

Bupa Care Homes (CFHCare) Limited

Capwell Grange Care Home

Inspection report

Addington Way
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Luton
Bedfordshire
LU4 9GR

Tel: 01582491874

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09 November 2016
11 November 2016
23 November 2016

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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 ●

Summary of findings

Overall summary

This unannounced inspection took place when we visited the service on 9 and 11 November 2016. It was completed on 23 November 2016 when we had received feedback from all members of the inspection team.

The service provides care and nursing support to people with a variety of needs including those living with dementia, physical disabilities, mental health needs and chronic health conditions. On the day of our inspection, there were 142 people being supported by 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.

Potential risks to people's health, safety and welfare had been reduced because there were risk assessments in place that gave guidance to staff on how to support people safely. There were systems in place to safeguard people from avoidable harm and staff had been trained in safeguarding procedures. The provider had effective recruitment processes in place and there was sufficient staff to support people safely. People's medicines were managed safely.

Staff had regular supervision and they had been trained to meet people's individual needs. They understood their roles and responsibilities to seek people's consent prior to care and support being provided. The requirements of the Mental Capacity Act 2005 (MCA) and the related Deprivation of Liberty Safeguards (DoLS) were being met.

People were supported by staff who were kind, caring, friendly and respectful. They were supported to make choices about how they lived their lives and how they wanted to be supported. People had enough to eat and drink to maintain their health and wellbeing. They were supported to access other health services when required.

People's needs had been assessed and they had care plans that took account of their individual needs, preferences, and choices. Where possible, people and their relatives had been involved in reviewing people's care plans. People had been provided with a variety of activities facilitated by activities coordinators on each unit.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people who used the service, their relatives, external professionals and staff, and they acted on the comments received to continually improve the quality of the service.

The provider's quality monitoring processes had been used effectively to drive continuous improvements. The manager provided stable leadership and effective support to staff, and promoted a caring and inclusive

culture within the service. Staff were motivated to do their best to provide good care to people who used the service and to work in collaboration with people's relatives.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People felt safe and there were effective systems in place to safeguard them.

The provider had robust recruitment procedures in place. There was enough skilled and experienced staff to support people safely.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff received appropriate training and support in order to develop skills and knowledge necessary for them to support people effectively.

Staff understood people's individual needs and provided the support they needed.

People had enough to eat and drink to maintain their health and wellbeing. They had access to health professionals when required.

Is the service caring?

Good ●

The service was caring.

Staff were kind and caring towards people they supported.

People were supported in a way that protected their privacy and dignity. As much as possible, they were also supported to maintain their independent living skills.

People's choices had been taken into account when planning their care and they had been given information about the service to help them to make informed choices and decisions.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were person centred and took into account their individual needs, preferences and choices.

Staff worked in partnership with people and their relatives so that people's needs were appropriately met.

The provider had an effective complaints system and people felt able to raise concerns.

Is the service well-led?

The service was well-led.

The manager provided stable leadership and effective support to staff in order to promote a caring and inclusive culture within the service.

People and their relatives were enabled to routinely share their experiences of the service.

The provider's quality monitoring processes had been used effectively to drive continuous improvements.

Good ●

Capwell Grange Care 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 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 9 and 11 November 2016, and it was unannounced. It was carried out by an inspector, a specialist advisor who is a nurse with experience of supporting people living with dementia, and two experts by experience on 9 November 2016. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Only the inspector visited the service on 11 November 2016 and we completed the inspection on 23 November 2016 when we had received feedback from all members of the inspection team.

Before the inspection, we reviewed information we held about the service, including the previous inspection report and notifications they had sent us. A notification is information about important events which the provider is required to send to us. We also reviewed information of concern we had received in the last 12 months either from the local authority, members of the public or staff.

During the inspection, we spoke with 16 people who used the service, nine relatives, 16 staff including care staff and some nurses, the clinical services manager and the registered manager.

We looked at the care records for 12 people who used the service. We reviewed the provider's staff recruitment, supervision and training processes. We checked how medicines and complaints were being managed. We looked at information on how the quality of the service was assessed and monitored, and we observed how care was being provided in communal areas of the home.

Is the service safe?

Our findings

People told us that they were safe living at the home. One person told us, "Yes I feel safe because there are other people here and staff around day and night." Another person said, "It's like a family unit here, I feel very safe." A third person said, "I feel safe. I lived alone before, this is like having a family." This was supported by relatives we spoke with. One relative said, "I think [relative] is safe, very much so." Another relative said, "My [relative] is very safe, all doors are locked. I once noticed another resident try going out of the door and staff were there very quickly to talk with them."

Staff told us that people were safe because the provider had policies and procedures in place for them to follow. We saw that these included safeguarding and whistleblowing policies and procedures. Whistleblowing is a way in which staff can report concerns within their workplace without fear of consequences of doing so. We also saw evidence that staff had been trained on how to safeguard people and staff we spoke with showed good understanding of the local safeguarding procedures. A member of staff said, "Residents are safe because we look after them really well. The environment is safe too." Another member of staff said, "I think residents are definitely safe. I would report any concerns about how staff interact with residents to the manager." A third member of staff told us, "Residents are safe because of how we care for them. I have never been concerned about abuse at all."

Information about how to safeguard people was available so that people who used the service, staff and visitors knew what to do if they suspected that a person might be at risk of harm. As well as information provided by the local authority, the provider also had a 'Speak Up' poster which gave details of their confidential service where people could report concerns. Evidence we saw showed that people were safe because the manager had appropriately reported any concerns to the local authority safeguarding team and to the Care Quality Commission.

We noted that potential risks to people's health and wellbeing had been assessed and detailed risk assessments were in place to manage the identified risks. The risk assessments provided clear guidance to staff on how to manage and minimise risks to people including those associated with people being supported to move, pressure area damage to the skin, falling, not eating or drinking enough and medicines. People's risk assessments had been reviewed and updated regularly or when their needs had changed. During the inspection, we observed that staff used safe procedures when using equipment to support people to move, and that the equipment had been checked and serviced regularly.

The manager ensured that the physical environment of the service was safe because staff carried out regular health and safety checks so that there were no hazards that could put people at risk of injury. External contractors also checked and serviced gas and electrical appliances regularly. In addition, there were systems in place to ensure that the risk of a fire was significantly reduced by regularly checking fire alarms, firefighting equipment and emergency lighting. They also took prompt action to ensure that any incidents and accidents that occurred at the service were recorded and investigated. There was evidence of analysis and learning from these so that actions could be taken to reduce the risk of recurrence. For example, a reduction in the use of agency nurses occurred as a result of an analysis of incidents of people falling that

showed that a number of these occurred when agency nurses were working. Furthermore, the manager had booked staff to attend training provided by the Luton Falls Team in September, October and November 2016.

The provider had robust staff recruitment procedures in place. Staff records showed that thorough pre-employment checks had been completed before they worked at the service. These included obtaining appropriate references from previous employers and completing Disclosure and Barring Service (DBS) checks. DBS helps employers to make safer recruitment decisions and prevents unsuitable people from being employed. Additionally, they made the necessary checks to assure themselves that the nurses they employed had the right qualifications and were registered with the Nursing and Midwifery Council (NMC). This included checking whether they had renewed their registration annually.

Everyone we spoke with told us that there was enough staff to support people safely and they did not have to wait long to be supported. One person said, "I think there is enough staff, but sometimes less at weekends as they sometimes call in sick or take holidays." Another person said, "There is always enough staff. I can't complain because they care for me well." A third person said, "The staff do change but as a whole, it's the same carers." A relative told us, "Yes there is enough staff, always someone there if needed. Often someone is calling, but staff seem to cope very well." We looked at the staff rotas and these showed that sufficient numbers of staff were always planned to support people and meet their needs safely.

This was supported by members of staff who told us that there was always enough of them to support people. One member of staff said, "We have enough staff to support the residents. If we are short because of illness, we can call around other units to get support. Bank staff can cover too." Another member of staff said, "Most times we have enough staff, except when they phone sick. We get cover from other units or from bank staff." A third member of staff told us, "We generally have enough staff, but days when we are short can be hard." Another member of staff said, "It's hard working here when we don't have enough staff. It doesn't happen all the time, just when staff go off sick." However, all members of staff we spoke with told us that managers tried their best to ensure that there were sufficient staff at all times and would make every attempt to find additional staff to cover for sickness. We saw that there was a list of casual staff who occasionally worked at the home when required. The manager told us that as a result of ongoing staff recruitment, they had significantly reduced the number of agency who worked at the home. This showed that the provider had systems to ensure that there was sufficient staff at the service to provide consistent support to people who use the service.

People were happy with how their medicines were being given to them. One person said, "I do take medication. Staff bring it at meal times and at night." Another person said, "Staff come and do medication with me 3 or 4 times a day. It's kept in the office, not my room." We saw that people's medicines had been managed safely because there were systems in place for ordering, recording, auditing and returning unrequired medicines to the pharmacy. Medicines had also been stored appropriately within the home. We saw that medicines were mainly being administered by nurses, but other senior care staff had been trained to do so. We looked at some of the medicine administration records (MAR) and found these had been completed fully, with no unexplained gaps. This showed that people were being given their medicines as prescribed by their doctors in order to provide effective treatment.

Is the service effective?

Our findings

People told us that staff had the right skills, experience and qualifications to support them effectively. One person said, "Staff are very good. I need help walking and doing things now." Another person said, "I am very well cared for here." A relative said, "It is very good here and staff are good. Nothing is too much trouble for the staff, they are all very willing and look after [relative] well. I think staff are trained enough to do right by [relative]." Another relative said, "I don't always know what goes on every day, but I am confident [relative] is looked after." A third relative said, "I'm generally happy [with relative's care], staff are very good."

Staff were complimentary about the quality of the care they provided to people who used the service. One member of staff said, "The residents are well looked after." They further told us that they were confident that good care was provided at the service and they would like their relative who required care to move to the home when there are vacancies. Another member of staff said, "Residents are getting the best care they can get and are happy." A third member of staff said, "Residents get good care. We try our best." Staff told us that they were able to provide effective care because the training they received had helped them to develop the necessary skills and knowledge. A member of staff said, "We constantly have refresher training." Another member of staff said, "Training is good. There is always some new things you learn each time." A third member of staff said, "I have done most of the required training and I have found it useful. You always learn anyway, everyday there is always something to learn."

We saw that the provider had an induction programme for new staff and regular training for all staff in a range of subjects relevant to their roles. This was mainly kept up to date, with only a few members of staff's training that was overdue because they had been on leave. Some members of staff had also been able to gain nationally recognised qualifications in health and social care, including National Vocational Qualifications (NVQ) and Qualifications and Credit Framework (QCF) in order to further develop their skills. A member of staff told us that they had recently started level 3 training and they were enjoying it. Another member of staff told us that they would consider acquiring further training and qualifications in the future. There were also opportunities for nurses to develop their skills and knowledge, and to evidence that they remained suitable for registration with the Nursing and Midwifery Council (NMC). The provider had put systems in place to support nurses to meet the 'revalidation' requirements of the NMC and this was confirmed by nurses we spoke with.

Staff we spoke with told us that they were supported to do their jobs well and that they had received regular supervision and appraisals. Staff records we looked at confirmed that they received regular support in the form of individual and group supervisions. One member of staff said, "I get regular supervision and the unit manager always supports us." Another member of staff said, "I get regular supervision and I find it useful." A third member of staff said, "The unit manager is very supportive. If you have a problem, she would try to help."

The requirements of the Mental Capacity Act 2005 were being met. The 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. We observed that staff asked for people's consent prior to supporting them and they respected people's choices. However, when people's needs meant that they did not have mental capacity to make decisions about some aspects of their care, we saw that mental capacity assessments had been completed and decisions to provide care and support were made on their behalf. Staff we spoke with told us that they worked within the principles of the MCA in order to protect people's rights. One member of staff said, "We always try to help residents make choices for themselves." Another member of staff said, "We have good relationships with residents' families and between us, we make sure they get good care."

When required to safeguard people, referrals had been made to the relevant local authorities so that any restrictive care met the legal requirements of the MCA. Some authorisations had been received, but others were still being processed by the local authorities. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The majority of people we spoke with were happy with the quality of food provided by the service. Everyone said that people always had enough to eat and drink. We noted that there was a varied menu which offered people a choice of nutritious food. People were also given a variety of drinks and snacks throughout the day. Most people's comments and our observations at lunchtime showed that they enjoyed the food. We also observed that an alternative meal had been prepared for a person because they did not like what was on the menu. One person said, "Food is nice and there is plenty to eat and drink. I had bacon and eggs this morning." Another person said, "I had toasted bacon sandwich for breakfast. I haven't had a fried egg since I first came because it is always hard by the time it gets here. I usually have a cheese sandwich for tea." A third person told us, "Food is okay. Some days are better than others. Today was good as I like roast turkey." Other comments about food include: "They come and ask me what I would like to eat and I can choose. I go to the dining room, but if I want to eat in my room I can."; "They offer a good choice of food." A person who had just had a cup of coffee and biscuits told us that they had enjoyed it. They added, "I always get drinks and biscuits if I want them." Even though one relative said that the food did not exactly look like the pictures on the menus and that there was not enough choice, other relatives' comments did not support this view. One relative said, "[Relative] has regular drinks and snacks, and food always looks nice."

People with specific dietary requirements had also been supported to eat well. A variety of options were available for people who required soft food, high calorie food or food low in sugar content for those living with diabetes, and for those who had Percutaneous Endoscopic Gastrostomy (PEG). This is a procedure where nutrition is provided via a tube passed into a person's stomach through the abdominal wall when oral intake is not possible. We also saw that staff regularly monitored people's weight to ensure that they were eating enough to maintain their health and wellbeing. Where required, people had also been referred to health professionals to ensure that their dietary needs had been met.

People told us that their health needs were met because they had access to other health services, such as GPs, district nurses, dentists, opticians and chiropodists. People also told us that staff supported them to attend hospital appointments. One person told us, "I do have a GP I can see them. I go to hospital appointments when necessary. I had a form to fill in about the flu jab. I sent the form back and then the doctor came in to do the flu jab, which was good." Another person said, "I had to change my doctor when I came here. I had been with him for 30 years so I was disappointed, he knew my and the family history." A third person said, "They were very quick to call a doctor when I had a bad foot." A relative said, "[Relative] is well physically thankfully and has access to the GP everyone sees. [Relative] did have a bit of a cough a while

ago and staff were careful to watch that." Another relative said, "The unit manager is very thorough, she doesn't waste any time if something is not right with [relative]. Not long ago, [relative] had toothache but couldn't really tell us that. [Name of the unit manager] was straight on to the doctor, it turned out [relative] had an abscess and got antibiotics." Although one person told us that they had not been seen by a dentist in two years, they said that they did not have problems with their teeth. They added, "The dentist came here, but I think someone went to Liverpool Road clinic to see the dentist. Perhaps they do not come in now. I'll have to ask." Another person said, "I was just at the dentist last week." A member of staff told us, "Residents have assigned GPs who we call out when necessary."

Is the service caring?

Our findings

People and relatives told us that staff were kind and caring. One person said, "Yes I do think they are caring and they are always asking how you are doing." Another person said, "The staff and nurses are wonderful. Whenever they pass my door they say hello [name], are you ok love? I like it that way, it's so comfortable." A relative told us, "The staff are excellent and very caring. Wonderful really." Another relative told us, "There is always staff with or near [relative] when I come. Generally, staff are very kind and considerate, and to me too."

We observed that staff interacted with people in a friendly and respectful manner. There was a lot of chatting and social atmosphere in communal areas in all units, particularly in the afternoon when most people were sitting in the lounge areas. Staff always chatted with people whenever they came into these areas, and it was evident that they knew people well and cared about their welfare. A member of staff said, "The residents are well looked after. We are a very caring team." Another member of staff said, "Everyone is made to feel welcome and I have time to sit with the residents to talk. I like that." While walking around one unit with a member of staff, they spoke politely to a person who was lying on their bed, with the TV on and their door open. They said to the person, "How are you? Still watching the TV I see." With the person's agreement, they proudly showed us that the person's bedroom was clean and tidy and they had a nice outlook onto the garden. Before we left, the member of staff asked if the person was comfortable and they responded by saying, "Yes, I have everything I need here. Leave my door open."

People were able to make decisions and choices about how they lived their lives, including how they wanted to be supported. They told us that they chose when they went to bed and woke up in the morning. One person said, "They help me out of bed, help me to get ready and I choose what I want to wear." On one unit, we observed that a person was wearing a dressing gown in the lounge during late morning. It was clear that the person had just woken up and we heard a member of staff saying, "Good morning [name], you've had a good long lie in. Come and sit here and we'll get you a cup of tea. I did pop in to see you and you were sleeping so deeply I didn't want to disturb you." The member of staff then chatted quietly with the person after bringing them a cup of tea. A few minutes later, another member of staff brought them a bowl of cornflakes, which they appeared to enjoy. A relative was particularly complimentary about this individual approach to care. They said, "[Relative] doesn't sleep a lot so can be up and about at any time, and that is not a problem for staff. Then sometimes [relative] does sleep in late and will wander into the lounge and have breakfast in her pyjamas. I think that's nice, like home." Relatives told us that they were involved in discussions about their relatives' care and they could visit whenever they wanted. They also said that staff were always welcoming when they visited. One relative said, "I try and get here at least once a week. Whenever I come, staff come and talk to me and we catch up with everything, and I can ask questions."

People said that their dignity and privacy were protected and that they were treated with respect. One person said, "Staff always show me respect and dignity. They ask when helping me." Another person said, "Yes, they do respect my dignity when helping me." A third person said, "Staff always knock on my door if it is closed and they call me by my name." Staff we spoke with demonstrated that they valued people's individuality and rights, and they understood the importance of maintaining confidentiality. They told us

that they would not discuss people's care outside of work and they also made sure that they shared information about a person's care with colleagues in private so that they cannot be overheard by other people or visitors.

People had been given information about the service to enable them to make informed choices and decisions. This included the level of support they should expect and who to speak with if they had concerns about their care. Where required, some people's relatives or social workers acted as their advocates to ensure that they received the care they needed and understood the information given to them. There was also information about an independent advocacy service that people could contact if they required additional support, although not everyone we spoke with was aware of this.

Is the service responsive?

Our findings

People told us that their individual needs were being met by the service and they were happy with how their care was being managed. An assessment of people's needs had been carried out prior to them moving to the service. This information had been used to develop their individual care plans so that they received appropriate care and support. The care plans followed a standard format that assessed people's needs in areas such as senses and communication; choices and decisions over care; lifestyle; healthier, happier life; safety; moving around; skin care; washing and dressing; going to the toilet; eating and drinking; breathing and circulation; mental health and wellbeing; and future decisions.

The care plans were person centred and clearly identified the person's likes and dislikes, what the person could do for themselves and what support they needed from staff. For example, staff had entered, "able to engage in simple conversation; wears hearing aid in her left ear; is able to make simple choices and decisions over her care; likes to cuddle her dolls" in one person's care plans. A nurse and clinical services manager took immediate action when we highlighted that more robust protocols and procedures were needed in order to provide safe care to a person with a tracheostomy. A tracheostomy is an opening created at the front of the neck so a tube can be inserted into the windpipe to help a person breathe.

People and relatives told us that they were involved in discussions about their relatives' care and some people said that they had taken part in reviews. One person said, "My son is my advocate, he looks after everything about my care and my finances. He probably goes to meetings, I don't know as he never says." Another person said, "They talk to me about my care." One relative told us that they were regularly updated with their relative's progress, they always read the charts in their relative's room and had never found any discrepancies. Another relative said, "I am always called to meetings with [relative]'s social worker and the specialist nurse yearly. When I attend any meetings I have with the manager, I always get a copy of what we discussed regarding [relative]." We noted that people's care plans were reviewed regularly or updated when their needs had changed. Staff told us that people's care plans contained sufficient information for them to provide safe and effective care. One member of staff said, "Care plans are always updated if there are any changes. We always find new information for new residents until we get to know them really well." Another member of staff said, "Yes, we follow care plans which are updated monthly and we have daily care sheets we fill in for everyone. We note everything for them about diet, mobility, behaviour, and so on, and keep a close eye." A third member of staff said that they would immediately report to senior staff if they noticed that a person's needs had changed so that prompt care and treatment could be provided.

People told us that there were enough activities and entertainment provided within the home, and that they mainly enjoyed these. There were activities coordinators who facilitated activities in each of the five units. The home had been decorated for the Remembrance Day celebrations during our inspection. We saw photographic evidence of other themed activities that had taken place throughout the year including a garden party to celebrate the Queen's 90th birthday during the National Care Home Open Day in June 2016. One person said, "The activities lady is here sometimes to do drawing, colouring and games, but I don't really do much. The TV is usually on, but I don't always want to watch what is on. I tend to read." They added, "I go home for a few hours at weekend for a change." Another person commented positively about

the activities coordinator whom they said they enjoyed spending time with and looked forward to their arrival each day. They said, "I want special girl to come. She gets us silly and does things." We saw that a variety of items were available for people to use for recreational purposes including extra-large domino and noughts and crosses games. There were plenty of puzzles, games, boxes of different memorabilia gadgets to entertain people. A Christmas Fair was planned on all units for 26 November 2016 so that people and visitors could purchase gifts while raising money for charitable causes. A member of staff told us about how useful the memory boxes located on wall just outside each person's door were in encouraging conversations and prompting people's memory. They said, "The memory boxes are updated when family bring something in. We stop and look with the resident and have a chat about the contents, it helps." The home had beautifully kept gardens that people used often during the warmer months of the year. Some people and relatives commented positively about this. One person said, "In the summer we went outside and sat in the shade and that was nice." One relative said, "I have seen gardeners often and they keep the grounds lovely. It was good in the summer to be able to use such well-kept gardens with my [relative]."

The provider had a complaints policy and procedure which gave people information on how to raise any concerns they might have about their care. The provider's 'Customer feedback – Concerns, complaints, compliments and suggestions' leaflet and complaints forms were available for use by people or visitors to the service. These also explained how their complaints would be managed. Most people said that they had no issues to complain about and those who had done so said that their complaints had been mainly dealt with well. One person who had previously raised concerns said, "I have no concerns at the moment, but I have confidence in the office. They come back with an answer in 10 minutes usually." Another person said, "I have never had to complain as such. If I need something I ask in the office there and I would complain if I needed to." When we asked a person if they knew who to complain to if they needed to they said, "Yes that lady (pointing to the unit manager,) but I don't have any complaints. The staff, including the domestics are marvellous. Go and look how clean my room is. They're all like that." Complaints records we looked at showed that appropriate actions had been taken to investigate and resolve the complaints received by the service in the 12 months prior to our inspection.

Is the service well-led?

Our findings

There was a registered manager in post who was supported by a deputy manager, a clinical services manager and a unit manager for each of the five units. The provider's area manager was also available to provide further managerial support. An information sheet with the registered manager and the area manager's names, photographs and telephone numbers was displayed by the entrance to the home to enable people or visitors to contact them if they had any issues that had not been resolved by other staff. One relative said, "[Name of the registered manager] is very obliging and anything I ask is done. If I have any worries, I would ask her and she puts right."

Although some people did not know who the registered manager was, they knew the unit managers, with everyone we spoke with telling us that they were approachable and helpful. Staff were complimentary about how well the service was managed and they appreciated the support they received from the unit and other senior staff. One member of staff said, "The unit manager tries to make us work well together as a team. She is very passionate about the residents and is a good example to us." Everyone we spoke with said that the service was 'good' in how they supported people in clean and pleasant premises. One person said, "I would recommend this home. Yes, I do think it is well led and caring, and they are always asking how you are doing." Another person said, "The home is pretty much perfect." A relative said, "I recommend anyone to come here." Another relative said, "You couldn't find anywhere better than this." We saw that 19 compliments had been received by the service since March 2016.

Staff told us that they felt valued and they were encouraged to contribute to the development of the service. They had regular discussions through team meetings and all members of staff we spoke with told us that they really enjoyed their work and that the service was a caring and supportive environment to work in. They said that this consequently, created a caring environment for people who used the service. They also said that they worked well as a team with their main goal being to provide the best care they can to people they supported. We saw information that showed that the provider's values were: Passionate; Caring; Open; Accountable; Authentic; Courageous; Extraordinary. Some of the staff we spoke with were aware of these and they said that they used them to guide how they supported people. A member of staff said, "I'm generally happy working here. Caring for people is one of the best things." Another member of staff said, "It's good here. I must like it because I'm still here after all these years. This is what I always wanted to do."

The provider sought feedback from people who used the service and their relatives so that they had the information they needed to continually improve the service. 'Residents and relatives meetings' gave people the opportunity to discuss issues about their day to day care and support, and to suggest improvements they wanted to see made within the service. Quarterly meetings were planned in advance and we saw that these had been scheduled in February, May, August and November for 2016. Some people and relatives told us that they attended the meetings, but others chose not to do so or were unable to do so due to their work schedules. One person said, "We are always being asked to complete questionnaires, but I can't remember any meetings." A relative said, "They do have meetings, but I haven't had the time to attend yet." We saw that the provider also completed surveys and the results of the one completed in 2015 showed that people and their relatives were mainly happy with quality of the service, but there were concerns about the quality

of the food which had been addressed. Although the services had been rated as 'good' following a local authority inspection in October 2016, improvements were required in some areas including staff's knowledge and understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The manager and the clinical services manager were working on the action plan at the time of this inspection.

The provider had effective processes in place to assess and monitor the quality of the service provided. All senior staff completed a range of audits including checking people's care records to ensure that they contained the information necessary for staff to provide safe and effective care. They also completed health and safety checks to ensure that the environment was safe for people to live in, and that people's medicines were being managed safely. Where areas of improvement were identified, we saw that action plans had been developed and prompt action had been taken to address these. The provider's area manager also completed regular inspections of the service and there was an annual inspection completed by the provider's quality and compliance team.