Anchor Trust

Sandstones

Inspection report

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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

We carried out an unannounced comprehensive inspection of this service on 4 and 7 December 2015. During this visit a breach of legal requirements was found. We found the provider was failing to ensure the management of medication was safe and failing to ensure people's legal consent in relation to their care was always obtained. We issued the provider with requirement actions at this inspection.

Requirement actions require the provider to make the necessary improvements to ensure legal requirements are met within a timescale they agree is achievable with The Commission. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach and agreed appropriate timescales for completion.

We undertook this inspection on the 5 and 6 January 2017. This inspection was also an unannounced comprehensive inspection. During this visit we ensured we followed up the breaches identified at inspection in December 2015. We found that the manager had taken appropriate action to meet all of their legal requirements in relation to the service.

Sandstones is registered to provide personal care and accommodation for up to 35 people. The home is situated in Wallasey, Wirral and is a purpose built facility. There is a small car park and garden available within the grounds. The home is close to Liscard town centre. A passenger lift enables access to bedrooms located on the first floor for people with mobility issues. Bedrooms are single occupancy and each bedroom has its own en-suite toilet facilities. Communal bathrooms with specialised bathing facilities are available on each floor. On the ground floor, there is a communal lounge and dining room for people to use. The home is decorated to a good standard throughout.

On the day of our visit, there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During our visit, we observed a medication round and saw that the administration of medication to people who lived at the home was now safe. People's care files contained clear information about people's medications and any medications the person was allergic too. This was good practice as it alerted staff to the fact that these medications should not be prescribed.

We found however that there was a discrepancy in relation to the quantity of medication in stock in respect of some people's medications. A set of eye drops had also not been dated when opened so it was impossible to know if they were still safe to use. This aspect of medication management required improvement.

We reviewed the care files of four people. We found them to be well organised and easy to follow. Staff were

given relevant information in relation to people's needs and risks and clear guidance on how to support them. We saw that people's risks were appropriately managed and professional advice sought appropriately as and when required or when people's needs changed. For example, we saw evidence of the involvement of district nurses, tissue viability teams, falls prevention teams and mental health services in relation to people's care.

We checked whether people's legal consent to the care they were provided with had been sought in accordance with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards legislation and we found that it had. People's capacity had been assessed for specific decisions about their care and best interest meetings held to ensure any decisions made were in the person's best interests.

People were offered a varied menu to choose from at mealtimes and offered snacks and drinks regularly throughout the day to promote their dietary intake. People told us the food was good and they had lots of choice. Relatives we spoke with confirmed this and told us they were able to enjoy at meal at the home with the person in the dining room if they so wished.

People's emotional and social needs were met by a range of diverse activities. There were organised sing-alongs, knit and natter sessions, music for health, memory matters, iPad sessions and chair based activities using pompoms. During our visit, we saw people enjoying a sing- a-long with staff, a knit and natter session and on the second day of our inspection, people had enjoyed a visit from two Shetland ponies called Jaffa cake and Cupcake. This showed that people's emotional well-being was considered an important part of their care.

People's care was regularly reviewed to ensure it continued to meet their needs and we found the care planned and delivered to be person centred and holistic. People who lived at the home said they were well looked after and felt safe with the staff team.

During our visit we observed many positive interactions between staff, the people they cared for and their relatives. Staff were patient, kind and responded to people's needs promptly. They made an effort to ensure people's relatives and visitors were made to feel welcome and we found the atmosphere at the home to be warm, homely and positive. It was clear that staff knew people well and everyone we spoke with thought highly of the staff team.

Records showed that accident and incidents at the home and any complaints received were responded to appropriately by the manager and the staff team. We found however that the contact details of the external agencies people could contact in the event of a complaint needed to be added to the complaints procedure so people knew who to direct any complaints to. No one we spoke with during our inspection had any complaints or concerns about the service.

People who lived at the home, relatives and staff told us that the home was well led. We found the management of the home to be open and inclusive and both the manager and the care manager were positive role models for staff in the day to day running of the service.

There were a range of audits in place to assess and monitor the quality and safety of the service provided. For example, accident and incident audits, medication audits, infection control audit and premises checks. People's views and opinions on the service provided were regularly sought. For example, there were monthly resident meetings, an annual satisfaction survey and a 'You said, We did' board. These showed that people were happy with the service and that when people had offered suggestions for improvement, they had been acted upon where possible.

We found the service to be well led.

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 safety of the service required improvement in one area relating to medicines.

Medication administration was safe but the way medicines were accounted for required improvement.

Staff knew how to recognise and report signs of potential abuse. Safeguarding incidents were investigated and reported appropriately.

People's need and risks were assessed and safely managed in accordance with risk management plans. People who lived at the home felt safe.

Staff were recruited safely and there were sufficient staff on duty to meet people's needs and for staff to be able to spend time with the people they cared for.

The premises was safe, clean and homely.

Is the service effective?

Good

The service was effective.

Improvements to the way the Mental Capacity Act (2005) was implemented at the home had been made to ensure people's legal consent was always sought.

People told us they were well looked after and that the staff were kind. Relatives we spoke with felt reassured by the care the staff team provided to their loved one. They told us the care was good.

People were offered a varied menu at mealtimes and snacks and drinks were regularly provided. People and their relatives told us they had lots of choice and the food was good.

Staff were trained, supported in their job role and worked well as a team.

Is the service caring?

Good

The service was caring.

Everyone we spoke with spoke highly of the manager and the staff team.

We observed staff to be kind, caring and compassionate in the delivery of care. They were knowledgeable about people's needs and preferences and it was clear people had good relationships with the staff.

Records showed that people and their relatives had been involved in discussions about their care and that their wishes had been respected.

Resident meetings were held monthly and records showed people were actively involved in any decisions about the running of the service that directly impacted on their care.

Is the service responsive?

Good

The service was responsive

Care plans contained person centred information and the staff we spoke with knew what was important to the people they cared for.

The service was responsive when people became unwell and people received ongoing care from a range of health and social care professionals.

People enjoyed a diverse range of activities and we saw that staff also took the time to sit and chat to people socially throughout the day.

The provider's complaints policy was displayed. The contact details for who people should contact in the event of a complaint needed to be included.

Is the service well-led?

Good

The service was well led.

People who lived at the home, their relatives and staff told us the home was well led and managed.

The manager and care manager acted as visible role models and the staff team worked well together to support people's needs.

A range of effective quality assurance checks were undertaken to

assess and monitor the quality of the service provided.

People's satisfaction with the service was sought. The latest survey in 2015 generated positive results and everyone we spoke with during our inspection was happy with the service provided.

Sandstones

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 6 January 2016. The first day of the inspection was unannounced. The inspection was carried out by one Adult Social Care (ASC) Inspector.

Prior to our visit we looked at any information we had received about the home. On the day of the inspection we spoke with three people who lived at the home, two relatives, two care staff, the care manager, the register manager and the regional manager. We also contacted a visiting healthcare professional.

We looked at the communal and bedroom areas that people shared in the home. We reviewed a range of records including four care records, medication records, staff files and training records, policies and procedures and records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

At our last comprehensive inspection on 4 and 7 December 2015, we found that the storage of medication and the way medicines were given to people was not always safe. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection, improvements had been made which showed that appropriate action had been taken to ensure that the storage and practical administration of medication was now safe in accordance with Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with told us they received the medications they needed. One person said that their morning and lunchtime medication was always on time but sometimes their night time medication was a little late and clashed with their bedtime.

Whilst checking people's medication administration records we found that the balance of medication in stock did not always tally with what had been administered. Eye drops in use had not been dated when opened so it was unclear whether they were still safe to use. This aspect of medication management required improvement. We spoke to the regional manager and manager about this and they responded immediately. An audit of people's medication was undertaken and a new system of checking and accounting for medication was commenced.

We saw that staff administering medications had been trained to do so. Competency checks to ensure staff members administering medication were skilled and capable to do so had been undertaken but had not always been completed in full. We spoke to the regional manager and manager about this. The regional manager told us they would review this without delay.

We saw that people's care files contain clear information on the individual medications prescribed for each person and what each medication was prescribed for. We saw that any adverse medication interactions were noted to protect people from any ill-effects. For example, one person's prescribed medication interacted with certain citrus fruits and the person's care plan advised staff of this. People's previous allergic reactions to prescribed medication were noted and care files contained information on the type of allergic reaction that could be experienced and the action to take should these medications be accidentally consumed. This aspect of medication planning and risk management was good practice and minimised the risk of potential harm.

People we spoke with told us they were well looked after and felt safe at the home. Relatives we spoke with were more than positive about the way their loved one was looked after and were confident their loved one was safe and happy at the home. One relative told us the person "Loved it (the home) instantly". Another relative who prior to the person coming to live at the home, had primary responsibility for their care and welfare told us they were "Able to live and breathe" now that the person lived at the home. They told us staff were "Fabulous" and they did not need to worry about them (the person) now that they lived at the home.

The provider had a policy in place for identifying and reporting potential safeguarding incidents. Staff

spoken with demonstrated an understanding of types of abuse and the action to take should potential abuse be suspected. Training records showed that staff had received training in safeguarding so that they knew what to do should an allegation of abuse be made. Records showed that incidents of a safeguarding nature had been appropriately reported and investigated by the manager to ensure people were protected from potential harm.

We looked at the care files belonging to four people who lived at the home. We found that people's risks in the delivery of care were appropriately assessed. For example, risks in relation to people's mobility, nutrition, falls, nutrition and pressure sores were all assessed and people's risks regularly reviewed. Clear risk management plans were in place to manage any identified risks and people's daily care records showed that staff followed these risk management plans to ensure people received the support they needed.

Each person had a personal emergency evacuation plan in place to provide staff and emergency services with critical information about the person's needs and the support they would require to safely evacuate from the building in an emergency situation.

Accidents and incidents were recorded appropriately. Where actions had been identified, for example, a referral to the falls prevention was required, or mobility equipment needed, these actions had been undertaken promptly to ensure people received the support or assistive technology they needed, to keep them safe.

We looked at three staff files and saw appropriate pre-employment checks were undertaken prior to staff starting work at the home. These pre-employment checks included job application forms, proof of identity checks, two references and a criminal conviction check to ensure staff were safe and suitable to work with vulnerable people.

Staffing levels were safe and we saw that were sufficient staff on duty to not just to respond to people's personal care but to also sit and chat with them. This promoted their well-being. Staff were a visible presence in communal areas, call bells were answered promptly and the delivery of care was unrushed and person centred.

On the day of our visit, the home was clean and well maintained. Records showed that the home's utilities and services, including gas, electrics, heating, fire alarm, fire extinguishers were regularly inspected and maintained in accordance with recognised safety standards. There were a range of regular in-house health and safety checks undertaken to ensure the premises and the equipment in use at the home was fit for purpose. We saw that the provider had been awarded a five star rating by Environmental Health in November 2016 for its standards of food hygiene.

There were systems in place to monitor and manage the risk of infection. There were adequate supplies of personal and protective equipment such as gloves and aprons and staff received regular training on effective infection control procedures.

There was an appropriate legionella risk assessment and management plan in place to monitor and control the risk of Legionella infection. Legionella bacteria naturally occur in soil or water environments and can cause a pneumonia type infection. It can only survive at certain temperatures. Under the Health and Safety 1974, a provider has a legal responsibility to ensure that the risk of legionella is assessed and managed. Records showed that the provider's legionella risk management plan was followed with regular checks on the home's water supply undertaken to ensure that water was stored at safe temperatures. These checks mitigated the risk of people contracting a Legionella type infection.

Good

Is the service effective?

Our findings

At our last comprehensive inspection on 4 and 7 December 2015, we found people's legal right to consent to their care had not always been respected in accordance with the Mental Capacity Act 2005 (MCA). This was a beach of the Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection, we saw that the required improvements had been made and the provider was now compliant with Regulation 11 of the Health and Social Care Act and the MCA.

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.

Care records showed that people's capacity to consent was appropriately assessed in accordance with the MCA. Best interests discussions had been held when a specific decision about a person's care needed to be made and the person's capacity was in question. Records showed that best interest discussions had been held with the person and their relative or representative whenever possible. Where people had relatives or other representatives with Lasting Power of Attorney rights, this information had been clearly documented for staff to refer to. Some of the people who lived at the home were subject to Deprivation of Liberty Safeguards. We reviewed the care file of one person who was subject to a DoLS and saw that correct processes had been followed to ensure the person liberty was not unduly restricted.

Care plans showed that people had been given a choice in how they wished to be cared for. Written consent records were in place for aspects of people's care such as whether people wished to have regular checks made on them during the night. This ensured that people's rights and preferences were considered. We saw that where people had expressed specific wishes about their care or life at the home, these had been respected by staff in accordance with the person's instruction. We observed that staff throughout the day checked people consented to the support they were being given.

People we spoke with said they received the support they needed. One person told us staff were "Pretty good". Another person said they were "Very, very good. Certainly nice to you" and confirmed that staff had the skills and experience to care for them.

Relatives we spoke with spoke highly of the staff team. One relative told us "Couldn't have it any better. I

don't want anything better. I just want this (home for their relative). I can't fault it. It's fabulous". Another relative told us "The family are relaxed as they believe they are well cared for. Everyone (staff) is relaxed, calm and confident. They (the person) are really happy here".

We observed staff supporting people throughout the day and from our observations it was clear staff had good relations with the people they cared for and knew them well. The manager, care manager and staff we spoke with demonstrated a good knowledge of people's needs and the support they required.

Staff training records showed that staff had access to regular training opportunities. For example, training was provided in safeguarding, moving and handling, the safe administration of medication, infection control, mental capacity, deprivation of liberty safeguards, nutrition and hydration, food safety and dementia awareness.

Records showed that staff received appropriate appraisal and supervision in their job role and had access to visible managerial or supervisory support on each shift. From our observations, we saw that staff worked well together as a team. The manager, care manager and supervisory staff were positive role models for all staff and took an active role 'on the floor' during the day.

We saw seasonal menus were displayed on the noticeboard and in the dining room for people to see and choose from, at mealtimes. The menus showed that people received a nutritionally balanced and varied diet with a good range of choice. During our visit, people had regular and sufficient access to snacks and drinks to meet their needs in between meal times.

People we spoke with were very complimentary about the food and were happy with the choices on offer. One person told us the food was "Very good". They said that they had "Never had such a variety of soups" which they enjoyed. They told us there was ample choice at breakfast and that they could always ask for an alternative to what was on the menu if they did not like what was on offer. Another person told us there was always "Two choices for meals" and that the food was good.

Relatives we spoke with told us they were able to stay and have a meal with the person if they wished to do so at mealtimes. One relative told us that they were always made to feel welcome and enjoyed being able to have lunch or tea with their loved one. They told us the "Food was good". Another relative told us the food was "Brilliant".

We observed the serving of the lunchtime meal and saw that the meal was served promptly and pleasantly by staff. The food looked and smelt appetising and portion sizes were generous. Throughout the meal, staff attended to people's needs promptly and checked that they had everything they needed. Staff asked people if they wanted additional portions and chatted with people socially as they served their food. This promoted people's well-being and encouraged a relaxed and social atmosphere.

Care files showed that people's nutritional needs were assessed and managed. Where people were at risk of malnutrition, dietary supplements and a diet fortified with extra nutrients was provided to promote nutritional intake. Where a person required professional input from a dietician to ensure their nutritional needs were met, staff had made appropriate referrals to the Speech and Language Therapy Team (SALT).

Records showed that referrals to physiotherapy, mental health, falls prevention team, tissue viability services and district nurses were also made in respect of people's health and medical needs. There were detailed communication records in place in relation to any health and hospital appointment. This was good practice as it kept staff up to date on the care needs of each person and any professional advice given.

The entrance area to the home was warm and inviting and the home was tastefully decorated throughout. Since our last inspection, improvements to the décor had been made to make the home more inviting and recognisable to people who may be living with the early signs of dementia. For example there were wall murals with visual imagery of flowers, food (in the dining room) and 'through the window' imagery. These wall murals gave people recognisable 'markers' to their location in the home and a focus for conversation. There was also other nostalgic wall art with historical pictures of New Brighton seafront and town which helped promote a feeling of familiarity and aided reminisce of previous times and memories. We also saw that one of the new seating areas in the home had a 'garden' with astro turf on the floor to give the illusion of a grassed area and a 'through the window' image that gave the impression of looking out of the window to the outside world. This created a pleasant seating area for people to sit and relax.

The manager told us that since the last inspection, they had worked hard to improve the environment. They told us that people who lived at the home had been involved in designing and deciding upon the décor on the floor in which they lived and that they had taken an active role in deciding what imagery they had wanted on the walls.

Good

Is the service caring?

Our findings

People we spoke with told us the staff were kind and caring. Relatives we spoke with were very pleased with the support their loved one received. They spoke very highly of the manager and the staff team.

One relative told us that "Everyone is so nice and accommodating". This relative went onto say that the person had settled really quickly into life at the home and "Loved it (the home) instantly". They told us that they were always made to feel welcome when they visit and that they "Couldn't fault" the service.

Another relative we spoke with told us that the manager had ensured that the person had "lovely transition" to the home when they first arrived. They said the person's health had improved since coming to live at the home and that the person "Couldn't have it any better". They said "I think it's fabulous".

Care records contained contact details and arrangements for the person's family and during our visit. We saw that people's relatives visited as and when they wanted to and stayed for however long they wanted. This showed that people were supported to maintain relationships with family and friends. We saw that people's relatives were made very welcome and it was clear from the interactions between staff and people's relatives that they were made to feel 'at home' when they visited and were not simply a 'visitor'.

Relatives confirmed staff kept them up to date with regards to the person's needs and progress and we saw during our visit that relatives chatted easily to staff at the home which demonstrated that positive relationships were in place with people's families.

During our visit we observed many positive caring interactions between staff and people who lived at the home. The atmosphere at the home was warm, social and homely. We saw that there were periods throughout the day when staff took the time to sit with people and have a chat. People looked content and at ease with staff and staff were attentive when people spoke to them.

We observed the interactions between staff and the people they cared for, were warm, compassionate and person centred. People were seen having a laugh and a joke with staff and staff used positive touch such as a hug to reassure people. These interactions were natural and we saw that people responded positively to them. It was clear that staff had caring relationships with the people they looked after and that the people they looked after thought highly of them.

Staff we spoke with demonstrated a good knowledge of people's needs and preferences. It was clear from these conversations and our observations of care that staff knew people well and genuinely cared about them. Staff we spoke with were able to tell us about people's interests and what was important to them. This showed that staff had taken the time to get to know people so that positive relationships were developed.

We saw that people's bedrooms were decorated to their taste and personalised with things that were meaningful for them. Efforts had been made to ensure the communal lounge was cosy and informal and we

saw that these areas were regularly used by people who lived at the home and their relatives.

Regular resident's meetings were undertaken where people were able to express their views and suggestions about the running of the home. The minutes of the last resident meeting conducted were displayed on a communal noticeboard in the entrance area for everyone to see.

We looked at the resident meetings for September, October and December 2016 and saw that people were given clear information about any planned developments at the home for example, a forthcoming refurbishment of a number of bathrooms. People's opinions on various aspects of their life at the home were sought, for example menu planning and activities. Where people had made suggestions, there was evidence that these had been acted on.

Care plans contained some evidence that end of life discussions had taken place with people and their relatives with people's preferences and wishes recorded but this aspect of care planning for some people needed further exploration. We saw that where people did not wish to discuss their wishes in relation to their end of life care, this had been respected.

Good

Is the service responsive?

Our findings

We looked at four people's care files and found them to be well organised and person centred. Each file contained relevant information about people's needs and risks and people's care plans were clear and easy to follow. For example, there was information on people's likes and dislikes, whether they wore glasses or a hearing aid, how the person liked to be supported and the equipment needed to support the person when care was being delivered. Some care files also contained information about the person's life prior to coming to live at the home. This supported staff and the management team to provide care that was centred on the individual.

Care records showed that people's care plans were reviewed on a monthly basis or more frequently if a person's needs or wishes changed. We saw that regular care reviews of the support provided were undertaken with the person and their relatives to ensure the support continued to meet their needs. A relative we spoke with confirmed this. They also told us that staff had quickly spotted the signs and symptoms of a specific health condition that the person was experiencing and had responded to it straightaway. They said that staff had monitored the person's well-being, organised for them to be tested for the condition and when the test turned out to be positive, made changes to the person's care so that the condition was managed safely. This demonstrated a responsive and effective approach to people's care.

We spoke to the manager about the activities on offer at the home. The manager told us the home was involved in a pilot scheme run by Anchor Trust in conjunction with National Activities Provider Association (NAPA), an organisation which provides a range of activity-planning ideas and resources. Activities were now run as a whole team approach and NAPA had visited the home twice to assess and support staff with the quality of the interactions they had with people who lived at the home. Anchor have provided training to eight staff to provide outcome based activity sessions and some staff were now activity champions. For example, there was an iPad champion who facilitated iPad activity sessions, and an 'Oomph' champion who promoted chair based pom pom exercises in support of people's physical health.

On the first day of our inspection, staff were participating in a sing along activity session with people in the communal lounge. We saw that the people who lived at the home were actively involved and there was a jovial and warm atmosphere as people sang. Other activities such as memory matters sessions, music for health, poetry reading, knit and natter sessions, board games, beauty therapy, fizzy Friday and a film were all available. One person we spoke with told us they liked the knitting session and enjoyed sitting in the garden when the weather permitted. On the second day of our inspection, people enjoyed a visit from two Shetland ponies called Jaffa Cake and Cupcake.

A relative we spoke with told us that there was always an activity on whenever they visited. They said there's always "Bingo on a Wednesday" and that the other day when they had visited a ukele session was on. They told us that a hairdresser and beautician visited weekly to do people's hair and nails and that a chiropodist also visited the home to tend to people's foot care.

We saw that the provider's complaints procedure was displayed in the entrance area to the home. We saw

that it provided information on the timescales for the acknowledgement, investigation and response to any complaints made. Contact details for who people could contact in the event of a complaint were however not provided. For example, no contact details were provided for the manager of the home, the Customer Relations Team to whom the policy referred, the Local Authority Complaints Department or the Local Government Ombudsman. This meant people may not know who to direct to their complaint to in the first instance, or which external bodies to escalate their complaint with, should they be dissatisfied with the manager or provider's response to their complaint in the first instance.

At our previous inspection, the lack of this information had been discussed with the manager. The manager told us that they had fedback our concerns to the provider but as yet the procedure had not been changed. We discussed this again with both the regional manager and manager of the service and asked for this information to be made available to people so that they had clear information on who to contact should they have any concerns. The regional manager assured us they would do so without further delay.

We looked at a sample of the provider's complaints records and found that the manager had investigated and appropriately responded all of the complaints in a timely and diplomatic manner. None of the people or relatives we spoke with had any complaints or concerns about the service.

Good

Is the service well-led?

Our findings

People and relatives we spoke with thought the service was well- led. One relative said "The boss (the manager) is superb".

During our inspection we observed good teamwork and communication between staff and the management team. Staff were warm, friendly and welcoming. The manager and care manager were positive and visible role models and worked alongside staff in support of people's care. This translated into a warm, inviting atmosphere for the people who lived at the home, their relatives and visitors.

We saw that regular staff meetings and handover sessions were held to share and discuss information in relation to the daily running of the service and people's welfare. This was good practice as it ensured staff were made aware of any changes in relation to people's care and any extra support they may require straightaway. This reduced the risk of inappropriate and unsafe care being provided.

By law services are required to notify the Care Quality Commission (CQC) of significant events. At our last inspection, we found that the manager had not always ensured that these events were reported. We drew this to the manager's attention and during this visit we found that the manager had taken on board our comments and had since ensured CQC were informed of all notifiable events in a timely and responsive manner.

We saw that there was a range of monthly and quarterly audits to monitor and improve the quality and safety of the service. For example, there were care plan audits, medication audits, infection control audits, health and safety audits, accident and incident audits and audits to check that people's skin was being cared for appropriately. We saw that these audits had been completed regularly to mitigate any risks to people's health, safety and welfare. Some of the actions however on the audits had not been signed off to confirm completion.

We found that people's views and opinions on the quality and safety of the service had been regularly sought. Residents meetings took place monthly and the minutes of these meetings clearly showed that people's opinions and views about the service mattered and where acted upon by the manager and staff team. A "You said, we did" board was displayed in the entrance area of the home which showed what action the manager and staff had taken in response to people's suggestions for improvement. For example, people had suggested they would like more staff to talk to, so staffing levels had been increased to enable this to happen. People had also requested more garden furniture and this had been purchased accordingly.

The provider also commissioned an external company called Ipsos Mori to complete an annual satisfaction survey with people who lived at the home. The survey was called 'Your Care Rating' The results from the provider's 2016 survey had not been published at the time of this inspection but we saw that the 2015 survey results showed that the home had scored 967 out of 1,000 points. This indicated that people were more than happy with life at the home.

Overall we found the quality and safety of the service to be good and to people's satisfaction.