provider had systems and processes in place to monitor the safety of the environment and equipment. Safety check records and certificates showed these were up to date. Regular fire drills, fire alarm testing and equipment were all checked and completed on a regular basis. We identified that not all clinical equipment at the service was included in the safety and maintenance audits in place. We discussed this with the manager who said that they would include these.

Personal evacuation plans were in place in people's care records; this information had recently been reviewed and updated. This provided staff with the required information of people's support needs in the event of an emergency evacuation of the building. Staff also had information of action required to respond to an event that could affect the running of the service.

People received their prescribed medicines appropriately. People who used the service told us they had no concerns about how their medicines were managed. One person said that they sometimes received their medicines later at night than other nights and this was a concern to them. We discussed this with the manager who told us that they would follow this up.

We observed a senior member of staff and nurse administer people's medicines. They did this competently and safely following good practice guidance. They stayed with the person to ensure they had taken their medicine safely and were knowledgeable about the medicines they administered.

We found that information available for staff about how people preferred to take their medicines was detailed and informative. Protocols were in place for medicines which had been prescribed to be given only as required and these provided information for staff on the reasons the medicines should be administered. We checked the audits and systems in place that monitored the management of medicines and found these to be up to date. We did a sample stock check of medicines including controlled drugs and found these to be in order. Medicines were correctly stored and managed.

Good

Is the service effective?

Our findings

People were supported by staff that had received relevant training and support to do their jobs and meet people's needs. People who used the service and visiting relatives were positive about the competency of staff. One person said, "They know what they are doing and I am happy with it." Staff were considered by people to be, "Trained well, they know what they are doing."

Staff told us they had received an induction when they commenced their employment and said that the quality of the training and support was good. Some staff said that they were working towards gaining the Care Certificate. This is a recognised induction that told us staff received a detailed induction programme that promoted good practice and was supportive to staff. One staff member said, "The training is good, some of it is on-line and we have work books to complete on a variety of topics." Another staff member told us about the training they had completed and that they received refresher training to keep their skills and knowledge up to date. Some staff were undertaking nationally recognised qualifications in social care and said they received encouragement and support to do this.

Records viewed confirmed staff received regular training opportunities to update their skills to provide effective care. Training included, catheter care, diabetes, fire safety, first aid and moving and handling. Some staff said they would like further training in dementia care awareness, they felt this was important due to the needs of people living with dementia they cared for. Staff told us that they received opportunities to meet on a one to one with the manager to review their work, training and development needs. The manager showed us a supervision and appraisal plan that confirmed staff had received appropriate support. Plans were in place to provide this continued level of support.

Some people were living with dementia and experienced periods of anxiety that showed in behaviours that could be challenging to support. Staff demonstrated a good understanding of people's needs and copying strategies to reduce anxieties and behaviours. Care records provided staff with important information about peoples mental health needs. It was evident from care records that the service had made referrals to external healthcare professionals such as the dementia outreach team, when additional support and guidance was required.

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. We checked whether the service was working within the principles of the MCA.

Staff understood how best interest decisions were made using the MCA. One staff member said, "You can't assume a person does not have capacity, it's a given they can give consent unless proven they can't. Best interest decisions sometimes have to be made and there is a way of how to do this." Staff said that they had received training on MCA and DoLS and records confirmed this.

People's care records showed that where people lacked the mental capacity to make specific decisions about their care, correct action had been taken. This included an assessment and a best interest decision made in consultation with others such as relatives, advocates or professionals involved in the person's care and best interest decisions were reviewed. Care plans provided staff with information about how people communicated their needs and decisions. This told us that staff had information about how best to involve people as fully as possible in all aspects of their care and treatment.

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 are called the Deprivation of Liberty Safeguards (DoLS). Whilst no person had an authorisation in place the manager told us about applications that had been sent to the supervisory body where there were concerns about people's freedom and liberty.

Some people had a power of attorney in place and this was identified in their care records. This gives another person legal authority to make decisions on behalf of another person relating to either a person's finances or care and welfare decisions.

We saw examples of do not to attempt resuscitation order (DNACPR) in place. These had been completed appropriately. This meant that staff had guidance on the best action to take or not take, should the person suffer cardiac arrest or die suddenly.

People were supported to eat and drink and maintain a balanced diet based on their needs and preferences. One relative said, "The food is good they [family member] can choose. They love the food". A person who used the service told us that they considered the food to be "awful", and complained in particular about the sausages. They had shared this with the cook and received alternatives. A relative raised concerns that their family member was a vegetarian but their choices were limited and often the food was not hot. We discussed this with the manager who agreed to follow this up with the relative and cook.

People were offered refreshments throughout the day of our inspection. There was also a plate of homemade jam tarts in the dining room, fruit and orange squash in the lounge for people should they wish to help themselves.

Menus were displayed to inform people with the day's food options. We observed people's mealtime experience. Some people required assistance from staff with their eating and drinking. Staff were not always effective in the way they supported people. For example, staff had limited conversation with people about what they were eating and often got distracted and left the person to support others with no explanation. People were encouraged to be as independent as fully as possible and we saw examples where people's preferences were acted upon. For example, one person liked an alcoholic drink with their meal and this was provided. Where people requested alternative meal choices this was respected and acted upon. We saw a person refused several meals provided and requested a salmon sandwich; however, they received a cheese sandwich with no explanation and ate it. Pudding was served once everyone had finished which for some meant a long wait between courses. We discussed our mealtime observations with the manager who said they would discuss our findings with the staff to improve people's experience.

Staff showed a good understanding of people's nutritional needs and preferences. Specific dietary and nutritional requirements, including cultural or religious needs were assessed. Additionally, people's preferences were also included in people's plans of care and the cook had this information made available to them. The cook told us how some people had specific needs with their diet and said how they catered for these needs. For example, some people had diabetes, some people needed a higher intake of calories and

some people required a soft diet due to concerns about swallowing. We found food stocks were appropriate for people's individual needs and food was stored correctly.

People's food and fluid intake was monitored to ensure they received sufficient amounts and weight was recorded as a method to monitor for any changes. Where concerns had been identified referrals to external healthcare professionals such dieticians had been made for further assessment and support.

People were supported to maintain good health and had access to external healthcare services. People who used the service and visiting relatives raised no concerns about how healthcare needs were met. People gave examples of when the GP was called to visit when they were unwell; an ambulance when they needed to go to hospital, and one person said they had seen the dentist when they had toothache.

Feedback from a visiting community nurse and GP was positive about how people's healthcare needs were met. They told us that they had no concerns about the service and that referrals to them were appropriate and made in a timely manner. They also said that staff followed any recommendations they made and found them to be knowledgeable and competent.

People's care records showed their healthcare needs had been assessed and planned for and monitored for changes. People's healthcare needs were discussed in staff handover meetings and reports. There was evidence of access to a wide range of professionals within people's care plans including a speech and language therapist, the dementia outreach team, GP and chiropodist.

Good

Is the service caring?

Our findings

People were supported by staff that were compassionate, kind, caring and treated people with dignity and respect. One person told us, "I am very happy here, the staff are very good, very caring as they have a lot of patience." Another person said, "The staff are wonderful, so helpful and friendly." A third person described the staff as, "Absolutely brilliant, they are very caring and do anything for you."

Visiting relatives were equally positive about the approach of staff. One relative said, "It is smaller than a big home, but it is more homely and everyone knows everyone which is nice." Another relative told us, "Staff are kind hearted and well intentioned."

Feedback from visiting healthcare professionals were positive about staff who they described as, "Very caring and attentive."

The staff we spoke with showed a good awareness of people's needs, routines and preferences. We spoke with a new staff member that had many years' experience working in social care. They were very positive about the care and treatment provided. This staff member said, "The care provided is fantastic, people are given choices about everything, they are really in control about how they spend their time." Another staff member told us how staff provided care that was personalised to people's individual needs. This staff member said, "There are individual friendship groups that have developed and we support this." This confirmed what a person who used the service told us. They said, "I go to the dining room so I can chat with my friends." Staff also told us that they were aware of potential risks to people in terms of self-isolation. Staff were aware of who was at greater risk than others. They said that whilst they respected people's choice and privacy, they continually encouraged people to be involved within the home community.

We saw staff interacting with people when they entered a room and chatted to them about things they were interested in. We found them to be caring in their approach and showed empathy and understanding of people's anxieties and concerns. For example, staff took time to repeat questions until they understood what the person was asking. Some people told us that they choose to remain in their rooms but staff made time available to sit and talk with them.

Staff responded well to people's comfort needs. For example, we observed a member of staff noticed a person was feeling cold and offered them a blanket which the person accepted. Another member of staff picked up on a person's anxiety and mood, they engaged with the person reminiscing about their earlier life. This included talking about the person's previous pet, the person responded well to this and soon became relaxed again. Dining tables were nicely laid with serviettes and condiments available, this created a pleasant environment.

From the sample of care records we looked at we found information about people's needs, routines and preferences was recorded in a caring and sensitive manner. This was a good reminder to staff about the provider's expectation that dignity and respect for people was important.

People were supported to express their views and be actively involved in making decisions about their care and support as fully as possible. Some people who used the service recalled occasions when, "They [staff] sit with the care plan and we go through things." A visiting relative told us that they had recently had a meeting with their family member and staff. They said, "We went through the care plan together."

During our observations of the interaction of staff with people who used the service, we saw how staff involved people in discussions and how choices and independence was promoted. For example, people were involved in making decisions of where they sat, what they ate and drank and how they spent their time. A person who used the service told us, "I am very well here; they [staff] treat you well as though you are all there. They speak to you nicely and do a good job."

Information about independent advocacy support was available. This meant should people have required additional support or advice, the provider had made this information available to them. The service arranged for monthly visits from AgeUK advocacy and support service. We spoke with an AgeUK representative who was visiting the service during our inspection. They told us about the 'worry catching sessions' they arranged that gave people an opportunity to raise any issues or concerns. This was then fedback to the manager to respond to.

People told us how staff respected their privacy and dignity and gave examples such as staff knocking on their doors before entering. We observed staff treated people with dignity and respect. Staff used the person's preferred name and were sensitive and discreet when providing any type of assistance. Whilst opportunities to provide people with privacy and space was limited, best use had been made of the space available with additional seating options made available for people.

Staff we spoke with told us how they valued people's privacy, dignity and respect. "One staff said, whilst we support people we respect their privacy and ensure their dignity is maintained. I treat people as I would want to be treated."

The importance of confidentiality was understood and respected by staff and confidential information was stored safely. Relatives told us there were no restrictions about visiting their family member and that staff provided a welcoming, warm and friendly greeting. One relative said, "Myself and my daughters can pop in when we like." A person who used the service told us, "I see my family every day."

Good

Is the service responsive?

Our findings

People received care and support that was person centred to their individual needs, preferences and routines. People told us that staff supported them with their routines, preferences and what was important to them.

People had pre-assessments completed by the manager before they moved to the service. This is important to ensure the service can meet people's individual needs. Care plans were then developed to advise staff what people's needs were, and what was required of them to provide a responsive service. One person said, "I have all female staff which I am happy with. I speak to them about choices."

Staff told us that they had the required information they needed to support people and that care plans and other documentation was easy to follow and use. People had a range of care plans for their care and support needs such as personal hygiene, eating and drinking, mobility, and pressure sore prevention. Care plans were reviewed regularly and updated in line with people's changing needs. Whilst people who used the service and relatives could participate in a review meeting anytime, they were formally invited to attend a review meeting on a six monthly basis.

We found people's care records provided staff with information about their diverse needs including life history, preferences, routines and religious and spiritual needs. What was important to people was recorded and staff showed a good understanding of this information. For example, one person liked a daily newspaper. Staff knew this was important to them and each day walked to the local shop with the person so they could purchase their own newspaper. A staff member told us how some people's personal appearance was really important to them, and that they liked to wear jewellery, makeup and perfume each day. Another person was supported with their religious needs that was important to them.

We identified that some people's care plans associated with their healthcare needs such as diabetes and catheter care lacked specific detailed information. However, when we asked staff about how they supported people to manage these needs staff were knowledgeable. This indicated that the issue was about recording. We discussed this with the manager who showed us the system in place of reviewing care files. We saw that the manager had completed reviews of people's care records and had identified some areas of improvement. This had been discussed with relevant staff and plans were in place to make the required changes.

We saw the provider was a member of the National Activities Providers Association (NAPA). NAPA is an organisation that encourages older people to lead active and fulfilling lives. The service employed a full time activity coordinator who was not present on the day of our inspection. People told us about the activities available including external entertainers that visited the service and community day trips that were planned. A visiting relative said, "An organist comes in people sings and dances along." This relative thought "there were there lots for people to do and said their family member especially liked the crafts. They also added, "They [staff] have taken [family member] to the pub twice." The service had their own transport to support people to access the community and a small but pleasant garden was available for people to use.

Some people said that the activity coordinator did not provide activities for people who either choose to remain in their room upstairs or for people that were cared for in bed. We found the service lacked appropriate signage for people living with dementia to support them to orientate themselves around the home. The environment also lacked memorabilia to support people to reminisce and items that could provide stimulation and engagement. We discussed this with the manager who agreed with our observations and said that they had plans to improve the environment and this included the development of individual memory boxes for people living with dementia.

The provider had a complaints procedure but this information was not visible in communal areas. People generally said that they were unaware of this information and could not recall if this information was in the service user guide that people had copies of. This provides people with information about the service. One person told us, "I don't know how to make a complaint or raise a concern but I haven't needed to. I know who the manager is and I would happily raise a concern." A relative said, "I have no idea about the complaints procedure." But added, "We have never had to complain." Another relative said that they were, "Happy to raise concerns should they arise." One person said that they had made a complaint about the food and that the issue had got resolved saying, "We are all good."

We looked at the complaints log and saw three complaints had been recorded since our last inspection. We noted that these had been responded to in a timely manner and resolved.

Good

Is the service well-led?

Our findings

The service had an open, inclusive and caring culture where people's individual needs were known and understood. People who used the service, visiting relatives, including visiting healthcare professionals and others were positive about how the service had developed over the last 12 months.

One relative told us, "I can leave here and not worry." Another relative said of the service, "I am very happy [family member] is here and so are they. We are really pleased with it."

Feedback from professionals included, "The staff are good and very welcoming. Over the past year, the atmosphere at the service has improved; it has a nice feeling." Visiting healthcare professionals were positive and complimentary about the leadership of the service. They said that staff were always prepared for their visits and provided detailed information that was helpful and supportive. All professionals said communication was good with the service and there experience was that they found the service to be organised.

Staff were positive about the leadership of the service and said that improvements had been made to staffing, and that the communication and organisation had improved. All staff were complimentary of the manager who they described as supportive and approachable. One staff member said, "I think the home is fantastic, it feels like home, there are no restrictions and staff are clear about their role and responsibilities, I just love working here."

Staff told us that there were regular staff meetings where they could raise any concerns or issues. They said that they felt involved in the development of the service. We saw from staff meeting records that the manager discussed areas of quality and improvement.

The provider had a clear vision and set of values for the service that underpinned how care and treatment was provided. This was shared with people who used the service and others in information provided such as the service user guide and statement of purpose. We observed staff promoted these values in their day to day work. One staff member told us, "We try and keep the service as homely as possible, we provide people with the dignity and respect they deserve and have regard to people's individual wishes."

A whistleblowing policy was in place. A 'whistle-blower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation. Staff told us they were aware of this policy and procedure and that they would not hesitate to act on any concerns.

We saw that all conditions of registration with the CQC were being met. We had received notifications of the incidents that the provider was required by law to tell us about, such as any restrictions placed on people's liberty, allegations and concerns of a safeguarding nature and any significant accidents or incidents. Appropriate action was described in the notifications and during our visit, records confirmed what action had been taken to reduce further risks from occurring. A manager was in place and they had submitted an application to become the registered manager and this was being processed.

As part of the providers internal quality assurance procedures, relatives and visiting professionals were asked to compete an annual questionnaire about their experience of the service. Relatives we spoke with confirmed they had received a request to share their views. From records looked at we saw the provider last sent a questionnaire requesting feedback in June 2016. We saw the findings of this feedback without exception were all positive. In addition to support relatives to share their views the manager provided a weekly opportunity for relatives to meet with them. The manager made themselves available at times within office hours and outside normal working hours, and these days and times were clearly displayed to advise relatives.

The manager also arranged regular meetings for people who used the service and relatives to share information, and to give people an opportunity to share their views and suggestions about how the service could develop. We saw recent meeting records where people had suggested particular theme days. Visitors, staff and people who used the service confirmed these had taken place. People also had an opportunity to share feedback direct to the provider by means of an electronic feedback system that was placed in a communal area.

The provider had systems in place to monitor the quality of the service. This included daily, weekly and monthly audits and checks completed by the manager and additional audits by provider. For example, checks included the management of medicines, care records and accidents and incidents. Action plans were developed from these audits where any shortfalls were identified.

People's individual accidents and incidents were monitored and appropriate action had been taken to reduce further risks from reoccurring. For example, due to an incident staff had been provided with new guidance in relation to the use of wheelchairs. Monthly meetings were arranged with key staff to discuss what falls people had experienced during the month. The purpose of these meetings were to consider themes, patterns and if any lessons could be learnt to reduce further risks. The manager also completed regular unannounced night spot checks, to ensure people received safe and effective care and treatment at all times.