

Rotherbank Residential Care Home Limited

Rotherbank

Inspection report

Rotherbank Farm Lane
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19 January 2017

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 16 and 19 January 2017 and was unannounced. Rotherbank is registered to provide accommodation and support to 21 people; it does not provide nursing care. At the time of the inspection there were 18 people living there.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Although the registered manager visited regularly, the day to day management of the service was carried out by the manager; in addition there was a trainee manager and a deputy manager.

People told us they felt safe and well supported. Staff had undergone safeguarding training and understood their role in relation to safeguarding and the actions they should take to keep people safe from the risk of abuse.

People's records demonstrated that risks to them as individuals in relation to their care had been assessed and managed safely overall. However, there was a lack of clear guidance in relation to blood sugar monitoring for people's diabetes care. Although the manager took prompt action to address this, it will take time to embed this into practice and for the provider to be able to demonstrate staff have followed the revised guidance over time.

People told us there were always staff available when needed and that they had the time to support them in the way they liked. No agency staff were used at the service to ensure people received continuity of care, which is important for people living with dementia. People were safe because the provider applied robust recruitment policies and procedures.

The registered manager had not ensured they had consistently followed good practice guidance in relation to the storage, usage and recording of people's medicines. The manager took prompt action to rectify these issues for people. However, it will take time for the registered manager to embed the changes that were made during the inspection in relation to medicines safety.

The registered manager had not ensured that all staff followed infection control guidance in relation to their nails. This placed people at potential risk from acquiring a skin flap and some staff's nails were not hygienic. The registered manager has taken relevant action to ensure all staff meet regulatory requirements to ensure people's safety, however, this needs to be embedded over time.

People said that staff appeared to be well trained and knew what they were doing and supported them in the manner they liked. New staff underwent an induction to prepare them for their role and all staff received regular supervision. Staff were required to undertake a range of training identified by the provider as

necessary in order to meet people's needs. Staff were supported to undertake professional qualifications in social care.

People told us staff always sought their consent before they provided their care, medication and support. Staff were able to demonstrate how the Mental Capacity Act (MCA) applied to their day to day work with people. Where people were subject to the Deprivation of Liberty Safeguards (DoLS) legal requirements had been met.

People said the food was good. Risks to people associated with their eating and drinking had been assessed and relevant measures taken to manage these effectively for them.

Staff supported people to access a range of healthcare services to ensure they could maintain good health.

People said that the staff were caring and supported them the way they liked. Staff were observed to interact with people in a kind and caring manner. Staff received relevant information about people to enable them to form a relationship with them.

People told us they were able to do what they wished and that staff respected their wishes. Staff supported people to make day to day decisions about their care.

People told us they were treated with respect, their dignity was protected and that they were encouraged to be as independent as possible. Staff were observed to treat people with dignity and respect.

People's care needs were assessed prior to them being accommodated. People were involved in their care planning where possible and they and their relatives were encouraged to participate in reviews of their care. People's care was person centred to meet their individual needs. Staff had received training in dementia care.

People were supported to access and to be part of their local community. Staff ran a range of activities for people to participate in. They also ensured people's needs for one to one support were met.

People and their representatives told us they could make a complaint if they needed to and it would be acted upon. People were provided with information about how to make a complaint.

People told us they thought the staff were happy and had good relationships with each other and the management. People were cared for in a service which had an open culture where staff were encouraged to speak out about any issues. Staff were observed to uphold the provider's values in the course of their work with people.

People told us they thought the service was well led; they all spoke highly of the management and said the manager listened to them and acted upon what was said. There was a stable and well-staffed management team who were visible to people and knowledgeable about their needs. Management worked alongside staff and had a good understanding of the service.

The manager had a good overview of any incidents that took place and ensured any actions required as a result were taken for people to protect them. There was an electronic system which enabled the manager to constantly monitor that all required works and training had been completed and were up to date for people. Items identified for action in 2016 had been actioned to improve the service for people, such as the provision of a new patio. People's views about the service had been sought and acted upon.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

Processes were in place to ensure people were safeguarded from the risk of abuse.

People's records demonstrated that risks to them as individuals in relation to their care had been assessed and managed safely overall. There was a lack of clarity regarding arrangements for people's blood sugar monitoring. The manager took action to address this for people.

People were safe as there were sufficient numbers of suitable staff available to provide care and robust staff recruitment processes were in place.

The registered manager had not ensured staff consistently followed good practice guidance in relation to the storage, usage and recording of peoples' medicines. They took immediate action to address this for people.

The registered manager had not ensured that all staff followed infection control guidance in relation to their nails. They have taken action to address this for peoples' safety.

It will take time to embed the changes the registered manager made during the inspection and for them to be able to demonstrate staff have consistently followed requirements and the revised guidance over time.

Is the service effective?

Good 

The service was effective.

People were cared for by staff who underwent relevant training and regular supervision to enable them to carry out their role effectively.

People's consent was sought in line with legislation and guidance and where people lacked the capacity to consent to decisions legal requirements were met.

People were supported by staff to eat and drink sufficient for their needs.

Staff supported people to maintain good health and to access health care services as required.

Is the service caring?

Good ●

The service was caring.

People experienced positive and caring relationships with the staff who provided their care.

Staff supported people to make decisions about their care.

Staff ensured they protected peoples' privacy and dignity and treated them with respect.

Is the service responsive?

Good ●

The service was responsive.

People's care was tailored to meet their individual needs. Staff had received training in dementia care and had a good understanding of each person's needs.

People's needs for social stimulation were well met.

Processes were in place to enable people to express their concerns, complaints and suggestions and these were acted upon for people.

Is the service well-led?

Good ●

The service was well-led.

The service promoted an open and transparent culture based on clear values.

There was good accessible management at all levels of the service for people.

Processes were in place to assess the quality of the care provided and to drive service improvement for people.

Rotherbank

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 16 and 19 January 2017 and was unannounced. The inspection team included an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience of caring for older people.

We did not request a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make, we obtained this information at the inspection. We reviewed information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

Prior to the inspection we spoke with an adult social services team manager and a District Nurse. During the inspection we spoke with a second District Nurse and a GP. We spoke with eight people, one relative and two people's friends. As some people experienced dementia and could not all speak with us, we used the Short Observational Framework for Inspection (SOFI) at lunchtime to enable us to understand their experience of the care provided. We spoke with three care staff, the deputy manager, the trainee manager, the manager and the registered manager.

We reviewed records which included three people's care plans, three staff recruitment and supervision records and records relating to the management of the service.

The service has not been inspected since there was a change in the legal entity of the provider in 2014.

Is the service safe?

Our findings

People told us they felt safe, one person commented "I feel very safe." Staff told us they had received training in safeguarding adults which records confirmed and if they observed anything which indicated a person was at risk of abuse they would report it to the manager. Staff were able to demonstrate to us their understanding of the safeguarding process and their role and responsibility to safeguard people from the risk of abuse. Staff were asked by the manager at their supervisions if they had any safeguarding concerns about people which provided them with the opportunity to speak out. Staff had access to relevant safeguarding guidance and telephone numbers if required. The manager understood their role in reporting safeguarding alerts and had correctly made referrals to the local authority as the lead agency for safeguarding people.

A relative told us "Staff understand mum's needs and risks." People's risk assessments identified what the risk was to them, the actions or interventions required to manage the risk and the level of support required from staff to manage the risk safely.

Staff assessed people's risk of developing pressure ulcers and if any equipment was required this was supplied. If people required re-positioning, staff ensured this was completed and recorded. Staff checked people's skin for signs of pressure ulcers developing in accordance with their care plans. Staff completed a body map if they noted a person had sore skin and noted the action taken to address this for the person. They also ensured this information was reported to senior staff for them to determine if any further action was required for the person's safety.

People's care plans stated how many staff were required to support them with their care. Staff had documented what equipment was required to transfer people safely. Staff were observed to ensure people had their mobility equipment to ensure they could mobilise safely.

Risks to people from falling had been screened and assessed. There was guidance for staff about how to manage this risk for people safely. Where equipment such as a floor or door alarm were required to alert staff that the person was up, these were provided. Staff had undergone training in preventing falls for people. If people experienced a fall then a post falls assessment was completed to monitor the person's welfare and safety.

There was a lack of a clear understanding regarding whether staff were to monitor people's blood sugar levels in relation to their diabetes care or whether the District Nurses were to do this. This created a potential risk that people either had to wait for their breakfast until the District Nurses had visited or that their blood sugar monitoring would be missed. We asked the manager to clarify the guidance which they immediately did; they then issued staff with revised guidance, to ensure the monitoring was completed in a timely manner. It will take time to embed this guidance and for the registered manager to be able to demonstrate staff have followed the revised guidance over time.

There was a keypad on the front door and on the entrance to the corridor leading to the kitchen, to ensure

people's safety. People had personal emergency evacuation plans which detailed the support they would require to evacuate the building in an emergency. Records demonstrated checks had been completed in relation to gas, fire, water, electrical and equipment safety. The environment was safe for people.

People told us there were always staff available when needed and that they had the time to support them in the way they liked. One person commented "Always enough staff." Another person told us "The staff never seem rushed when they support us." Staff confirmed there were sufficient staff to meet people's care needs.

The deputy manager told us there were two staff shifts. In the morning there were three care staff rostered. In the afternoon there were two care staff. At night there were two care staff. There was a senior member of care staff on duty and out of hours staff could contact the on-call manager. The manager told us any requirements for additional staffing due to sickness or holiday were met from within the staff and management team and that each day there was an on-call staff member who could work if required. Records demonstrated that staffing had been increased to meet an increase in a person's needs. No agency staff were used at the service to ensure people received continuity of care, which is important for people living with dementia.

Staff told us they had undergone a robust recruitment process. Records showed the provider complied with legislation, they obtained Disclosure and Barring Service (DBS) checks for all staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The provider obtained two references for staff to check they were of good character. People were safe because the provider had robust recruitment policies and procedures.

People told us they received their medicines on time. People's records contained an up to date list of their medicines. Their care plans provided guidance for staff about whether the person self-medicated or not, whether or not they took any medicines 'as required' and provided guidance about the administration of homely remedies such as paracetamol.

We noted that although the medicines trolley was located in a corridor with restricted access via a keypad, it was not secured to the wall as required. We brought this to the manager's attention who immediately spoke to the pharmacist to seek guidance and then arranged the appropriate fixing to ensure the medicines trolley was secured to ensure safe storage.

Records showed staff updated their medicines training and had their competency assessed every three years. If staff are only having their competency assessed every three years there is a potential risk their practice may not be safe. We discussed this with the manager who advised they would be increasing the number of competencies staff undertook between medicines training updates to ensure there were more regular assessments of their competence for people's safety.

People's medicine administration records (MAR) charts provided staff with written but not pictorial guidance about how much and where topical creams were to be applied for people. The use of pictorial guidance is good practice. During the inspection the manager introduced body maps for staff to identify the areas people's topical creams were required to be applied to. Staff told us they did not document the date people's creams or eye drops were opened. They were aware usage of these medicines was time limited and to manage this risk they took the opening date as the date the medicines were dispensed rather than the actual date of opening. Although this managed the risk for people, it was not an efficient use of medicines which could be disposed of unnecessarily. We brought this to the deputy manager's attention and they arranged with the pharmacist for the introduction of labels to document the date of opening.

The provider's pharmacy had not audited the service's medicines management within the last year. It is good practice for services to have their medicine practice regularly externally audited to enable them to identify any issues that require action. During the inspection the manager arranged for this to take place. Although people were not receiving their medicines unsafely it will take time for the registered manager to embed the changes that were made during the inspection in relation to medicines safety.

We noted on the first day of the inspection that in one of the upstairs bathroom there was no soap or paper towels. The registered manager told us staff were responsible for filling up the soap as part of their cleaning schedule and that the paper towels had run out and been ordered. On the second day of the inspection there were plentiful supplies of soap and paper towels. The manager advised they would be introducing a written checklist for staff to sign to confirm these had been checked daily for people.

We noted three staff wore long painted nails which are not in accordance with good practice requirements for infection control; these can place people at risk from acquiring a skin flap and are not hygienic. We spoke with the registered manager and the manager about this on the first day of the inspection. They informed us they would send staff an email to inform them that this was not acceptable and requiring them to conform with good practice guidance within the week, to ensure peoples' safety. It will take time to embed this and for the registered manager to be able to demonstrate staff have followed the revised guidance over time.

Is the service effective?

Our findings

People told us staff appeared to be well trained and knew what they were doing and supported them in the manner they liked.

Staff told us they had undertaken the provider's induction to their role, which records confirmed. Since the introduction of the Care Certificate which is the industry standard induction for staff who are new to care, the provider had not recruited any new staff without previous experience of care. Staff had not needed to undertake the Care Certificate but the manager had obtained the relevant resources and guidance in readiness for staff new to care.

Records showed staff were required to undertake a range of training to ensure they had the skills to carry out their role. Staff had the opportunity to undertake additional training in areas such as end of life care, oral health care and pressure area care. The manager was trained to instruct staff in moving and handling and dementia care and was therefore able to provide staff with this training face to face on-site.

The registered manager supported people in their professional development; twelve of the 22 staff had undertaken or were completing a Qualifications and Credit Framework (QCF) in social care level two, twelve a level three, four a level four and three a level five. People were cared for by staff who had undertaken relevant professional development.

Staff told us they received regular supervision; records confirmed staff received supervision on a two monthly basis. This enabled staff to reflect upon the care provided to people and identified any training requirements they had. People were cared for by staff who were supported in their role.

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.

People told us staff always sought their consent before they provided their care, medication and support. This was confirmed by a person's friend. Staff told us they had undertaken training on the MCA and DoLS which records confirmed. Staff understood the MCA and its application to their work with people. A staff member told us "Most people have the capacity to make day to day decisions." Staff were heard to ask people for their consent for the care provided and documented in people's care records that they had given their verbal consent to the care provided.

People's records demonstrated that where they lacked the capacity to make a specific decision about their care, an assessment had been completed and a best interest decision made involving relevant parties for the person.

Where DoLS applications had been made for people there was evidence that relevant people had been consulted regarding the decision to make the application. A person's relative confirmed they had been consulted with regards to the application for their loved one.

Some people had appointed a power of attorney for health and welfare to represent them in the event they lacked the capacity to make decisions in these areas themselves. There was not always a copy of this authority on people's records. This was important to demonstrate the attorney had the legal authority to sign their consent to the provision of care and treatment for the person. The trainee manager told us they had requested that relatives provided a copy and were waiting for these to be supplied.

People said the food was good, they had a choice of menu and if they did not like what was on offer, an alternative was agreed and provided. A person told us "Lovely food" and "We get the drinks we like." A relative told us their loved one had gained weight since living at the service.

At lunchtime there was a main meal and an alternative vegetarian option. Staff ensured people who required support to eat their meal or to cut it up received this assistance. We observed two people that informed a member of staff they did not like the meal on offer. The staff member knew the people's preferences and offered a sandwich with a choice of fillings. Staff supported and encouraged those people who were not eating much, offering an alternative if they were not enjoying what had been provided, this was done very caringly. Staff did not rush people with their lunch.

People had been weighed and their Malnutrition Universal Screening Tool (MUST) score calculated. MUST is a screening tool to identify adults who are at risk from either malnourishment or being overweight. People's dietary needs were documented in their care plans such as whether they required a soft diet or fortified foods which is when the calorific content of a food is increased to help people to gain weight. We saw people were provided with these foods. The chef used food 'moulds' such as a carrot mould to present people's pureed meals in a more recognisable and appetising manner for them.

Staff documented and monitored people's fluid intake to ensure they received sufficient for their needs. We observed a person had not touched their drink, a member of staff asked if they would prefer an alternative which they accepted. The member of staff changed the drink for the person and supported and encouraged them to drink it. People were supported to drink sufficient for their needs.

People told us their health care needs were met. A person and a relative told us staff contacted the GP for them as required. A GP told us staff were prompt at alerting them to any concerns about people.

People's records demonstrated they had been supported to see a range of healthcare professionals such as GP's, district nurses, chiropodists, community psychiatric nurses, social workers, speech and language therapist, dentists and opticians, for example. People were supported to access a range of healthcare services to ensure they could maintain good health.

Is the service caring?

Our findings

People said that the staff were caring and supported them the way they liked. This was also stated by a person's friend who said "The staff are marvellous, very friendly and nothing is too much trouble." People told us "Staff are kind."

Staff were observed to interact with people in a kind and caring manner. They smiled at people and spoke with them gently. Staff used humour appropriately with people. People were clearly relaxed in the company of the staff who knew the people they supported and had a good rapport with them.

People's records contained a personal history form which provided details of the person's early, middle and later life and occupation, to provide staff with background information about people. People's records detailed their communication needs and how these should be met. A person's records noted staff should keep their language simple so the person could participate in the conversation. Another person's records stated they used short sentences and body language to communicate with staff, which we observed. If people were living with a hearing or sight impairment this had been noted to ensure staff were aware. Staff received relevant information about people to enable them to understand how to communicate with them and to form a relationship with them.

A person told us "You can do what you want." Another person said staff respected their wishes. People's records detailed what assistance they required to enable them to make decisions about their care. For example, whether they needed assistance to select their clothing. People's preferences about the time they liked to get up and go to bed were noted.

Staff told us they constantly gave people choices in relation to their care. They were able to tell us about how they supported people to make decisions about their care for example, by showing them outfits to wear and talking them through the decision. They were observed to ask people what they wanted for their breakfast and people chose what they wished to have. Staff then documented in peoples' care notes that they had followed their wishes regarding their appearance, for example, by applying their lipstick. People had personalised their bedrooms and filled them if they wished with their photos and items that were important to them. Staff supported people to make decisions about their care.

People told us they were treated with respect, their dignity was protected and they were encouraged to be as independent as possible. A person told us staff knocked before entering their bedroom.

We observed people being treated with dignity and respect throughout the inspection, care staff routinely knocked on people's bedroom doors before entering. Staff were able to describe to us how they upheld people's privacy and dignity during the provision of their care by: ensuring they knocked on people's bedroom doors and seeking their permission before entering their rooms; closing the curtains during the provision of personal care and ensuring the person remained covered.

People's records instructed staff to promote their independence. Staff were told to proactively involve

people with their personal care. We observed that the manager sat with a person and encouraged them to clean their hands by demonstrating what to do with the wet wipe they were offered, in order to support the person to clean their hands independently.

Is the service responsive?

Our findings

A person told us "Staff know what I like and how." Another person said that staff made time to chat with them. A relative told us that the service was run "Like a home, not an institution." They also told us they had been involved in their loved ones care planning and reviews and that staff kept them updated about any changes to their loved one.

The manager told us that once a member of the management team had assessed a person's needs and they had agreed to accommodate them, staff were then provided with written and verbal information about the new person to ensure they were aware of the person's needs. People's records demonstrated they were present for their assessment to ensure they could contribute. People's care plans were reviewed monthly by the service to ensure they continued to reflect people's care needs and they were updated in between if required. There was evidence people's relatives were consulted about their care.

People had a summary record of their care needs in their bedroom, this contained the main points staff needed to be aware of when delivering the person's care. Staff told us these were useful for new staff who might not be so familiar with people's care needs.

People's care was person centred to meet their individual needs. People living with dementia had a dementia care plan. This detailed how the person's dementia impacted upon them and the measures staff should take to support them. For example, whether people could initiate tasks themselves or needed this to be done for them and whether they required tasks to be broken down into smaller steps. There was also guidance for staff about what behaviours the person might experience which could challenge staff and strategies to manage these for the person. Staff told us a person liked to touch items which had resulted in some being damaged. In order to manage this behaviour differently for the person they had purchased a 'fiddle apron' for the person, this is an apron that has items sewn on for people to touch. We observed the person examining and investigating the items secured to their apron which diverted their attention from other items.

Staff told us they had undergone dementia training, which records confirmed. They were able to describe to us how living with dementia impacted upon individuals and the strategies used to work with them. Staff told us if a person was resistant to personal care, they would leave them for ten minutes before trying again until the person was ready to accept assistance.

People had recreation care plans which documented what they liked to do and what activities they could participate in to provide guidance to staff. Staff members led the activity sessions; we saw there was lots of laughter throughout an exercise session. The activity schedule demonstrated a range of activities were arranged for people's stimulation. These included: craft, cooking, bingo, films, pamper sessions, music, exercises, reminiscence and quizzes. In addition to activities to celebrate dates such as Chinese New Year and Burns night there were two structured activities for people each day.

In addition to the structured activity sessions we saw that people who could not participate were provided

with items to look at and touch and that staff spent time sitting and talking to people about what they were doing or looking at to stimulate them. People each had a detailed 'life story' book about them as an individual. These were used by staff with people to initiate conversations about the person's past life. We saw that a person had been given an old fashioned camera to explore, which they enjoyed. They told us they enjoyed photography and that when staff took them out they could take their camera. Staff understood people's interests.

The service had a car and people were taken out on trips to the garden centre for example. The manager told us staff took people out to community groups such as a local music group for people with dementia and a dementia café. People were supported to access and to be part of their local community.

The management team's dogs were in the service when they were working. They spent time with people during parts of the day, which people appeared to experience great enjoyment from. People were observed enjoying patting the dogs and holding them. There were also birds for people to look at.

People and their representatives told us they could make a complaint if they needed to and it would be acted upon. A person told us "Of yes I could make a complaint." A person's representative told us the manager had addressed any issues they raised.

The provider had a complaints policy and details of how to make a complaint were also documented in the provider's statement of purpose for people. Contact details for advocacy services were included for people where required. An advocate is a person who seeks and represents the views of a person who cannot necessarily represent their own views. Although no one currently required an advocate to represent them, the manager told us this was arranged for people where required. No written complaints about the service had been received within the past year.

The manager told us if anyone raised an issue verbally then they endeavoured to resolve that immediately for the person. For example, a person had recently moved in and wanted a television for their bedroom, when they told staff this was arranged the same day. In response to issues raised verbally about lost glasses; the manager had purchased and fitted a tracker device to the glasses to ensure they could be found. The manager took on board any issues raised and addressed them for people.

Is the service well-led?

Our findings

People told us they thought the staff were happy and had a good relationship with each other and the management.

The manager told us the philosophy of the service was to run it as if it was each person's own home, and that this was explained to staff during their interview and induction, which staff confirmed. The provider's objectives were outlined in their statement of purpose for people; these were to offer skilled care, treat people with respect, uphold people's rights, support people's independence, and to provide meaningful activity for people. Staff were observed to uphold the provider's values in the course of their work with people.

Staff told us there was a nice culture in the service and that they enjoyed working for the provider. There were regular staff meetings, the last of which was held on 22 November 2016. Staff were updated with information such as the need to re-position people's arms if they were immobile to prevent nerve damage. The manager told us and records confirmed they completed regular spot checks on night staff, in order to observe their practice. Staff were encouraged to give their feedback on the service and to raise any issues during their regular supervisions. People were cared for in a service which had an open culture where staff were encouraged to speak out about any issues.

People told us they thought the service was well led; they all spoke highly of the management team and manager, and said the manager listened to them and acted upon what was said.

The management team comprised of the provider who was also the registered manager. Although they visited regularly, the day to day management of the service was carried out by the manager; in addition there was a trainee manager and a deputy manager. Staff told us they could take any issues to the manager. A staff member said "Management are approachable." The management team were very visible within the service and knowledgeable about each person's needs. People were comfortable in the presence of each member of the management team and clearly trusted them. The registered manager told us they "Led by example" and worked on the floor alongside staff which enabled them to monitor their practice.

The management team had a good understanding of the service and its challenges. For example, they told us that in a small service they could not meet the needs of too many people on respite care and therefore limited their number at any time to three to ensure they could meet people's needs.

When incidents took place staff completed an incident form and the manager reviewed them to determine if any further action needed to be taken for the person and to identify any learning for the staff. They provided evidence of a recent incident where staff had managed the situation for the person's safety, sought professional advice and staff had then been de-briefed. This was in order to enable staff to process and reflect upon the event and the effectiveness of the strategies they had employed to manage the situation for the person. Following another incident a person had been provided with a falls mat to decrease the risk of them falling again and their care plan had been updated. The service is small and the manager had a good

overview of any incidents that took place and ensured any actions required as a result were taken for people.

There was an electronic system to alert the manager to any staff training that needed to be refreshed and any care plans that needed to be reviewed or checks that were required, such as upon equipment. This enabled the manager to constantly monitor to ensure all required works and training had been completed and were up to date for people. The manager had checks in place which were completed daily, such as the fridge temperatures, weekly, such as the fire safety checks, monthly, such as the first aid supplies, emergency lighting and infection control audit. The deputy manager told us there were daily checks to ensure staff had signed people's medicine administration records. Staff meeting minutes demonstrated staff had been reminded of the importance of signing the medicine administration records (MAR) for people's creams at the last staff meeting. The manager told us staff were now consistently signing the MAR for people's creams and we saw people's MAR had been signed as required.

The registered manager told us they had identified areas of the service requiring improvement. A bowling alley had been installed in response to people's feedback. Records showed that in 2016 the provider planned to replace the front windows, the patio, obtain profiling beds as required and enable relevant staff to undertake a professional qualification in management in social care. These actions had been completed to improve the quality of the service people received.

People told us they had been asked their opinion either through residents meetings, questionnaires and discussions. The manager told us people had been provided with a quality assurance survey in 2016. People's feedback had been positive overall and where issues had been raised such as relatives wanting to see a greater level of detail in the weekly email sent to each family about their loved ones this had been completed. People's feedback on the meals and activities were sought at resident meetings and used to plan meals and future activities. People's views about the service had been sought and acted upon.