Sanctuary Care Limited

Fernihurst Nursing 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

Overall summary

We carried out an unannounced comprehensive inspection on 2 and 3 July 2015. Fernihurst Nursing Home provides care and accommodation for up to 50 people. The majority of people at this service have dementia or mental health needs. The service is a purpose built care home providing accommodation over three floors, with lifts between floors and with communal facilities on each floor. There were 47 people using the service on the first day of our inspection. We last inspected the service in April 2014, at that inspection the service was meeting all of the regulations inspected.

There was 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.

Everyone gave us positive feedback about the registered manager. They said they were happy to approach her if they had a concern and were confident that actions would be taken if required. The registered manager was

Summary of findings

very visible at the service and undertook an active role. They promoted a strong caring and supportive approach to staff as they felt this was then the culture in which staff cared for people at the service.

The registered manager had recognised that people's needs had increased at the service and had put in place additional care staff to meet people's needs. This meant there were sufficient numbers of suitable staff to keep people safe and meet their needs**.**

The provider demonstrated an understanding of their responsibilities in relation to the Mental Capacity Act (2005). Where people lacked capacity, mental capacity assessments were completed and best interest decisions made in line with the MCA.

People were supported by staff who had the required recruitment checks in place, were trained and had the skills and knowledge to meet their needs. Staff had received a full induction and were knowledgeable about the signs of abuse and how to report concerns.

People were supported to eat and drink enough and maintained a balanced diet. People and visitors were positive about the food at the service. People were seen to be enjoying the food they received during the inspection.

People received their prescribed medicines on time and in a safe way. Visitors said staff treated their relatives with dignity and respect at all times in a caring and compassionate way.

People were supported to follow their interests and take part in social activities. A designated activity person was employed by the provider and worked with staff to assess each person at the service. This was so they could ensure activities were set at an appropriate level and meaningful to the person.

Risk assessments were undertaken for people to ensure their health needs were identified. Care plans reflected people's needs and gave staff clear guidance about how to support them safely. They were personalised and people where able and their families had been involved in their development. People were involved in making decisions and planning their own care on a day to day basis. They were referred promptly to health care services when required and received on-going healthcare support.

The premises were well managed to keep people safe. There were emergency plans in place to protect people in the event of a fire or emergency.

The provider had a quality monitoring system at the service. The provider actively sought the views of people, their relatives and staff. There was a complaints procedure in place and the registered manager had responded to concerns appropriately.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Good

Staffing levels were monitored to make sure there were always sufficient staff to meet people's individual needs and to keep them safe.

People were kept safe by staff who could recognise signs of potential abuse and knew what to do when safeguarding concerns were raised.

The provider had robust recruitment processes in place.

People received their medicines in a safe way.

The premises and equipment were managed to keep people safe.

Emergency personal evacuation plans and a business contingency plan were in place to protect people in the event of emergencies.

Is the service effective?
The service was effective.

Good

The registered manager and staff had an understanding of the principles of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards.

Staff had received effective inductions, training and appraisals. The registered manager was looking to improve the implementation of formal supervision at the service for all staff. Staff were undertaking higher health and social care qualifications.

People were supported to eat and drink and had adequate nutrition to meet their needs.

Is the service caring?
The service was caring.

Good

People, relatives and health and social care professionals gave us positive feedback. They said staff were compassionate, treated people as individuals and with dignity and respect. Staff knew the people they supported, about their personal histories and daily preferences.

Staff were kind and compassionate towards people and maintained their

privacy and dignity. Staff were friendly in their approach and spoke pleasantly to people while undertaking tasks.

People were supported at the end of their life to have a comfortable, dignified and pain free death.

People were involved in making decisions and planning their own care on a day to day basis.

Is the service responsive?
The service was responsive to people's needs.

Good

Staff made referrals to health services promptly when they recognised people's needs had changed.

Summary of findings

Staff knew people well, understood their needs well and cared for them as individuals.

People's care plans were personalised and provided a detailed account of how staff should support them. Their care needs were regularly reviewed, assessed and recorded.

The registered manager and nurses were available to deal with any concerns or complaints. People felt any concern would be dealt with effectively.

There was an activity program in place and each person had an individual assessment so they received activities that were appropriate.

Is the service well-led?

Good

The service was well led.

The registered manager understood their responsibilities, and had support from the provider's senior management team. People and staff were positive about the registered manager and said she was fair and approachable and would challenge poor practice if required.

The provider had good quality monitoring systems in place. People and staff were asked their views and these were taken into account in how the service was run.

There was an effective audit program to monitor the safe running of the service.

Fernihurst Nursing 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 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.

This inspection took place on 2 and 3 July 2015 and was unannounced. The inspection was carried out by two inspectors 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, they had experience of services for older people with dementia.

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. We reviewed the information included in the PIR along with information we held about the home. This included previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

The majority of people at the service were living with dementia and were unable to communicate their experience of living at the home in detail. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people, who could not talk with us. We also observed the interactions and support people received throughout our inspection.

We met most of the people who lived at the service and received feedback from one person who was able to tell us about their experiences and ten visitors.

We spoke with 12 staff, which included nurses, care and support staff, the registered manager and regional manager. We also spoke with two agency care staff providing support to designated people who had been assessed as requiring additional one to one support. At the inspection we spoke with a health professional visiting the service.

We looked at the care provided to six people which included looking at their care records and looking at the care they received at the service. We reviewed medicine records of six people. We looked at seven staff records and the provider's training guide. We looked at a range of records related to the running of the service. These included staff rotas, supervision and training records and quality monitoring audits and quality monitoring information.

After the inspection we contacted the local GP practice that supported the service and the local authority commissioners for their views.

Good

Is the service safe?

Our findings

Relatives of people at the home said the home was very safe and people's health needs were met promptly.

Following concerns about staffing levels at the home being raised with the Care Quality Commission (CQC), we asked visitors if they felt there were enough staff to meet people's needs. Eight visitors said they felt there was. However two visitors said, "It would be better to have a few extra staff. There are two staff on the ground floor and if they are helping someone who takes two there is nobody on the floor". The second visitor said, "I would improve staffing levels as they could do with two more on this floor (top floor)." Staff comments included, "There are enough staff to get things done but an extra carer would give us time to do more one to one support and extra little things for the residents." Two staff said that a fourth carer would be beneficial on the top floor as this was where people had the highest level of dependency.

The registered manager said they had raised concerns about staffing levels with the regional manager. It had been agreed to increase the staffing provision from eight to nine care staff each day. The registered manager said they had a full complement of staff employed to fulfil the staffing duties and were conducting interviews for additional staff to cover sickness and maternity leave.

On the second day of the inspection the additional ninth member of staff was working. They said, they were referred to as the "floater." They said they had worked the first two hours of their duty on the top floor which had meant people had received their personal care by 10.30, which could normally be by midday. They had then worked on the middle and ground floor. Staff said the additional staff member had made a lot of difference and had meant they were not so rushed. Therefore the registered manager regularly reviewed staffing levels and made changes to meet people's changing needs.

During the inspection, staff responded to people's needs in a timely way. The majority of people at the service were unable to use a call bell. Following appropriate decision making pressure mats were being used for some people. The pressure mats alarmed on the call bell system when people were moving about. Staff responded to the call bells promptly, which reduced the risk of people falling.

The recruitment at the service was robust and the relevant checks had been undertaken. The registered manager would undertake disciplinary action in line with the provider's policy. For example, we noted there was a letter warning a staff member about their high levels of sickness. A second staff member had been subject to a formal disciplinary because they had not completed their probationary period satisfactorily. The provider undertook relevant professional registration checks. They had ensured all of the nurses working at the service were registered with the Nursing Midwifery Council (NMC) and were registered to practice.

People were protected by staff that were very knowledgeable about the signs of abuse and had a good understanding of how to keep people safe. They had received training in safeguarding of adults and had regular updates. They had a good understanding of how to report abuse both internally to management and externally to outside agencies if required. At the end of 2014 there had been two safeguarding concerns at the service. The registered manager and provider's management team had worked with the local authority safeguarding team. They demonstrated honesty and transparency and took responsibility where mistakes had been made. They put into place robust action plans which involved all staff. Staff at the inspection were able to tell us about the mistakes that had been made and demonstrated the learning which had occurred as a result.

The registered manager reported safeguarding concerns promptly to the Care Quality Commission (CQC) and undertook investigations when requested.

People were protected because risks for each person were identified and managed. Care records contained detailed risk assessments about each person which identified measures taken to reduce risks as much as possible. These included risk assessments for falls, mobility, personal safety and manual handling. Staff were proactive in reducing risks by anticipating people's needs, and intervening when they saw any potential risks.

People identified as at an increased risk of skin damage had pressure relieving equipment in place to protect them from developing sores. This included, pressure relieving mattresses on their beds and cushions in their chairs.

Good

Is the service safe?

Staff supported people whose behaviour challenged the service in a safe way which respected people's dignity and protected their rights. When a person displayed behaviour which challenged others, staff responded promptly and dealt with this in a calm, skilled and respectful way. One

person became cross and agitated and was calling out, staff quickly went to reassure them and managed this in a calm and non- confrontational way. The staff had worked with commissioners regarding people who had behaviour which challenged the service. This had led commissioners to implement one to one support, provided by agency staff, for four people.

People received their medicines safely and on time. We observed people being given their medicines, and talked with staff about people's medicines. Staff were trained and assessed to make sure they were competent to administer people's medicines and understood their importance. Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff had clear guidance and protocols in place and knew when it was appropriate to use 'when required' medicines.

Medicines which required refrigeration were stored at the recommended temperature and staff followed the procedure when the fridge temperature was outside of the recommended range. However there were gaps in the fridge monitoring chart where staff had not always followed procedure and monitored daily the fridge temperature. This had not impacted on people's medicines being unsafe to use as the fridge recorded the minimum and maximum temperatures since the last reading. This meant when the temperature had been monitored it had fallen within the recommended range. We discussed this with the registered manager who had identified this concern and reassured us they were working with the staff to improve their recording. The week of our inspection a pharmacist under the instruction of the GP had visited the service and completed a medicines check. They had not raised any concerns regarding the management of people's medicines at the service.

Accidents and incidents were reported in accordance with the organisation's policies and procedures. Staff had recorded accidents on the provider's database promptly and the actions they had taken at the time. Following an accident staff undertook regular observations and monitored people to ensure there was no further impact on them for 24 to 48 hours.

The environment was safe and secure for people who used the service, visitors and staff. There were arrangements in place to manage the premises and equipment. External contractors undertook regular servicing and testing of moving and handling equipment, fire equipment, gas, electrical and lift maintenance. Fire checks and drills were carried out weekly in accordance with fire regulations. A fire alarm test was carried out on the second day of the inspection. Staff were able to record repairs and faulty equipment in a maintenance log and these were dealt with and signed off by the maintenance person.

There were plans for responding to emergencies or untoward events. There were individual personal protection evacuation plans (PEEP's) which took account of people's mobility and communication needs. This meant, in the event of a fire, staff and emergency services staff would be aware of the safest way to move people quickly and evacuate people safely. There was also a business contingency plan in place to give staff relevant information in the event of a major incident or emergency.

Communal areas and people's rooms were clean with no unpleasant odours. One visitor commented, "It's always clean with no smells…I've gone down in the lift after the bins but they clean the lift straight away so there's no smells." Staff had access to appropriate cleaning materials and to personal protective equipment (PPE's) such as gloves and aprons. Staff said they had access to the cleaning products they needed to do their job effectively.

Good

Is the service effective?

Our findings

People's needs were consistently met by staff who had the right competencies, knowledge and qualifications. Staff had received appropriate training and had the experience, skills and attitudes to support the complexities of people living at the service.

Staff had undergone a thorough induction which had given them the skills to carry out their roles and responsibilities effectively. Comments included, "I worked supernumerary for about a week and did some shifts before being left alone but always had another nurse to call upon." Another said, "I did a few weeks with (senior) and was shown everything so I felt I was able to do the job."

The PIR recorded, "As we are a specialist dementia home, all staff are required to attend a two day course in engaging people with dementia."

Staff were encouraged to undertake additional qualifications in health and social care. On the first day of the inspection staff were meeting with their assessor. The assessor said they had been working with 14 staff at the service to complete additional health and social care training. This included care staff and ancillary workers. The staff member being assessed said they were doing a level three apprenticeship in dementia and commented on how supportive the registered manager and senior staff had been while they were completing their training. Visitors when asked about the skills of the staff felt they were well-qualified to do their jobs. The provider's information return (PIR) said the development team were developing specific courses in challenging behaviour and positive behaviour management.

Supervision and appraisals were used to develop and motivate staff and review their practice. Staff said they felt supported. Comments included, "We have an excellent team, we all help each other, it is a great place to work." However the registered manager did not have a robust system to ensure all staff had the opportunity to discuss their performance and training needs. The registered manager said they were confident all staff met with them on a regular basis and could express their views. However they confirmed they would put into place a more robust supervision program.

People who lacked mental capacity to take particular decisions were protected. This was because since our last inspection staff had received training. They demonstrated they understood the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and their codes of practice. The Care Quality Commission (CQC) monitors the operation of the DoLS and we found the home was meeting these requirements. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The registered manager was aware of the Supreme Court judgement on 19 March 2014, which widened and clarified the definition of deprivation of liberty. They had made appropriate applications to deprive people at the service of their liberty to the local authority DoLS team. The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected. Where people lacked the mental capacity to make decisions the registered manager and staff followed the principles of the MCA. Records demonstrated that relatives, staff and other health and social care professionals were consulted and involved in 'best interest' decisions made about people.

People were supported to have regular appointments with their dentist, optician, chiropodist and other specialists. The GP who regularly visits the service reported positively about people's health care at Fernihurst nursing home. They said staff recognised changes and deterioration in people's health and contacted them in a timely manner for advice and carried out that advice. A visiting professional said, "They are very helpful to me in making arrangements and it is always a very pleasant home to come into." Records confirmed the staff had worked with the continence team to address people's continence needs.

The service monitored people's health and care needs, and acted on issues identified. For example, some people at the service had complex physical needs which for some included a breakdown in skin integrity. Staff documented the concerns and the actions required, they undertook regular monitoring and made changes when required.

People were supported to eat and drink enough and maintain a balanced diet. There were two main meal options and people were given the choice at the time the meal was served up. Staff were showing people the two different meals and letting them indicate their preference. People who had different requirements had alternatives relevant to their needs. For example two people had finger

Good

Is the service effective?

foods and remained independent as they happily enjoyed their meals. One staff member said, “If we know the resident doesn’t like something we get them something different.”

People and relatives were happy about the food they received. Comments included, “Food is generally very good, well presented, makes you feel you want to eat not that you have to.” “I have never had a problem with the food here. On Sundays I sometimes have lunch myself and it is very good.”

The menu was displayed on the dining tables to remind people of the meal choice. However the menu cards were laminated and did not reflect accurately the meal time option. The registered manager said they would look at how to make changes to the menu cards when the cook deviated from the set four week menu.

Throughout the morning people were offered a variety of drinks and appropriate snacks. Lunch was served in each of the lounges. Some people were served lunch in the lounge chairs in which they sat all day and others in their rooms. The lunchtime experience appeared calm and unrushed, staff were offering people support discreetly and appropriately. People who required a specialist diet had the appropriate meal to meet their needs safely. There was some confusion regarding the dessert option regarding the required consistency which was addressed by the registered manager.

Good

Is the service caring?

Our findings

Visitors of people using the service were very positive about the caring attitude of staff. Comments included, "The staff are very pleasant and helpful, they are working with a happy spirit and they care for the patients." "The carers are very good here; they always chat to her as they're passing the door." "I find it bright here, sunny, cheerful staff; (person) is very well looked after. I watch the staff, the care they give to people is excellent."

Relatives said they had been involved in choosing the home for their spouses. Fernihurst nursing home had been recommended to them by health or social care professionals. People had been placed at Fernihurst either from hospital, or transferred from other homes which could not meet their needs for specialist dementia care. Three relatives said they were very happy with the choice they had made.

The atmosphere at the service was very calm and peaceful. Staff were seen spending time with people in the lounges, engaging them where possible in conversation and activities. The staff were gentle and affectionate with people, happy to accept what they were saying or to wander with them as they wished. Staff were seen approaching people in a caring and friendly manner. Staff spoke with affection and knew people well. People appeared to trust the staff and were comfortable in their presence and reassured by their company. Staff were holding people's hands while walking around and speaking with them knowledgeably and gently. Staff respected people's privacy, they knocked on people's doors before entering and closed the door for privacy when delivering personal care.

Staff were very knowledgeable about people's individual preferences and personal histories and were able to tell us in detail people's likes and dislikes. They had a good understanding of what might trigger someone's anxiety and how best to prevent the trigger. Staff responded quickly to people who appeared distressed or anxious or just appeared unsettled.

People were given support when making decisions about their day to day preferences. For example, one staff member said, "Even residents who can't tell you what they want to wear, I hold two sets of clothes up and look at their eyes to let me know". Another said, "We ask them where they would like to sit, we know some residents like to be able to see out of the window". People were able to choose whether to remain in their rooms or wander about, including between floors if they were able. One person used the lift and went to different floors and were seen happily interacting with people and staff on each floor. The registered manager said the person had really settled in well since they had been at the home. Their behaviour which had challenged the previous service they were in had not been a problem since they arrived. Their relative said, "Family and friends have seen photographs and have commented on how well (person) looks since he has been here. I have been delighted in the care he has here."

Staff recognised the importance of the values of the service and challenged staff behaviour and practices which fell short of this. One staff member said, "If a carer feeds a person quickly we will report them. The senior or nurse will take them to one side and discuss it with them. It is important we do not rush and take our time with the residents."

People's relatives and friends were able to visit without being unnecessarily restricted. Comments from visitors included, "You get a joyful smile when you arrive and are greeted like family. I find it reassuring. I come into the home and a feeling of warmth, staff get to know you and bend over backwards to help." Another said, "Compared with (the hospital) there are less carers but there's a greater sense of care...there the patients weren't allowed to stay in their rooms but here they have a choice and we can visit whenever we like." One relative said "On Sundays, we can have lunch, a table is put in the conservatory and we can all sit around and have food with our husbands and wives and have a good chat. We have a really good relative's network here." Another visitor who no longer had a relative staying at the home said they visited weekly to meet with people and relatives they had built up a friendship with.

People were supported at the end of their life to have a comfortable, dignified and pain free death.

Staff had received training in the use of syringe drivers, equipment which can be used to keep people comfortable and pain free. People at the service receiving end of life care had care plans that reflected the care they had requested and guided staff how to meet their needs. We received feedback from two relatives who had been supported at the service at the end of their relative's lives. One said "I have been coming in at all different times, the

Good

Is the service caring?

staff here are brilliant, they couldn't be better, and there are never any problems day or night." The other visitor said, "They were wonderful, the level of care and compassion was excellent. They maintained mum's dignity and respect, the curtains were drawn and they stayed with me. It was the little things they did; like they did not just look after and feed her they touched her face."

People had access to support from specialist palliative care professionals. The local hospice team were working with the registered manager to improve staff knowledge and skills. This involved a care worker from the local hospice team working alongside staff. They supported staff giving them knowledge of how to support people at the end of their lives to have a dignified death. The registered manager said staff had undertaken a knowledge test at the beginning of the project and would be retested at the end to see the knowledge gained. They would assess the scores to ascertain areas which staff may require further training.

Good

Is the service responsive?

Our findings

Visitors were happy they could raise a concern and the registered manager had listened and acted upon concerns raised. The last formal complaint received by the registered manager had been investigated and a formal response sent to the complainant who had thanked the registered manager for their swift action. One relative said, "They are good here…I talk to the manager about any issues and she does respond…he can't use the call bell and so they've given him a pressure mat." Another relative said, "The laundry wasn't getting back but this has been addressed." Visitors also had the opportunity to record concerns in the comments book in the main foyer, although there were no recent entries.

People's care plans were reflective of their health care needs and reflected how they would like to receive their care, treatment and support. The service had a system called 'resident of the day'. This meant each person on a designated day would have their care plans and risk assessments reviewed. Staff would ring people's families to discuss changes. The designated keyworker would check the person's clothes to ensure they were in a good condition and highlight where replacements may be required. The person's room would undergo a thorough clean and the registered manager would visit the person.

When people were admitted to the service, staff completed a 72 hour assessment which staff recorded observations about how people had settled in and their needs. This was then used with the information gathered at a pre admission assessment to generate care plans that reflected people's needs. However staff demonstrated they were responsive to people's needs when they were admitted to the service. Staff had completed care plans for a person's high level needs within 24 hours of their admission.

Care plans addressed people's social and spiritual needs. For example, a person had been identified at risk of social isolation. Their care plan guided staff stating, "(Person) can decide where in the premises she would like to spend her day to promote (person) to get related with residents."

We identified one person who had been unable to walk when they arrived at the service. Staff had worked with a physiotherapist and the person was walking again. This person was seen saying a heartfelt 'thank you' to the physiotherapist and staff after their session when they had walked around the corridor with the aid of one stick.

People were supported to follow their interests and take part in social activities. There was a designated staff member employed at the service to oversee activities. They had completed an assessment for each person to assess their cognitive abilities to ensure activities were set at a level that was appropriate for them. Staff were guided by definitions of each of the four possible levels to know how much support they needed to offer each person. The activity person said they reviewed these assessments every six months or more regularly if there was a significant change in people's needs. Staff had also completed life histories which included people's interests and hobbies to enable them to offer personalised activities.

Relatives and staff were very positive about the activities. Throughout the inspection we observed the staff interacting with people and supporting them with activities. For example, jigsaws, providing nail care and hand massages. There were also sensory lamps in people's rooms and visual reminiscence graphics on the walls, for example, a post box. On the second day of the inspection they related to train journeys. There was a box full of visual prompts which included, model trains with audio sounds, photographs, and a thermos flask which were all used to prompt conversations and reminiscence about train journeys people might have taken. This was followed by a gentleman's lunch, where likeminded people were able to sit together and enjoy lunch with a beverage of their choosing. People appeared to be enjoying the activity and were seen to be relaxed and happy during the lunchtime experience.

Good

Is the service well-led?

Our findings

Visitors said they had confidence in the registered manager and would go to her if they had any concerns. Their comments included, "(registered manager) now sorts it out, she is very good, when something is mentioned it gets put right, a breath of fresh air." "Always been able to go to (registered manager) she will come and sit with relatives and asks if everything is alright and she deals with the small things we might raise quickly."

The staff were very complimentary of the registered manager. Their comments included, "(Registered manager) is a lovely boss. If I have any problems, and she hasn't got the time that instant, she will come back to sort it out with me, she is very supportive." "(Registered manager) is very good if you have a problem she listens to you and will advise you. We can have a laugh with her but when it comes to work we have to do it properly." (Registered manager) is a very approachable manager she values her staff, she has two designated times each week for staff to go and speak with her." This was confirmed in the PIR which recorded, "The manager has implemented protected time for staff to talk to her and has an open door policy."

The registered manager was registered with the Care Quality Commission in November 2014. They were supported at the inspection by the provider's regional manager who visits most weeks. The registered manager had also received additional support from the provider's clinical development manager since taking up the role of registered manager.

At the inspection there was a very positive culture at the service. The registered manager and staff were very open and inclusive of people and their families. The registered manager had the view that happy supported staff meant they were kind, caring and compassionate to people and their families. This was also echoed in the provider's philosophy, "Keeping kindness at the heart of our care". The registered manager was very visible out in the service and were aware of the day to day culture. This included people's changing needs and the attitudes and behaviour of staff.

The service encouraged open communication with people who use the service and those that matter to them. There were regular meetings and the registered manager had an open door policy for people visiting the service to pop in if they had any concerns. In the main foyer there was a comments book for people to record any issues.

Staff were actively involved in developing the service. Staff meetings were held every three months along with meetings for different staff groups, for example, the nurses, night staff and senior care staff. Each day a meeting was scheduled at 10 in the morning for all the heads of departments to feedback issues. However the last meeting recorded was held on 19th June 2015. The registered manager said the meetings were useful and would be re-started.

The regional manager visited the service at least three times a month to support the registered manager and to undertake quality assurance checks. Which the registered manager completed and was reviewed at the regional manager's next visit.

The provider actively sought the views of people and their families and friends to develop the service. The registered manager said the provider had just received the responses from a quality survey they had sent out to people using the service and families and friends. The registered manager said they had received a 57% response and they were on the whole positive with a few comments about the laundry. The registered manager said they had already put in place actions to address people's concerns. These included introducing plastic name buttons for clothing and individual sock nets for people's socks. One visitor said, "I've just been given a card to ask me to nominate a member of staff who gives that bit extra and I honestly couldn't say one above the other out of the four who mainly look after her."

The registered manager held quarterly relatives meetings although they said visitors could meet with them as necessary.

The registered manager monitored and acted appropriately regarding untoward incidents. The registered manager said she checked each incident recorded on the service's computer database against entries in people's care plans. She looked for trends and similarities and checked for frequency and whether there were any patterns that could be addressed to reduce risk.

The registered manager had an aide memoir to remind them to ensure audits were carried out and acted upon.

Good

Is the service well-led?

Regular audits of medicines and infection control were completed, and any actions were taken to address issues identified, which were recorded. The results of the audits were added to the services development plan to implement the changes required.

The registered manager and provider were meeting their legal obligations. They notified the CQC as required, providing additional information promptly when requested and working in line with their registration.