Bramlings Limited

Brambling Lodge

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

Overall summary

This inspection was carried out on 16 and 18 September 2015 and was unannounced.

Brambling Lodge is a large detached residence, which is registered to provide accommodation and care for 27 older people, some of whom may be living with dementia. Accommodation is set over two floors. There is a lift to assist people to get to the first floor. Bedrooms are situated on the ground and first floor and there are separate communal areas. It is located in the village of Shepherdswell on the outskirts of Dover. At the time of inspection there were 26 people living in the service.

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.

Where people lacked the mental capacity to make decisions staff were not always guided by the principles of the Mental Capacity Act (MCA) 2005 to ensure any

Summary of findings

decisions were made in the person's best interests. One person had not been supported in relation to a decision about a healthcare need. Other people, however, had been supported with best interest meetings.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Whilst no-one living at the service was currently subject to a DoLS authorisation, the registered manager was making applications to the appropriate authority to make sure people were not being deprived of their liberty unlawfully.

People's needs were assessed so staffing levels could be managed and people felt there was usually enough staff on duty. However, people said they sometimes had to wait for staff to support them. Observations and feedback from staff indicated that there were times when staff were busy and did not always have the time to give people the support they needed when they needed it.

Staff recruitment and selection procedures were thorough which helped to ensure people were cared for by staff that were suitable to work in the caring profession. People were involved in the recruitment of new staff.

Staff knew and understood their accountabilities and responsibilities. Staff had received training relevant to their role to help them to develop their knowledge and skills. Staff received regular support and supervision and were confident in the support provided by the registered manager. Regular staff meetings gave staff the opportunity to voice their opinions. Staff felt they were listened to.

Accidents and incidents were reported and recorded. A new system was in place to analyse trends and patterns of any incidents to reduce and help prevent the likelihood of reoccurrence.

Care plans and risk assessments were under review and actions were being taken to improve the information contained in these, to further develop the care and support people received. Staff knew and understood different people's needs and how to make sure people stayed safe. Staff knew how to support people. Staff helped people to stay safe

People and their relatives told us they felt safe at the service. Systems were in place to protect people from harm and abuse and staff knew who to report any concerns to. The registered manager understood her responsibilities on how to keep people safe. The environment was safely maintained and free from clutter so people could move around safely.

People and their relatives told us they were happy with the care they or their relative received at Brambling Lodge. People told us staff were "Kind", "Caring" and "Friendly". People were supported to maintain their independence by staff that knew and understood their needs. People were supported to make choices. People were provided with a range of different activities they enjoyed.

People were supported to have a healthy diet and to choose what they wanted to eat and drink. People's healthcare needs were managed and people were referred to appropriate health care professionals when needed. People were supported safely with their medicines. Any risks associated with medicines were assessed and managed.

There were systems in place to manage complaints. People and their relatives told us they felt able to raise any concerns or complaints. The provider had systems in place to gather and review feedback from people and their relatives to find out their opinions. People's views were listened to and comments acted on.

There were systems in place for monitoring the quality of the service provided and actions were taken to address any shortfalls.

Staff understood the aims and philosophy of the service, their roles and what their accountabilities were. Staff were motivated and had confidence in the registered manager.

We have made a recommendation about using dependency assessments to ensure that staff are deployed effectively.

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?

Requires improvement

The service was not consistently safe.

There were sufficient staff on duty in accordance with people's assessed needs, but the deployment of staff meant there were times when people had to wait for support.

Recruitment procedures ensured new members of staff were checked before they started work.

People were protected from the risk of abuse because staff were trained and knew and understood how to report any concerns.

Risks were assessed so people were kept safe, these were being further developed to ensure risks were minimised. The environment was well maintained.

People were supported safely with their medicines.

Is the service effective?

Good

The service was effective.

Where people lacked capacity to make decisions for themselves, they were not always supported in accordance with the Mental Capacity Act (2005).

People's rights were protected because applications were being made to ensure that people's liberty was not being restricted unlawfully.

People were supported with their health care needs and able to access health care professionals as needed.

People were supported with a variety and choice of nutritious and suitable foods that met their preferences.

Is the service caring?

Good

The service was caring.

People and their relatives spoke positively about staff and the care they received. People and their relatives felt staff were kind and caring.

People were cared for by staff who respected their privacy and dignity.

Staff knew people well and listened to what they had to say.

Is the service responsive?

Good

The service was responsive.

The registered manager was developing ways to support people and their relatives to be more involved in the care plans.

Summary of findings

People received an assessment of need before they moved in so staff could be confident they could meet people's needs.

There were a range of activities for people to take part in.

There was an accessible complaints procedure. People and their relatives were confident that they could raise any concerns and that these would be acted on and resolved.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in post who understood her responsibilities and gave staff support.

People and their relatives were supported to have a say about the service and felt they were listened to and that their opinions counted.

There were systems in place to monitor the quality of the service, with actions taken when shortfalls were identified.

Staff told us they were clear about their roles and responsibilities. Staff had a good understanding of the ethos of the home and felt supported by the registered manager.

Brambling Lodge

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.

The inspection took place on 16 and 18 September 2015 and was unannounced. The inspection team consisted of one inspector, a specialist advisor who had knowledge about supporting people with dementia 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.

We asked the provider to complete 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. This was returned when we requested it and gave us detailed information about the provider's view of the service. Before the visit we looked at previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law. We looked at information received from health and social care professionals.

We observed how staff supported people at lunch time and during the day. We looked around the service including shared facilities and in people's bedrooms, with their permission. We looked at a range of records including the care plans and monitoring records for six people, medicine administration records, staff records for recruitment and training, accident and incident records, records for monitoring the quality of the service provided including audits, complaints records and staff, relatives and resident meeting minutes.

We spoke with seven people, four people's relatives, eight members of staff, including the activities coordinator and the cook. We also spoke with the registered manager and a senior manager for the organisation.

The last inspection was carried out in June 2013. There were no concerns identified during this inspection.

Requires improvement

Is the service safe?

Our findings

People said they felt safe and told us, "Before I moved here I had several falls at home but I feel quite safe here. I can hold onto rails in the corridor and I have my (walking) frame to help me", "I feel safe with being helped to get and go to bed" and, "Staff help me so I always feel safe". People's relatives told us that they considered that their family members were safe. One relative stated, "Before Mum moved in there were safety issues around falls and memory loss but she is safe here now". Another relative said, "Very safe especially with her mobility and now she feels safe moving around".

Observations showed and comments from staff and people demonstrated there were occasions when staff were busy and not able to give people enough time. Staff told us that, "Some days are better than others". Staff told us that sometimes people had to wait for a bath because they did not always have time in the mornings to help people with this. At lunchtime on the first day of our visit some staff had to help more than one person with their meal. During lunch a call bell was activated and a member of staff had to leave the person they were helping to eat their meal and answer the call bell. This resulted in the person having to wait to finish their meal. People told us that they felt there was enough staff on duty, but there were times when they had to wait for staff to answer their call bells or help them to move to their rooms. Relatives told us that, "Sometimes staff did appear to be rushed".

We discussed staffing levels with the registered manager. She confirmed that she assessed the staffing levels using a dependency assessment tool and that the number of staff on duty reflected the assessed number of staff needed. The rotas showed that the right number of staff were on duty for each shift. The registered manager told us they could increase the number of staff if people's needs changed and that staffing levels were kept under constant review.

During the second day of our visit, arrangements had been made for kitchen staff to help with lunch time meals to reduce the pressure on care staff, so they could give people the time they needed to eat their meals. Staff, however, told us that there were still other times during the day, especially in the mornings, when they were very busy and could not always spend enough time with people.

We recommend that the provider reviews staffing levels, based on current best practice, to ensure that staff are deployed appropriately during the busy times.

There were recruitment procedures in place to make sure only suitable staff were employed. Appropriate checks were carried out including obtaining a Disclosure and Barring Service (DBS) check, references and checking people's employment history by exploring and recording any gaps in employment. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. People met with prospective members of staff at the interview stage so they were involved in the recruitment process. The registered manager told us that they, "Valued people's opinions" and "Involving people helped to make decisions about employing new staff".

Potential risks to people were identified and there were risk assessments in place to help make sure that people stayed safe. These included moving and handling, nutrition, skin integrity, falls and agitation. Some risk assessments did not always identify how to manage some risks and support the person. However, staff knew how to help people with their mobility to reduce the risk of falls, they could explain how they used equipment and supported people to stay safe. The registered manager told us that they were developing the risk assessments as part of an improvement plan for people's care plans.

Staff acted quickly if people became distressed or agitated and this reduced the potential for incidents. For example, one person became agitated with another person, but staff intervened quickly and calmly and diffused the situation so no one was at risk of harm.

Accidents and incidents were reported and recorded. When a person had an increase in falls, referrals were made to the falls clinic. Staff told us how they made sure people were not at risk from falls and helped them to walk safely. Staff were seen to help people walk around safely. People told us they had the equipment they needed to help them move around safely. More than one person told us that they found the handrails in use along the hallways, "Very useful".

There were policies and procedures in place to safeguard people. Staff understood the importance of keeping people safe. Staff knew about different types of abuse and told us

Requires improvement

Is the service safe?

what they would do if they were worried about a person's safety. Staff told us they would report any concerns to the registered manager and were confident that any concerns they raised would be acted on. Staff were aware of external agencies they could contact. Staff also told us they were aware of the whistle blowing policy and told us they would use this if they needed to. The registered manager had taken action when concerns had been raised through the whistle blowing procedures.

The registered manager understood her responsibilities in relation to keeping people safe. A person's relative told us they had previously had some concerns about a member of staff. They told us that when this was brought to the attention of the registered manager it had been, "Dealt with quickly and effectively". Feedback from the local safeguarding authority showed that the registered manager was pro-active in bringing any concerns to their attention. They told us the registered manager had, "Worked in partnership with professionals to investigate a matter and had implemented positive changes as a result of the investigation".

Most medicines were stored safely in suitable cabinets or special fridges. Some creams and sprays were left in people's rooms and not stored securely. As some people could wander into other people's rooms this had the potential for people to access these creams. We discussed this with the registered manager who stated they would address this.

Medicines were appropriately managed and people felt supported with their medicines. One person said, "When I moved in they sorted my medication out very quickly and I feel really good now". A visitor told us that they were kept informed and involved when there were any changes to their relative's medicines.

There were policies and procedures to give staff guidance about how to manage medicines. Only staff who had been trained and were assessed as competent to do so administered medicines. Records were kept for medicines received, administered and disposed of, so staff knew what medicines were in stock. The 'medicine administration record' (MAR) charts showed that people received their medicines when they needed them. Staff told people what their medicines were for. Staff made sure people had water or a drink so people could swallow their tablets and stayed with people until they made sure that they had taken their tablets safely. Some people needed medicines on a 'when required' basis, such as pain relief medicines. Staff checked to see if people needed these medicines and recorded that they had been taken if people wanted them.

The environment was clean, tidy and free from clutter. Checks were carried out to make sure the environment stayed safe. These included regular safety checks on water temperatures, emergency lighting and equipment such as hoists. Qualified contractors carried out checks to make sure the utilities such as the gas and electric supplies were safe. There was a maintenance person who carried out repairs and any repairs were addressed as soon as they were identified.

There were procedures in place to keep people safe in the event of an emergency such as a fire. There was an up to date fire risk assessment and regular fire drills and checks on fire equipment was carried out. There were individual plans to help people evacuate the building and staff knew what to do in the event of a fire.

Good

Is the service effective?

Our findings

People told us that staff gave them the support they needed. One person said, "They look after me and help me get dressed". Another person told us, "I have been brought back from nowhere since I have been here" and this had made them feel much happier and safer.

The Mental Capacity Act (MCA) 2005 is legislation that sets out how to support people who do not have capacity to make a specific decision and protects people's rights. The MCA states that capacity must be presumed unless proven otherwise and that those assessments should be time and decision specific.

Best interest meetings had been held for people and families and appropriate health care professionals had been involved when a decision was needed about healthcare treatment. One person needed hospital treatment and had been assessed as lacking capacity. A decision had been made by the hospital that health care interventions would be 'too stressful' for the person. The manager had followed the hospital's decision in good faith but there was no recorded best interest decision or involvement of the person's representatives or an Independent Mental Capacity Advocate (IMCA). An IMCA's role is to provide independent safeguards and represent people who lack capacity to make certain important decisions, to ensure that this decision was made in the person's best interest. The manager agreed to review this decision with the person and their representatives. People's capacity had been assessed when they moved into the service. These assessments had been reviewed since people moved in.

Staff asked people for their consent when supporting them and staff understood about involving people to make decisions. Staff told us that if a person was not able to make a decision that they would not make any decisions on the person's behalf and would ask for further advice. Staff were aware of the importance of ensuring people were supported properly with making decisions.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. When people moved into the service a check was carried out to look at whether they were being restricted of their liberty. For example, that they would not be free to leave the service when they wanted to and would be subject to continuous supervision. Each person had a DoLS checklist in place and the registered manager was in the process of making applications for individual people to ensure they were not deprived of their liberties unlawfully.

When staff started work at the service, they were supported to complete a competency based induction programme that ensured new members of staff had the skills and knowledge to support people with their needs. New members of staff shadowed more experienced members of staff when they first started work so they could get to know people and learn about people's individual needs. The new care certificate developed by Skills for Care (which is an organisation that gives guidance on standards of training that staff working in adult social care need) had been introduced for new members of staff.

Staff received a range of training to meet people's needs and to keep them safe. Training included safeguarding, health and safety, food hygiene, the Mental Capacity Act (2005) and Deprivation of Liberty (DoLS) safeguards, dementia awareness and moving and handling. Further training was planned in managing challenging behaviours to further develop staff skills. Staff told us they felt supported with their training needs.

Staff received supervision. Supervisions gave staff the opportunity to talk about their training needs, identify strengths and areas for improvement and talk about any concerns. Staff told us they could approach the registered manager at any time if they needed extra support and said they felt, "Very supported" by the registered manager. Appraisals were planned so that staff could talk about their goals and achievements.

People's nutritional needs and needs when eating and drinking were assessed and people were supported to maintain a balanced diet. The cook was knowledgeable about people's nutritional needs and how to ensure meals met different people's needs. Some people needed a soft, pureed or diabetic controlled diet and these were catered for. The cook was given up to date information about

Good

Is the service effective?

people's nutritional needs, likes and dislikes so people were offered meals that met their nutritional needs, choices and preferences. A range of drinks and snacks were offered at regular intervals during the day.

People enjoyed the meals and told us. "The food is good", "I like the meals here" and, "I have put on weight since I moved in because the food is so good". People were given choices at mealtimes and asked in advance what they would like to eat. If a person did not like the choices which were on offer, arrangements were made to offer people an alternative.

Weights were monitored monthly or more frequently if needed. Advice was sought from the dietician or G.P. if staff had any concerns about people's weight. People who had been identified as being at risk of malnutrition or dehydration had any food and drinks recorded so staff could monitor that they were eating and drinking enough and take action if they were concerned about this. Meals were fortified with additional supplements such as double cream and butter to help people maintain a healthy weight.

There were procedures in place to monitor people's health needs. This included information and assessments about how to support people with their nutritional, skin care, continence needs and dementia care needs. People had access to a range of health and social care professionals. These included district nurses, community psychiatric nurses, G.P.'s, dieticians, chiropodists and people's care managers. Staff made referrals to the relevant health care professionals when people's needs changed. Records were kept of when professionals visited and staff recorded what treatment and advice had been given. Relatives told us they were kept informed about people's health care needs and said they were told about any appointments that people had. One person told us that they needed to have bandages on their legs and said, "They (the staff) take care of my legs for me". Health care professionals told us that they were contacted if staff were worried about people's health and staff followed any advice and guidance.

Good

Is the service caring?

Our findings

People were complimentary about the caring nature of staff. People told us, “The staff are lovely; I don't have any favourites because they are all lovely”. “Everyone is smiling and friendly” and, “Staff are always kind”. Feedback from people’s relatives was positive and they told us that staff were kind and caring and made sure people felt that this was their ‘home’. One relative said, “It is not clinical at all. It is just like home”. A healthcare professional told us, “The staff are always friendly and people respond to them very well”.

Staff provided care and support to people in a kind and compassionate way. Staff listened to what people said and communicated well with people. Staff used different ways to communicate with people for example; one person could become distressed if they did not know what was happening. Staff provided this person with written notes to help them remember different things and orientate themselves. This gave the person comfort and reduced their anxiety. Staff crouched down to talk to people so that they could make eye contact with the person. Staff did not rush people when they were talking with them and any questions were answered in a patient manner.

People were asked about their preferences and had a ‘Map of Life’ in their care plans. This gave staff information about people’s likes, dislikes, hobbies and events that had happened in their lives. Also included was information about people who were important to the person. This helped staff get to know people. Some contained more details than others but the registered manager told us she had spoken with families to obtain as much information as possible. Relatives confirmed they were asked about people’s life histories. Staff we spoke with knew people well and were able to tell us about people’s likes and dislikes.

Staff supported and encouraged people to maintain their independence and supported people to make choices. One person told us, “I need some help with a bath; they (the staff) let me do what I can for myself". The person told us that this helped them to feel, “In control” of their life. One member of staff said, “It is important to be patient and listen to people and help people to manage what they can for themselves”. Staff offered people choices during our visit including asking people where they wanted to spend their day and if they wanted to join in any activities.

Peoples’ dignity was maintained. Staff acted in a professional and caring manner. When staff shared information about people’s needs they were discreet and made sure they could not be overheard. Staff were observant and made sure people’s dignity was not compromised. For example, there was an occasion when a person was not able to reach the toilet in time. Staff acted quickly and sensitively and comforted the person. Another person tried to undress in a communal area and two staff immediately came to the person’s aid and helped them in a kind and respectful manner. On both occasions staff made sure people were helped with the least amount of fuss so they did not feel embarrassed.

Staff respected people’s privacy. They knocked on people’s doors and asked permission before entering rooms. People were supported to spend time in their rooms if they chose to and were asked if they wanted their bedroom doors open or closed. People were asked if they wanted keys for their bedroom doors and some people had agreed to this, so they could lock their doors when they were not using their room.

Most people had bedrooms for single occupancy, although there were some shared bedrooms. These had privacy screens for use when staff were helping people with personal care so they received their care in private. People or their relatives were asked if they would be happy to share a room so they could make a decision before they moved in. One person told us that they would prefer a single room, but was happy to share until a single room became available.

People’s rooms were clean and tidy. People could bring in their own possessions and these were on display and gave people’s rooms a homely feel. Some people had brought in their own furniture

A visitor told us that their relative’s room was, “Comfortable and we were able to bring in personal things from home. We did have some pictures to put on the wall and the next thing that happened was that they were all put up. We hadn't even asked if this could be done".

Care plans contained information about people’s religious and cultural preferences. Care plans showed what people’s different beliefs were and how to support them. Arrangements were made to support people with their beliefs.

Good

Is the service caring?

People could have visitors when they wanted. The registered manager explained that mealtimes were protected so that people could eat their meals without being disturbed. However, relatives told us this did not affect them and felt they could visit when they wanted to.

One person's relative told us, "I can visit when I want and visit regularly". Another relative commented, "They always welcome me, it's like a family". One person told us, "I can have visitors whenever I want".

Good

Is the service responsive?

Our findings

People did not know much about their care plans and did not feel fully involved. The registered manager told us that she had recognised that families did not always feel involved in their care plans, although relatives were asked about people's life histories, and was developing ways of working with people and their families to improve this. People and their relatives felt staff were responsive to people's needs and gave people the care they needed.

People and their relatives told us that the staff and the registered manager were always available if they needed to talk to them. People said that, "I am always listened to and know I get the right support" and, "I can ask staff for any help I need. Staff do not rush me and let me do things for myself".

Relatives told us they were contacted and kept informed if there were any changes in people's needs. One relative said, "I often ring up with messages for my relative and I know she gets them as I get messages back".

Each person had an individual care plan which included details about people's personal care, health care, communication, nutritional and mobility needs. Care plans identified what people needed support with but some of the care plans lacked detail about how to support the person. For example, care plans stated, 'Needs assistance with personal care', but not what the assistance was. Although there was a consistent and stable staff team and agency staff were not used, care plans would not give new members of staff the information they needed to support individual people. This was an area for development. The registered manager was aware that care plans needed development and showed us the planned improvements to people's care plans that she planned to implement. The registered manager told us she had recognised that care plans sometimes only identified what people could not manage and was working with staff to focus and include what people could do for themselves so this would help promote people's independence.

People had an assessment of their care needs before they moved in. The initial assessments were detailed and included information about people's physical, personal and mental health care needs. The registered manager carried out the assessment to make sure that staff could meet the person's needs. She told us, "It is important to make sure we can meet someone's needs, because if they move in and we can't support them it is distressing for everyone". Health care professionals confirmed that the initial assessment process was robust and one professional said, "The home manager is very good at recognising the suitability of her clients and in my view carries out a very good pre- assessment so that the right clients are placed in the home which reduces the stress for the clients, family and staff".

People and their relatives told us they could visit the service before they moved in. One relative said, "When we visited the home we found everyone friendly and welcoming and very much a home".

There was an activities coordinator who worked five afternoons a week. The coordinator encouraged and supported people to take part in different activities. These included arts and crafts, games and quizzes. People could choose what they wanted to take part in. People could watch television if they wanted to or listen to music. Some people liked to read magazines and there were a range of different magazines available for people to pick up and read. Entertainers and therapists visited the service regularly to provide additional activities. An organisation had recently visited the service and brought in a variety of animals including rats, tortoises and giant land snails. People were able to hold or stroke these animals and we saw pictures that showed people had enjoyed this.

Arrangements were made for people to take part in pastimes they enjoyed. There was a gardening club and people had planted flowers bed and hanging baskets in the summer months. Other people enjoyed 'pamper' sessions such as having their hair and nails done. A room had been altered to resemble a nail salon and people enjoyed visiting the salon. Staff were proactive in arranging events. A fund raising day was held on one of the days of our visits and people were encouraged to join in. Parties were arranged for birthdays and occasions such as Easter and Christmas. A (wedding) blessing had been held at the service and people were invited. This was an event that people enjoyed.

Some people preferred to spend time in their rooms. The activities coordinator arranged to visit people in their rooms so she could spend time with people on a

Good

Is the service responsive?

one-to-one basis which helped to reduce any feelings of isolation. People were supported to take part in small tasks they enjoyed. For example, one person liked folding laundry and regularly helped staff to do this.

People and their relatives told us that they were confident that if they had any complaints they would be acted on. One relative told us that they had some concerns about underwear not being returned from the laundry, but told us, "I have spoken with the manager and I know this is being addressed". Another relative said, "There is nothing to hide here".

The complaints procedure was on display and available to people, visitors and staff. The procedure detailed how a complaint would be investigated and responded to and who people could contact if they felt their complaint had not been dealt with appropriately.

Good

Is the service well-led?

Our findings

People and relatives told us they thought the registered manager was approachable and they felt able to talk to her at any time. Relatives told us, "The office door is always open", and, "If I can't come in to speak to the manager I can contact her on the phone". During our visit people called into the registered manager's office and she spent time talking to people and listening to what they had to say. A health care professional told us, "The manager is very approachable and she runs a very effective service".

Quality assurance systems were in place to improve standards and ensured the service was delivered consistently and safely. Accidents and incidents which occurred in the home were reported, recorded and referrals were made to health professionals for their input where required. However, we noted, that the results of the accident and incident audits were not analysed. As a result the information was not always used to look at ways of preventing or reducing the likelihood of reoccurrence. The registered manager reviewed this and put systems in place to address this during the inspection.

Regular audits were carried out in order to ensure the safety and quality of the service. These included infection control, health and safety, medicines, staff training and care planning. Shortfalls were identified and actions put in place to address these. For example, the care plan audits had identified that care plans needed improvement and there were plans in place to address this. An area manager carried out regular checks of the service on behalf of the provider. A report was given to the registered manager along with any areas of improvement that had been identified. The registered manager addressed any shortfalls and reported actions to the provider.

People and their relatives had been asked about their views and experiences of using the service. The registered manager used a range of methods to gather feedback from people. Surveys and questionnaires were sent out on a six monthly basis. The responses were reviewed and actions taken from the feedback provided. For example, relatives had stated they would like to be more involved in people's care and they were being invited to meet with the manager to help review care plans. Some relatives said they would like to be more involved in events and activities and had become involved in these. People had given feedback about the meals and choices and a new diet and nutrition questionnaire had been developed, so when people moved in the cook sat with people to find out exactly what their preferences were. This was reviewed on a regular basis in case people's tastes changed.

Regular relatives meetings were held. These had been arranged on different days and at different times to give more relatives the opportunity to attend. Regular newsletters were sent out .This kept people involved and up to date with developments and events within the service. People and their relatives could actively have a say about what happened at the service.

Staff were aware of their responsibilities and accountabilities. Staff were key workers for individual people which meant they were responsible for ensuring their care needs were met. Staff were allocated tasks when they were on duty and knew what these were. Staff were able to tell us what they were responsible for.

Staff meetings were held regularly and were used to keep staff up to date with new approaches, any changes and relevant information. Staff told us the meetings were useful and that they felt listened to.

Staff told us they enjoyed working at the service. Staff felt there was good teamwork which meant staff worked well together. One member of staff said, "We are a good team here. We work as one team to make sure people are well cared for". Another member of staff said, "We can rely on all staff to help and support each other".

There were a clear set of values. When speaking with the registered manager and staff they knew what the values were and how to implement them. The registered manager and staff told us that, "People were the centre" of the service. Staff commented, "We treat people as if they were our Mum and Dad". "At the end of the day none of us would ask to be here, so we have to make sure we do the best for people" and, "We are caring for people and they have feelings. It is important to remember this".

The registered manager told us they felt supported by the provider. They said they attended the provider's management meetings. This gave them the opportunity to meet with other managers to share best practice and discuss challenges they may be facing with service delivery. The registered manager was supported to develop her skills and knowledge and was in the process of completing a teacher training course, so she would be able to deliver training to staff and further support staff.

Good

Is the service well-led?

There were policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard. Staff knew where to access the information they needed and when we asked for information it was readily available.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. CQC checks that appropriate action had been taken. The registered manager was aware of this and reported events appropriately.