Roseacres Care Home Limited

Roseacres

Inspection report

80-84 Chandos Avenue
London
N20 9DZ

Tel: 02084455554
Website: www.advinia.co.uk

Date of inspection visit:
05 October 2017
09 October 2017

Date of publication:
06 November 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 5 and 9 October 2017 and was unannounced. At our previous inspection in February 2016, the service's overall rating was improved to Good following specific checks. However, this inspection was the first time the service achieved a Good overall rating through checks of all five key questions at the same time, otherwise known as a comprehensive inspection.

There was a registered manager who had been in post for over three years. This 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.

Roseacres is a care home for up to 35 older people. At this inspection, the registered manager informed us there were 34 people using the service which was the maximum in practice. No-one shared a room. The service's stated specialisms include dementia, physical disability and sensory impairment. The building is an adapted home with passenger lift access to the first floor.

People who used the service, their relatives, and community healthcare professionals provided much positive feedback about the service. This helped establish the overall Good rating for the service.

Staff demonstrated positive, respectful and friendly attitudes towards people using the service. People received individualised care because staff knew their routines and preferences and supported them well. People could express their views and make decisions about their care, and retain their independence where possible.

There were enough staff working to keep people safe. Further recruitment was taking place to support the service at busiest times. A second activity worker was just about to start, to re-establish the seven-days-a-week activities program.

Systems were in place to ensure people were safe from hazards and abuse. The service was kept clean and there were appropriate infection control procedures in place.

There were strong systems for monitoring people's health, nutrition and hydration. There was joint working with community healthcare professionals in support of this.

A new computerised system was helping to eliminate risks relating to medicines management, and so people were safely supported to take medicines.

The service ensured detailed and individualised care plans provided a foundation for people's care and support. A keyworking system had been recently reintroduced, to help ensure care plans remained up-to-date, and to help families have a point of contact amongst staff.

The service was working to ensure consent to care and treatment followed appropriate practices, although there were occasional documentation shortfalls.

There was a positive and empowering working culture in the service, led by the experienced registered manager. Recruitment procedures, training and ongoing support ensured staff had the knowledge and skills needed for their roles and responsibilities.

There were a number of systems in place to promote good quality care and ensure safety risks were identified and addressed. For example, by listening to and addressing people's concerns and complaints. There were effective governance structures such as ongoing audits to support learning and improvement at the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Systems were in place to ensure people were safe from hazards and abuse. Where occasionally safety was compromised, action was taken to stop it occurring again.

There were enough staff working to keep people safe. Recruitment procedures ensured these staff were suitable for the role. Further recruitment was taking place to support the service at busiest times.

People received medicines safely. A new computerised system was helping to eliminate risks relating to medicines management.

The service was kept clean and there were appropriate infection control procedures in place.

Is the service effective?

Good

The service was effective. There were strong systems for monitoring people's health, nutrition and hydration. There was joint working with community healthcare professionals in support of this.

Staff were trained and supported to have the knowledge and skills needed for their roles and responsibilities.

The service was working within the principles of the MCA to ensure consent to care and treatment followed appropriate practices, although there were occasional documentation shortfalls.

Is the service caring?

Good

The service was caring. Staff had a positive attitude towards people using the service, and so people were treated respectfully and in a friendly manner. People's visitors were welcomed at any time.

People were supported to express their views and make decisions about their care, and to retain their independence where possible.

Is the service responsive?

Good

The service was responsive. People received individualised care because staff knew their routines and preferences and supported them well. Detailed and individualised care plans provided a foundation for this.

The service had systems for listening to and addressing people's concerns and complaints.

Is the service well-led?

Good

The service was well-led. There was a positive and empowering working culture in the service, led by the experienced registered manager.

There were a number of systems in place to promote good quality care and ensure safety risks were identified and addressed.

The provider had established an effective governance structure to support ongoing learning and improvement at the service.

Roseacres

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 5 and 9 October 2017 and was unannounced. The inspection team consisted of two adult social care inspectors and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed 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.

Before the inspection, we checked any notifications submitted to us by the provider, any safeguarding alerts raised about people using the service, and the information we held on our database about the service and provider.

There were 34 people using the service at the time of our inspection. During the inspection, we spoke with eleven people using the service, five people's relatives, seven care staff including deputy managers, an activities co-ordinator, the maintenance worker, the registered manager and the operations manager. We also received feedback from four community health and social care professionals.

During our visit, we looked at selected areas of the premises including some people's rooms and we observed the care and support people received in communal areas. We looked at care records of five people using the service including care plans, risk assessments, care record and medicines administration records. We also checked the personnel files of four staff, and some management records such as for health and safety, fire safety, accidents and incidents, staffing rosters and staff support. The registered manager also sent us certain documents on request such as a copy of his service oversight document and the service improvement plan.

Good

Is the service safe?

Our findings

People and their visitors told us the service was safe. Visitors' comments included, "It feels very safe." One person told us of being reminded to call for staff help at night. A visitor told us, following their family member falling, "We spoke about this and they put sides on the bed."

Attention was paid to people's safety. For example, when one person left the dining table, a staff member immediately came over and asked if they could support them with where they were going. People were safely and patiently supported to move and transfer between seats. Staff told us of individually-fitted slings for anyone needing hoisting support. We saw correct-sized slings being used for people. Where assessed as appropriate, some people had sensor mats connected to the alarm-system to inform night staff they had got up and may be in need of assistance.

There were documented risk assessments in place for each person in respect of general and specific hazards. These included assessments for nutrition, skin care, mobility and continence. They were kept under review, usually on a monthly basis, to ensure appropriate actions took place to minimise risks.

Accident and incident records were made where anyone experienced injury or significant safety risk. These were kept under review, to ensure actions were taken to minimise potential reoccurrence. For example, the provider had introduced a new risk assessment form that was filled out and attached to each accident record. Accidents and incidents were also logged on the service's oversight record, for senior manager scrutiny. Records and staff feedback indicated appropriate responses to falls, such as through promptly contacting community healthcare professionals or ambulance services for advice or support, and through 24-hour welfare monitoring forms in case of delayed concerns. The registered manager provided examples of actions taken to minimise risks of people experiencing repeated falls.

People were protected from avoidable harm through routine health and safety checks. For example the fire safety record was up-to-date and equipment such as hoists were serviced regularly. The last fire drill identified some improvements were needed. The registered manager explained this was because an agency staff member had not fully understood procedures. Drills were to now occur monthly and at different times of day and night, to help ensure safety. There was a recent professional fire safety risk assessment of the service, from which we could see recommendations were being and had been addressed.

A detailed check of all bedrooms and communal areas was undertaken weekly. This included bed checks, the staff-call system, windows and restrictors, heating, lighting, water temperatures and shower heads. Our checks of several bedrooms identified no safety issues, and the maintenance worker demonstrated a good understanding of the safety risks to check on. This indicated the weekly checking system was working well.

People were protected from the spread of infection. Overall, the premises were visibly clean and concerns were not identified in relation to infection control. People had no concerns about cleanliness. We saw staff washing their hands from time to time, particularly at mealtimes. Disposable gloves and aprons were available and used for supporting people with personal care. Kitchen hygiene at the service was last rated as

five-star by the local food standards agency, the maximum possible.

There were enough suitable staff at the service to keep people safe. People's comments varied between, "There are always people around" and "There's not enough staff, too much to do. They do an awful lot of good." A visitor said, "As far as I can there are [enough staff]. I come at different times and never a problem." Rosters showed there were six staff providing care throughout the day, as observed, and three at night. Other staff worked in support roles, such as cooks, cleaners, an activity worker and a maintenance worker.

Staff told us the team was experienced and worked together well which enabled them to manage their workload. The registered manager pointed out there were more care staff during the day than at our last inspection due to people's increased needs. He told us of ongoing recruitment, and we saw a recruitment interview occurring during one visit. He explained how slight changes to the roster were being planned, to better meet everyone's needs at the busiest times of the day.

Systems were in place to ensure people were safe from abuse. Posters in the entrance hall advised on what abuse was and what actions to take if concerned. The provider had developed and trained their staff to understand and use appropriate policies and procedures, including local safeguarding protocols. Care staff demonstrated a good understanding about the potential signs of abuse and the associated reporting procedures. Staff said they were confident issues raised would be dealt with effectively by the management team. Records showed appropriate pre-employment checks were carried out before staff including agency staff started work, which meant staff were suitable to work with people at the service. The registered manager told us new agency staff initially worked with experienced staff supporting people who needed two staff for their care, to help them get to know the service and ensure their capability.

The registered manager kept us and the local authority's safeguarding team informed of incidents at the service that could be considered as a safeguarding concern. The emphasis was on the outcome or risk to the person using the service, regardless of whether this was a potential shortfall arising from the service or other sources. This helped protect the person. Where it was necessary for the provider to investigate any safeguarding concern, reports of these showed due consideration of the circumstances, and what improvements were needed to prevent reoccurrence. Staff disciplinary procedures were followed if needed.

People received medicines safely. A new computerised system was helping to eliminate risks relating to medicines management, as it reminded staff of who was prescribed to take what and when. The registered manager demonstrated the system's ability to review whether all medicines were offered and taken at any time. We could therefore see medicines administration records were clear and fully completed. Any reasons for not giving people their medicines were explained.

The new medicines system included guidance on when people were advised to take as-needed medicines. The system required an update on the effectiveness of the as-needed medicine, and prevented further doses being offered too soon.

The registered manager confirmed there had been no stock checks since the new medicines system started as there had been teething problems on calibrating the system with available stock. However, once fully set-up, stock checks would be easily undertaken, to help ensure the administration of medicines was occurring correctly and as prescribed. A separate running stock balance was kept for all controlled drugs, which accounted for all such medicines we checked on.

Medicines were securely stored. Checks were kept of appropriate storage temperatures, including those in a designated medicines fridge. There were systems for reordering medicines and returning excess stock. Only

senior staff administered medicines. They had been appropriately trained and there were regular recorded checks of their competency to safely support people with their medicines.

Good

Is the service effective?

Our findings

People told us they liked the service and would recommend it. Comments included, "It's lovely here", "Lucky I got a place", "I am well looked after here" and "To sum up, it's all good." A visitor told us they would recommend the service "110%." Another said, "We went to other places and this was the best; it felt homely" and a third told us, "Eight and a half out of ten."

People told us of capable staff. Comments included, "They are very good" and "I could not speak too highly of the girls." A visitor said, "The staff are like angels." Our observations showed staff had the necessary skills and knowledge to meet people's needs. Records showed staff underwent an induction programme and accessed appropriate training. Mandatory training included topics such as moving and handling, fire safety, infection control, whistleblowing, first aid, dementia, and equality and diversity. Much of this was online training, but some was provided face-to-face. For example, one staff member told us the registered manager "trains us in moving and handling. I am confident in using the hoist." We saw people being safely supported to move around, including when equipment was used. New staff told us of shadowing experienced staff before working as part of the staff team.

Staff were supported to develop their roles and responsibilities. Records showed staff received regular supervision and an annual appraisal. Minutes from staff meetings showed open discussion and staff being reminded about important topics such as safeguarding; staff said that meetings were useful.

The service supported people with healthcare matters. People confirmed that they were supported to access community healthcare professionals when required. One person told us, "If you get a headache they give you special pills but if you are ill they take you to hospital." Another person said, "I see a doctor when I need to. It gets arranged." A GP worked closely with staff during the inspection as part of their weekly visits to the service. People's care records showed routine and responsive input from healthcare professionals such as GPs, opticians and dentists, along with specific support where needed such as at hospital appointments.

Community professionals told us the service was quick to contact the appropriate services if anyone was unwell, and there was always a knowledgeable member of staff available to work with them when they visited. They added staff followed recommendations made as a result of their input. People's care records confirmed this occurred. For example, the district nursing team advised for GP contact for one person. This promptly occurred, and the person quickly started a course of antibiotics to address an infection. There was monitoring for risk of constipation, and people were given laxatives in due course where appropriate. People's ongoing health was discussed during staff handover, to ensure appropriate support was kept under review and action taken where needed.

One person's skin care plan did not guide staff on what equipment such as pressure cushions were to be used to support them. Another person's skin care plan did not update on recent developments and district nursing guidance. Other records demonstrated some actions took place for this person as recommended, including a short-term care plan for antibiotics. Charts showed the person was supported to reposition

regularly and have skincare creams applied. We saw the person to be using appropriate pressure-relieving equipment in support of their skin care. These practical matters were occurring for other people too. However, the concerns we identified with skin care plans did not help staff to provide some people with effective care. The registered manager told us of updating plans shortly after our visits, and of changes to reviewing systems to better ensure matters such as these were identified. They showed us new reviewing templates about to be used in support of this.

People told us the service provided good food and drink. Comments included, "The food's lovely", "There's plenty; I had porridge for breakfast but you have what you like" and that the best thing about the service is "the food: something different every meal." A visitor told us, "Mum's appetite has increased since she came here."

People confirmed there were snacks and drinks, for example, "There is quite a lot of tea about" and "I have tea and biscuits and am offered stuff all the time." This included people who stayed in their rooms. We saw people being provided and supported with drinks, biscuits and home-made cakes during our visit. Records showed many people had late-evening drinks, so did not go a long time overnight without fluids. There were also records of staff making sure everyone had been offered meals.

Staff were knowledgeable about those people who required a special diet. They also knew people's preferences in relation to food and drink. This information was documented and easily available, for example, on who had diabetic diets, pureed and finger foods, and fortified meals and snacks due to weight concerns. Records showed these plans were followed. Staff explained how fluid charts were completed and understood when to report any concerns.

One person told us, "It's comfortable here, nice chairs, nice flowers around you." Another person said, "The rooms are very comfy." A third person added, "They give particular care to the garden; it's a pleasure to go out there." Parts of the building had large and attractive wall paintings, often with flowers beside them. One part of the dining room presented as an outside cafe. There was an old railway station outside the lift on the first floor. Many people's rooms had doors resembling front doors and memory boxes to help with orientation. The registered manager told us of ongoing plans to redecorate some rooms, including changing flooring for better appearance and odour management, and to improve lighting.

A visitor told us, "It's a homely environment, but it feels a big cramped which makes visiting difficult. There's not enough places to sit." We noticed the lounge areas were busy and felt crowded at certain times of day such as afternoon tea. The registered manager acknowledged the design and size of the building was not ideal and long-term adaptations were being considered. They also pointed out parts of the garden had been redeveloped to add seating areas along with a greenhouse which one person helped attend to.

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 so that they can 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 found the service was working within the principles of the MCA, and any conditions on authorisations to

deprive people of their liberty were being met. Records demonstrated prompt DoLS applications, such as within four days of one new person moving in. The registered manager monitored application outcomes and so applied for renewals in good time. He demonstrated good knowledge of changes around DoLS procedures and practices. Following the inspection visits, he sent a form implementing the monitoring of any conditions arising from anyone's DoLS outcome, to better demonstrate actions arising from the conditions.

Staff demonstrated they worked within the principles of the MCA. For example, they told us of trying different staff and giving people time where individuals refused consent to care that was part of their care plan. They also described how people were given choices about their daily routines. In terms of consent to care, one person using the service told us, "They ask you about everything." We saw this occurring, as staff routinely asked people before providing care and support.

The provider had appropriate templates for assessing people's capacity to make important decisions about their care, and where needed, to come to a best-interest decision. Care records showed these had been used in respect of people's involvement in deciding about their care and treatment in the service, and in particular for the use of bed-rails as they were a potentially significant restriction on the few people using them. However, our checks of five people's capacity assessments and decisions found two had not been reviewed since 2015. A third had not occurred for someone using the service for a few months although their care plan for choice and control had informally identified their fluctuating capacity for various decisions. A fourth person's positive capacity assessment no longer matched other records about their increasing care dependency. The registered manager told us these processes would be kept under better review through the new keyworking systems, and the incomplete assessment was addressed the next day.

Good

Is the service caring?

Our findings

People told us of a caring service. They described staff as, "sociable", "friendly" and "helpful." Comments included, "Staff know your names and come in and smile." A visitor said of their family member, "She is not lonely here." We saw staff being friendly and engaging with people. They spoke with people as they went about their work, and provided comforting physical contact. They always used the person's name and did not rush people when supporting them to move.

One person told us, "I want to show you how they treat me" and showed us a hand-made birthday card which lots of the staff and people using the service had signed. A visitor told us, "Staff are very friendly and helpful. Nothing is too much trouble. They care and that is the most important thing." A community professional told us staff had a positive attitude towards people using the service. One person instructed staff on how to leave items on their bedside table, which the staff member undertook with cheerfulness. The registered manager told us the service was providing ongoing support of some people needing end-of-life care. He explained, "We show them that we care" such as through talking with people, encouragement and persistence.

A staff member told us, "People get good care. We speak to them, we dance with them, we try and entertain people. We offer them choices." The registered manager told us of looking much more for prospective new staff's caring attitudes than qualifications or experience when interviewing. It was clear that attention was paid to ensuring staff working at the service had a caring manner.

People told us they were treated respectfully. Comments included, "People help you, just have to ask them." A visitor told us, "Mum is always in the right clothes, has her hair done and people always look nice." People were appropriately dressed during our visit and had tidy hair. Some people had been supported with lipstick and nail varnish. A staff member told us, "Some people can't communicate if they need the toilet. We ask people quietly two hourly if they need to go."

A healthcare professional told us people's privacy was always maintained during their visits, and their records were always securely kept. Throughout our visit, staff treated people respectfully such as by knocking on doors, and asking people if it was alright to do things for them. "Sorry to disturb you," a staff member said to one person before asking if they could remove their apron following breakfast.

People were supported to retain independence. A visitor told us, "They encourage her to do as much as she can." We saw one person helping to lay the dining tables before lunch and another person taking walks in the garden. Where one person needed a lot of support, staff still supported them hand-over-hand to take a drink themselves rather than doing it for them. People had their own frames and walking sticks close to hand, to enable them to get around when they wanted. People had a key to their room if no significant safety matters were identified through a specific risk assessment.

People were supported to express their views and make decisions about their care. A few people chose to spend much of the day in their rooms, but confirmed they were not forgotten about. People told us of

receiving choices around meals, for example, "Every day I tell them what I want" and "If you don't like it, they give you a choice." We saw two lunch choices being offered to people, and where neither was suitable, different meals were provided to individuals. Feedback and observations showed particular diets such as vegetarian were catered for. Records in the kitchen also reminded staff of this. We overheard staff explaining to people what their medicines were for, and records showed us people could refuse any medicine they did not wish to take, albeit staff liaised with healthcare professions if this raised welfare concerns.

A visitor told us of unrestricted visiting which the registered manager told us he made clear when people moved in. We saw visitors being welcomed at all times. A community professional praised the service for keeping people's relatives informed, for example, if health concerns arose. Staff were familiar with the keyworking system. The registered manager explained this had been recently reintroduced as it would help families to liaise with a known staff member and to help ensure people's care files were kept up-to-date. Staff had received training on how the system worked.

Good

Is the service responsive?

Our findings

People told us they could follow their own routines in the service. One person said, "I get up early and have breakfast immediately." Another person told us, "I get up when I choose." A third person told us they stayed in their room a lot, explaining, "I now get peace and quiet on my own." Community professionals told us staff recognised people's individual needs and knew them well. A visitor told us, "I think they know her as a person. They know her character and her ways, they know what she likes to eat." A staff member told us, "We talk about changes in people's needs." We saw this occurring in the morning staff handover, which also demonstrated people's individual routines were well-known.

People told us of receiving enough personal care support. One person said, "I have a shower every day. They kept saying it was too hot for me but they now accept it and I really enjoy it." A visitor told us, "It never smells and she always looks clean." A staff member explained, "Some people have a bath or shower every day. We try and offer people one at least twice a week and we always encourage people after four days. It's recorded in their room records." We saw these records were kept up-to-date and demonstrated people were offered regular baths or showers.

The service ensured everyone had an individualised care plan in place that was kept under regular review and updated where needed. The care plans were based on needs and risk assessments along with staff knowledge of people's preferences and routines. Care plans covered a broad range of support areas including health matters, nutrition, continence and personal care, communication, choice and control over daily living arrangements, activities and occupation, and night care. Plans paid good attention to people's preferences, such as food and drink likes and dislikes, and whether or not the person could ask for the toilet or needed prompting. One person's plan included quotes they made in helping to draw up the plan, along with some explanations of how their dementia was influencing their comments and what staff were to be mindful of in their duty of care for the person.

Everyone had a life history document in place. These gave details of various aspects of the person's life, routines and preference prior to moving into the service. This helped staff to have an insight into what people might be referring to or experiencing, especially those with dementia, and so enabled staff to respond to the person in a more informed way.

The service encouraged the involvement of religious personnel. One person told us, "A minister came last week and gave me communion. There is a lady who visits as well."

During our first visit, a few people received individual activity and exercise support in the morning, and there was bingo, an animal quiz, and ball games in the afternoon. Staff tried hard to get people to join in, and those that did seemed to enjoy themselves. The activities worker told us of aiming to get most people involved, which the "All Our Yesterdays" reminiscence package was particularly useful for. Outside of organised activities, a few people were reading books, newspapers or magazines, and others listened to music in one lounge or watched television in another. At times, we overheard staff singing with people.

The registered manager told us of an entertainer visiting every two to three weeks, and showed us pictures of a recent pirate-themed barbeque with related props and staff dressed up. He explained a themed day took place every six weeks and included an entertainer.

Most people were satisfied with the overall activity provision. Comments included, "I think it's very good", "We have games", and "I water plants in the garden. Sometimes get a day out. Usually something to keep your mind occupied." A visitor told us their mother was much more engaged since moving into the service. A community professional told us activities at the service were varied and stimulating, and hence there was a happy environment.

However, one of the two activity workers had recently left, which was having an impact on the provision of daily activities. One person told us of being "bored", adding, "Used to do a bit of exercise but they left and no-one's doing it. No outings; would be nice if there were." A visitor told us, "She has done flower arrangement and played cards but there is not enough". Another visitor said, "There used to be some activities like bingo and throwing balls." The registered manager and staff told us a replacement activities worker was about to start their service induction, meaning seven-days-a-week activities would shortly be restored.

A visitor told us they had "been to residents and relatives meetings and they took on board what people said." The registered manager said there had only been one such meeting this year as the general feedback was that with the regular themed events in which any concerns could be informally discussed, relatives could not also commit to regular formal meetings.

People generally reported no concerns with the service, but that they could raise matters if needed. One person said, "I could talk to any of the staff if I had a problem." Visitors told us they would approach senior staff or the registered manager if they had any concerns. A visitor told us, "If I had a suggestion it would be listened to." The registered manager told us they encouraged any concerns to be raised, "even if a sock's missing," so matters could be addressed rather than building up.

The service's complaint procedures were on display in the entrance hall and within the service guide given to people and their relatives. There were low levels of complaints formally recorded, but they demonstrated action being taken to address concerns or explain matters.

Good

Is the service well-led?

Our findings

People and their visitors spoke positively of the registered manager, and told us he was approachable. Comments included, "He's very sociable" and "It's very well-led." The registered manager knew people well, and had a clear vision for how the service should operate to meet people's needs. A community professional told us the service was well-led and organised, and any issues raised with the management team were promptly dealt with.

There was a positive and empowering working culture in the service. A visitor told us, "There's not a noticeable hierarchy and everyone is so friendly." Staff understood their role and the accountability structure. They said they enjoyed their work and felt supported by both the management team and colleagues. Comments included, "The team is really good" and that one of the strengths of the service was "staff support and training" including the support from non-care staff.

We saw good team-work taking place. For example, staff followed clear plans for who to support during the day but were flexible when needed. Senior staff and the registered manager told us of adjusting procedures in the service based on feedback and how well things worked. For example, the shift planner that staff used to ensure everyone received appropriate support was evolving. The registered manager informed us that, following an initial unsuccessful attempt, the service had achieved the national "Investors in People" award for supporting and valuing its staff members. He told us the award recognised team communication and all staff being involved in the running of the service.

There were a number of systems in place to promote good quality care and ensure safety risks were identified and addressed. For example, the registered manager documented oversight of various aspects of the service such as accidents, complaints and people's weight fluctuations. The operational manager told us they and the provider's governance team could access this overall audit sheet and the new electronic medicines systems at any time for monitoring purposes.

A comprehensive health and safety audit took place earlier in the year. An action plan arising from it was seen to be a live document with most actions completed or in progress. Senior staff told us an independent audit on behalf of the provider resulted in changes to monitoring systems, shift-planning and the confidentiality of records. Records showed the operational manager undertook regular documented checks of the service on behalf of the provider, including discussions with people using it and staff, observations and records checks.

The various audits and any other identified concerns were fed into an ongoing service improvement plan that was kept under monthly review. The most recent plan included completion of some maintenance matters and ensuring care plans and staff appraisals were up-to-date. There was some ongoing work, such as to change the lounge carpet which we saw had some ingrained stains.

Annual surveys of the views of people and their visitors, and of staff, took place. These had been collated and analysed for the previous year, to identify strengths and areas for improvement. The process was

ongoing for this year, but individual replies we checked were generally positive about service standards for people and support standards for staff. For staff in particular, this represented an improvement on the previous year.

The registered manager told us the provider organised manager meetings at which learning was shared and ideas developed. As a result, there were now many more standard systems for all the company's care services which included feedback on what had worked well at specific services.

The registered manager took note of any shortfalls we identified or suggestions we made, and addressed matters promptly where possible. For example, we saw a slightly broken window in a stairwell during our first visit. Whilst this was not in an accessible area of the premises for most people using it, panelling had been fitted by the time of our second visit to ensure safety pending replacement of the pane. The registered manager also sent us updates on actions taken shortly after our visits, including adding to care plans where minor omissions had occurred, adjusting some monitoring documents, and addressing minor safety matters such as a broken garden fence panel.

When anyone experienced a significant injury at the service, we saw Duty of Candour letters were sent to their relevant representatives. These letters are required to summarise the results of the provider's enquiry into the incidents. The process is not an admission of liability, but the investigation is to determine the extent to which the incident was avoidable and to help ensure that learning took place if needed. There were accident investigation and risk assessment records in support of these processes.

One community professional told us the registered manager was open to trialling new initiatives such as a pilot with the GP to encourage regular surgery visitors to become involved as volunteers at the home. The registered manager told us this was about to start pending criminal record checks of the volunteers.