Elizabeth Finn Homes Limited

The Cotswold

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We inspected this service on 17 and 18 January 2017. The Cotswold provides accommodation, personal and nursing care for up to 51 older people. The home is located in Bradwell, a private village just outside of Burford in Oxfordshire. At the time of our visit 49 people were using the service. At the last inspection in November 2014 the service was rated Good. At this inspection we found the service remained their Good overall rating.

There was a registered manager in post. A registered manager is a person who has registered with the CQC 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.

People and their relatives were very complimentary about the caring nature of the staff. People benefitted from staff that knew people's needs well and used this information to take steps to enhance people's quality of life. People had opportunities to contribute to the wider community and staff promoted people's dignity and choices. People's cultural and spiritual needs were considered and people had opportunities to celebrate different cultures and diversity via a themed events organised by staff.

People were supported to maintain good health and to access health professionals when required. Staff ensured people were supported with their meals and had their nutritional needs met. People were very complimentary about quality and choice of meals available at the service.

People were involved in decisions about the support they received and supported to remain as independent as possible. Staff had an excellent approach to their work. They were motivated and passionate about caring for people. Staff supported people and their relatives in a kind and compassionate way when people were approaching the end of their life. The team were in a process of working towards their Gold Standard accreditation in delivering end of life care.

Staff received sufficient training and told us they were confident to carry out their roles. Staff spoke positively about the support received from the management. Staff told us the registered manager was approachable and there was a good level of communication within the service. There were enough staff to meet people needs. The registered manager ensured provider's recruitment procedures were followed. This included thorough background checks to ensure staff were suitable for their roles and safe to work with people.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. People were supported to have maximum choice and control of their lives. People benefitted from staff that understood the principles of MCA and ensured people's right were respected.

People told us they were safe at the service. Staff knew how to recognise signs of abuse and how to raise an alert if they had any concerns. Risks to people's health and well-being were assessed and recorded. People received their medicines as prescribed and when needed. However, the provider's system to manage stock control and safe storage of medicines needed improving. The registered manager took immediate action to address this issue.

People's needs were thoroughly assessed before people were admitted to the service. This ensured the care plans drawn were detailed, personalised and contained detailed information about people's preferences. People told us they received the care they wanted and needed. The dedicated team of activity coordinators ensure there was a varied activity programme available to people.

People knew how to make a complaint and the complaints received were managed in accordance with the provider's complaints policy. The provider had quality assurance systems in place and a clear plan to develop and further improve the service. The registered manager promoted open and transparent culture and was very receptive to any feedback.

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 told us they felt safe.

People received the support they required to take their medicines as prescribed. We however identified issues around fridge temperatures and stock control which the registered manager addressed immediately.

Staff were aware of their responsibilities to keep people safe from avoidable harm.

There were sufficient numbers of staff in place to keep people safe.

Is the service effective?

Good

The service was effective.

Staff received effective induction and training appropriate for their roles.

Staff understood their responsibilities under the Mental Capacity Act 2005 and people's rights were respected.

People were supported to have access to healthcare services.

People were supported to meet their nutritional needs.

Is the service caring?

Good

The service was caring.

People were cared for by compassionate staff that knew people's needs well.

People had opportunities to contribute to the wider community and staff promoted people's dignity and choices.

People were involved in decisions about their care and supported to remain as independent as possible.

Staff supported people in a kind and compassionate way. This included when people were approaching the end of their life.

Is the service responsive?

Good

The service was responsive.

People received the support they needed and in a way they wanted.

People's care plans reflected their current needs.

People had opportunities to participate in a range of social activities.

People knew how to complain and the complaints were managed in an open and transparent manner in line with the provider's policy.

Is the service well-led?

Good

The service was well led.

The registered manager and the senior team were accessible to people, relatives and staff.

People benefitted from the team of staff that was committed to provide a good standard of care.

The provider had systems for monitoring and assessing the quality of the service. The registered manager had an ongoing service improvement plan to ensure continuous development.

Staff were aware of whistleblowing policy and confident to use it.

The Cotswold

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 and 18 January 2017 and was comprehensive and unannounced. The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service. We asked the provider to complete a Provider Information Return (PIR) and this was returned. This is a form that asks the provider some key information about the service, what the service does well and any improvements they plan to make. We also reviewed the notifications we had received from the provider. . A notification is information about important events which the provider is required to send us by law. We also contacted the local authority commissioners of the service to obtain their views.

During our inspection we spent time observing care throughout the service. We spoke to eleven people, two relatives and two volunteers. We also spoke with the registered manager, clinical manager, two registered nurses, the head of care, five care staff, the chef, two members of housekeeping team and the activities co-ordinator. We also contacted a number of external professionals who had been involved with the people living at the service to obtain their views.

We looked at records, which included seven people's care records and a sample of the medication administration records. We also checked five staff recruitment files including their support and staff training information and we looked at a range of records about how the service was managed.

Good

Is the service safe?

Our findings

People told us they felt safe in the service. Comments included: "Very safe because not worried. My third home and this is the best", "Well looked after. Feel 100% safe" and "Staff make you feel safe, always make you feel comfortable". One person's relative told us, "Feels quite alright. Feels very safe".

People were protected as staff were aware of safeguarding procedures and their responsibility to report any concerns. Staff we spoke with knew how to recognise different type of abuse and told us they would not hesitate to report if they witnessed or suspect any abuse. One member of staff told us, "Types of abuse can be mental physical, verbal or financial". Another member of staff told us, "We should always report (if any concerns), would go to person in charge, they would take it to the manager or head office".

Risks to people's well-being were assessed, recorded, managed and regularly reviewed. Where people were identified as being at risk, assessments were in place and action plan in place how to manage these risks. This protected people and supported them to maintain their freedom. Risk assessments included areas such as falls, use of recliner chairs, bed safety and financial. We observed people were encouraged to move independently and any moving and handling techniques observed were carried out in a safe and dignified way. People were supported to take positive risks. For example, one person requested to self-administer their own insulin and they were supported by staff to do so safely. This meant people were allowed to live their life as they wanted.

There was sufficient staff on duty to meet people's needs. We saw people had access to call bells via a pendant. Residents and relatives told me that staff usually arrived quickly when called and that they felt staff were on hand to help if necessary. One person told us, "Help on hand when you need it. Good at night if you need help it is there quickly". Other comments included, "Carers are really nice. There when you need them" and "Mostly see the same carers, good because you get to know them and they know me". Staff also felt that staffing levels were appropriate. One member of staff said, "Staffing levels are good". Another member of staff said, "There's never a shift that we're short".

Appropriate staff and volunteers recruitment processes helped to protect people from those who may not be suitable to care for them. Staff files contained the required pre-employment checks. This included written references, and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

People's medicines were managed appropriately and people told us they received their medicine as needed. Comments from people included, "Very good with medication here and particularly good at pain relief. Very well managed" and "They come round, check the meds, check that you have taken it and make sure that you have". Staff told us their competencies in relation to medicines management were regularly assessed. One staff member told us, "I do medicines competencies yearly and cream competencies".

We observed the administration of medicines and we saw that medicine was given to people in a

professional manner and in line with their prescription. People received medicines in line with their prescriptions and the medicine stock was kept securely in the drugs room, the room was locked. There was accurate recording of the administration of medicines. Medicine Administration Records (MAR) were fully completed to show when medication had been given and there were no gaps. MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. The Controlled Drugs (CD) were stored in a locked cabinet within the treatment room and their stock was correct.

We however found the stock of boxed medicine did not balance on three checks and on five occasions, in the last five weeks prior to our inspection the maximum recorded temperature of medicines fridge was found to be outside the safe levels. We raised these issues with the registered manager who investigated the stock discrepancies immediately and they implemented additional stock checks. The registered manager told us they were also going to discuss it at the next Clinical Care Forum. Clinical Care Forum is the meeting attended by the management and the registered nurses employed at the service where clinical issues are discussed. After our inspection the registered manager informed us they implemented a new form to ensure the contemporaneous records are kept.

Accident and incident recording procedures were in place and appropriate action had been taken where necessary. The provider used an online electronic system to record all accidents. These were discussed during heads of department meeting. Additionally, the records in relation to falls were also reviewed by the clinical manager and a physiotherapist on a monthly basis.

People were protected from the risk of infection. The premises and the equipment were clean, and staff followed the provider's infection control policy to prevent and manage potential risks of infection. We observed housekeeping staff adhered to the colour coding system in place for their cleaning equipment. Equipment used to support people's care, for example, wheelchairs and hoists had been serviced in line with national recommendations. People who needed hoisting had individual slings to avoid cross contamination of infections. Protective equipment such as aprons and gloves were available for staff. People commented on the high standard of cleanliness in their rooms and shared areas.

Good

Is the service effective?

Our findings

People and their relatives said staff were knowledgeable and knew people's needs well. Comments included, "They (staff) are well trained. I have seen new members of staff being watched over by more senior ones", "Staff know what they are doing. I think that they are trained properly" and "Hoisting is very good. Yes, very well trained. They talk to me all the time when they help me to move".

Staff told us and records confirmed staff had the training they needed and they were supported to refresh their mandatory training. Staff complimented the training provided by the organisation. Comments included, "Training is available. I attended venepuncture update and male catheterisation" and "I have enough training to perform my role". Staff also told us there were opportunities for additional training and development of their skills and knowledge. One member of staff told us, "I requested NVQ training and it was made available to me". Another staff member told us, "I was offered a wound care study day". New staff received induction and their competencies were monitored during shadowing. One staff member told us, "Training (induction) was fantastic, very thorough, I had a mentor for each floor, I always had someone with me".

Staff told us they felt supported in their roles. The provider had a system in place to provide staff with regular support sessions. Staff confirmed these were regular occurrence. Comments from staff included, "I have supervisions every six months and yearly appraisals. I also do carers' supervision", "I have yearly appraisals and we discuss performance, objectives, communication and training needs" and "I am due to have supervision but I had my one month and three month probationary reviews".

People told us their wishes were respected and were able to make their own decisions. Comments included, "No one ever tries to stop us from doing anything we want to", "You can choose when you get up and when you go to bed. I like to get up at 8ish, cup of tea brought to my room and I don't like going to bed much before 10pm. Staff know what I like and there is never a problem" and "I like getting out in the garden when the weather is nicer. They help me and make sure I get there safely".

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). 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. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The management team was knowledgeable about how to ensure the rights of people who were assessed as lacking capacity were protected. The registered manager kept a log of DoLS application made. One person's file reflected they had fluctuating capacity and they were occasionally confused and wanting to go home. Although the person's care plan provided this information their ability to make the decision about residing at the home was not recorded as a decision specific capacity assessment. We raised this with the registered manager who told us they were going to address this immediately. The registered manager told us they were also going to raise with the staff they needed to ensure the records of people's decision

making abilities when their capacity fluctuates are consistent. The registered manager showed us they printed additional guidance to be cascaded to the staff.

Staff we spoke with were aware of the principles of the act. Comments from staff included, "MCA is about having capacity to make own decisions. We involve advocates and power of attorneys", "We assume (people's) capacity until proven otherwise" and "Our residents have choices of meals, what to wear or what time to get up. We respect their individual choices".

People were supported to maintain their well-being and access health professionals when required. This included involving a specialist when needed. For example, one person had a diagnosis of Parkinson's and we noted staff sourced an advice from a Parkinson's nurse to ensure they were well equipped to appropriately support the person. People told us they saw a number of professionals such as a doctor, a dentist, a chiropodist and an optician.

People complimented the food at the service. Comments included, "Food is fantastic. Never had food like this in the whole of my life. I was not well when I came in but am much better now", "If I don't like anything on the menu the cook will get me something else", "Very good food, good choice, no complaints" and "Very good meal, very tasty and tender meat".

People were supported to meet their nutritional needs. On the day of inspection, we observed people having breakfast in their rooms or in the dining room. Mid-morning coffee was served from a trolley with a selection of fresh fruit, cakes or biscuits. At lunchtime we observed majority of people enjoying their meal in the main dining room. It was a fine dining experience with beautifully laid tables. There was a choice of starter, main courses and pudding. People were given meal choices from the menu. People were supported to have meals in a dignified way by attentive staff. We observed staff sitting with people and talking to them whilst supporting them to have their meals at a relaxed pace. People who chose to stay in their rooms were served their meals in their bedrooms. Those who needed support were assisted by staff that encouraged people to do as much as they could by themselves. People were not left for long periods but had constant attention by staff designated to support them.

The chef had a list of people's requirements such as people's likes and dislikes and foods suitable for people with special dietary requirements. There was a nutrition team that consisted of care staff and kitchen staff and they met on monthly basis to discuss and review the nutritional needs of all people.

Good

Is the service caring?

Our findings

All people we spoke with were very positive about the support they received at the service. People told us about how they visited other homes before choosing The Cotswold, describing it as the best by far because of the quality of care offered. Comments received from people and their relatives included, 'Excellent care! They actually do care", "Like a family here", "They are all brilliant here", "Atmosphere feels lovely. Like paradise here" and "Excellent carers. Even if they leave for pastures new they always come back because they like it here so much". We spoke to two volunteers involved with the service. They described The Cotswold as outstanding and referred to the excellent care that people they visited received. One volunteer said, "All the staff get on very well with each other and this must have a good impact on care".

People were involved in their care as much as possible and we observed staff sought verbal consent from people whenever they offered care interventions. People and their relatives told us they felt involved in their care. One person said, "They do talk to me about my care plan. Can tell them if I need anything different". One relative said, "When [person] first came in we were involved with setting up their care planning but now I know what is going on, they tell me if anything like medication changes".

People's independence was promoted. We observed people using mobile call bells whilst in the communal areas and gardens. This allowed them to do what they chose knowing they could call for staff for help if needed. People told us they were encouraged to remain independent as possible. One person said, "Staff know that I like to get up at a certain time and go to bed late. I look after myself but they do help me with the things that I can't do". Staff also told us they were aware of importance of keeping people as independent as possible. One staff member said, "We encourage people to do the little things they can for themselves". Another member of staff said, "If they can wash themselves, we allow that control of their life". People's care plans gave clear instructions how to ensure people's independence was promoted. One person's care plan said, "Once in my wheelchair I can brush my teeth at the sink and do my hair".

All interactions between people and staff that we observed were person centred. Staff knew how people liked to be cared for. Staff knew about people and their past histories and they were able to brief us before we spoke with people. For example, a member of the housekeeping team was asked to introduce us to a person. The member of staff went to tell us the person had a visual impairment. Then they went to explain to the person who we were and checked if the person was happy to speak to us. This meant we were able to approach the person in an appropriate and dignified way that met their needs.

Staff used the information they held about people's past to take steps to enhance the quality of their lives. For example, one person spent all her life working with horses. As they no longer were able to leave the service it had been arranged for a horse to be brought in to an orchard neighbouring with the home's garden. This gave the person the opportunity to see the horse and interact with it. Whilst the person had difficulty recalling the event, we saw the photographs. The person was able to tell us about aspects of her life and their connection with horses which was clearly very dear to them. Another person, a former soldier wanted to attend the VJ ceremony in London. The staff had arranged the transport and accompanied the person to the event. Where a person had a special interest in railways a member of staff arranged for a

model railway to be brought in for them.

People's dignity and privacy were respected. People were encouraged to personalise their bedrooms and people's relatives, friends and pets had unrestricted access to the service. We observed staff ensured peoples' privacy and dignity was maintained by knocking on people's door and waiting to be invited in. Where this was not possible staff opened the door slightly to check on people who were sleeping or unable to communicate. People's bedroom door was always kept closed before care was delivered. Staff ensured people's relatives were involved with maintaining their privacy. For example, we observed a family of one of the people entering a corridor. They were met by one of the staff who informed them, "Your [person] is on the commode". The member of staff offered the family to wait in the lounge until the person was ready to greet them. Another person was sat in the communal area and they used their call bell to summon staff. The staff attended the person promptly and observed the person discretely told the staff what they needed. We then heard them saying to the person, "Shall we go to your bedroom so your privacy can be maintained".

The Cotswold's staff knew and respected people's history, many of the people used to work where looking smart counted and we observed people were supported to look well kempt. Likewise, many of the people who used the service were used to fine dining. Staff told us how they ensured people were supported to maintain their dignity if they needed support with their eating or drinking. Staff told us they identified some people would not feel comfortable using plastic beakers and they sourced silicon covers. The covers could be used over a glass or a china cup to prevent a spillage. The staff also told us how they introduced red lidded jugs and red trays for people that needed support with their food and fluid intake. By doing so the staff were able to easily identify which people needed more assistance in a discreet and non-patronising way.

In their Provider Information Return (PIR) the registered manager told us they worked to further improve the engagement with people to prioritise their individual experiences. The registered manager told us they were looking at ways of how to break down traditional boundaries between care and other staff groups and at innovative ways that staff can interact with people. They were also in a process of implementing the Ladder to the Moon scheme that focused on valuing the importance of all members of the team.

People were cared for by staff that developed positive caring relationships with them and were enthusiastic about working at the service. Comments from staff included, "Working here I changed my mind on care, I was positively surprised, there is a lot of happiness", "I like working here. It's a very nice home", "It's a pleasant working environment" and "I like working here and making a difference to residents". Throughout our inspection we observed staff addressed people in a friendly and professional way and engaged in light-hearted banter if appropriate. People's relatives spoke positively about staff wanting to make people's life better. One relative told us about what they felt was a positive impact of care provided to her family member. They said, "When [person] came in, she was unable to walk. They (staff) worked on her and now, with the aid of a walker, [person] can walk to the hairdresser and to lunch".

There was a strong feel of a community spirit at the service. People were supported to engage with the local community. This meant people were able to give something back to the community. For example, through a series of events and contribution £5000 has been raised to support the local branch of Guide Dogs Association. People who used the service were involved with making cakes for the coffee morning held at local church. The service encouraged the involvement of volunteers and we were informed some of them used to have a relative at the service. There were strong links with the local schools that provided pupils with an opportunity for work experience and developing community aspects of their studies. The Cotswold also worked with the local colleges to facilitate training opportunities. One of the nursing students had a placement at the service.

The registered manager chaired the Bradwell Village management committee meetings, held at the service. People had opportunities to attend community activities at the village hall which was situated just across the car park. People were supported to vote in the last year's referendum. The staff also helped to organise a debate held at the service where people could exchange their views.

Peoples' spiritual and cultural wishes were respected. People had opportunities to benefit from visits from a local clergy. Church services as well as bible study classes were available. Volunteers from local church communities accompanied people to church. Staff arranged for various events to celebrate diversity as well as the local culture. On the day of our inspection a special themed lunch was taking place. The theme was Eastern Spice and people's families were invited, the chef told us they had ten extra relatives joining in. We observed people after the meal chatting about trying different dishes and specialist coffee. The staff also told us they arranged for a meal that used locally produced sausage. This was to celebrate one person who used the service who used to work on a farm.

There was a commitment from the team to provide compassionate and supportive care to people at the final stages of their lives. This included support for families. The registered manager told us people's relatives were able to stay overnight for as long as they need and if the wanted, to assist staff with caring for their loved ones. When staff supported people with end of life they worked in partnership with the hospice liaison nurse, GPs and district nurses. Additionally staff were in a process of working towards their Gold Standard accreditation in delivering end of life care. In their Provider Information Return (PIR) the registered manager told us they will look at best ways how to further improve more closely at end of life care planning for people not able to articulate their wishes easily. The registered manager wanted to ensure the documentation and care reflects people's needs in a way that can be clearly understood.

Staff understood and respected confidentiality. Staff comments included, "We use passwords on computers and we log in and out appropriately" and "We do not speak about residents in communal areas. We do handovers behind closed doors". People's care plans on the first floor unit were kept in locked cabinets and were only accessible to staff. However, on the ground floor, people's care plans were kept in people's rooms. We raised this with the registered manager who told us this was a long standing arrangement. They also told us they asked people prior to admission if they agreed for their care files to be stored in their rooms however they acknowledged that some people who'd been at the service for a long time may have changed their mind. They told us they were going to ensure they will consult people again to ensure there was a clear evidence of their agreement to this arrangement.

Good

Is the service responsive?

Our findings

People's needs were assessed before they started living at the home. Information was sought from people, their relatives and other professionals involved in their care. This information from the assessment informed the individual plan of care.

People's care documentation was updated monthly or as required to reflect people's changing needs. For example, one person was discharged from a hospital with a pressure ulcer. Staff referred this person promptly to the tissue viability nurses and received guidance on how to care for the wound. The person's care plan and pressure ulcer risk assessment was updated to reflect the changes.

People's care records contained people's allergies, likes, dislikes, preferences and included people's preferred names, interests and hobbies. For example, one person's care file said they used to enjoy bell ringing and they liked chocolate in any form.

We found the service was responsive to people's needs. People told us they felt that the care they received was what they needed, when they needed it. One person said, "If I want a sandwich in the middle of the night they will get one for me, very caring staff". Another person said, "I feel they know me well. I only have to mention something and it is done". We also observed staff responded to people's needs well. One person asked a member of staff if they would assist them with making a personal phone call. The member of staff was instructed by the registered manager to assist the person using their own phone in their bedroom. Few minutes later we saw the member of staff assisting the person with making the phone call.

People had a choice of activities to attend. A full programme of activities was overseen by life style coordinators. From a choice of in house activities, including external entertainers to visits, mystery tours and trips to the adjacent wild life park are features of life. People spoke positively about the activities. One person said, "A lot going on here, plenty to do". Another person said, "Great trip to the wildlife park". One relative commented, "Plenty to do, trips, church services". We observed photographs displayed of people taking part in a variety of activities. On the day of our inspection we saw staff were available to support people with personal requests. For example, one person said they would like go to the art class. A member of staff supported them and made sure they arrived safely to the designated area. This meant the person was able to spend the day in the way the wanted.

People benefitted from impressive environment, people's rooms were named and signage was in place that directed people to shared bathrooms and communal areas. People had a choice of lounges, dining rooms, enclosed secure garden and well equipped library to benefit from. We noted various pictures and memorabilia were strategically placed what gave people clues to the location of their bedrooms. Some people had views of nature and bird tables located close to windows. One relative told us, "[Person] loves watching the birds on the tables".

People and their relatives knew how to complain and told us they were comfortable doing so. They felt staff and management would be responsive. The general feeling was that the open culture stopped small issues

developing in to full blown complaints. One person said, "Never had a single worry". A relative told us, "Never needed to complain, I see staff if there is some small thing". Staff also told us they would have no hesitation to assist any person who wanted to make a complaint. Comments from staff included, "I can help anyone raise concerns to manager" and "I can help a resident to complain".

The provider had a procedure for making complaints. Information about how to complain was available to people and their relatives. We viewed the complaints log and noted there were 20 complaints received in the last year. This included written and verbal complaints received. We noted two of the recent complaints were actually written and emailed or handed in to the registered manager by the people who used the service. This meant people were confident to raise any issues with the management and not concerned about repercussions. All complaints recorded were responded to the complainants' satisfaction and within the provider's policy.

People's views about the service were sought and people had opportunities to provide feedback via a number of ways. People and their relatives told us that they attended meetings. One person said, "I go round and talk to people and take their ideas to the meetings". We viewed an example of a residents and relatives meeting and we noted it reflected the action put in place following the previous meeting. The minutes also read the chef was going to hold a session on the next meeting to consult people about a new spring menu. This meant people were involved in planning what they wished to be included in the menu. Additionally people had a suggestions and comments book regarding food that was situated in the dining room. People were able to give their views about the quality of meals. The book was overseen by kitchen staff.

Provider used annual satisfaction surveys to obtain feedback about the service. The registered manager told us they had identified that the current format of survey sent to people did not always convey the views of people in a way that they found constructive. They had identified that some questions could be more understandable and less repetitive. The registered manager told us they were looking at alternative ways this could be improved. We viewed the last survey's results and the comments received from people were overall positive.

Good

Is the service well-led?

Our findings

The registered manager and the clinical manager provided good leadership to the team. There was always a nurse in charge of the nursing unit. The residential unit was led by a head of care. Staff were aware of their roles and responsibilities and there was clear delegation structure in place.

People and their relatives spoke positively about the service and commented on good communication. One person said, "I feel involved. If anything happens they let us know immediately". One relative said, "They keep us informed if anything happens or the medication is changed, very reassuring".

Staff also spoke positively about the registered manager. Staff told us they felt listened to and respected. Comments from staff included, "Manager is open and approachable", "Manager is knowledgeable and lovely with residents", "Manager is approachable, her office door is always open" and "Manager is very easy to talk to and always listens".

Staff were encouraged to attend team meetings. There were general staff meetings, heads of department meetings, Clinical Care Forum meetings, health and safety meetings and daily 10 at 10 meetings. We observed the 10 at 10 meeting. The meeting was attended by the management, one nurse, care staff, the activities coordinator, the chef and the maintenance manager. The team shared the updates about people's condition, a potential new admission and upcoming visit from the optician service.

Staff told us they were able to contribute to the running of the service and felt the meetings were regular and effective. Comments from staff included, "I can make suggestions and they will be taken on board", "We have staff meetings every three months", "We suggested handovers be done to lead carers and this resulted in changes on how and when we give care", "We have really good, solid teamwork with very good communication". We viewed a sample of minutes and noted issues such as completing charts and care practices were discussed. Staff had opportunities to share their practices and learn from each other.

Staff were aware about provider's whistleblowing policy. Staff told us they would not hesitate to report any safeguarding concerns to the management. Staff also knew they were able to report outside the organisation. Comments received from staff included, ""I can whistle blow to CQC", "I can whistle blow. I have done it before within the organisation" and "I can report any abuse to GP, CQC or police".

The registered manager had systems in place to monitor the quality of the service. The audits included housekeeping, care plans, medicines and infection control. They also compiled an action plan that reflected issues that arose during staff supervision. This allowed them to identify that any trends and patterns raised by the staff were identified and followed up. For example, it had been identified that when people used the call bells during staff handover time the time for these to be answered could be longer than expected. The clinical manager was in a process of looking into shift times and monitored the call bell to ensure this was improved. The management had also identified the staff would benefit from additional face to face dementia training and they were in a process of sourcing it.

An overall ongoing action plan was in place to ensure continuous improvement. The registered manager told us they were well supported by the provider. The support was available from human resources department catering or quality assurance. The registered manager attended managers' forum to share good practices and lesson learnt. This meant the team were able to benefit from lessons learnt at other services within the company. The registered manager told us they were going to raise how to reduce the number of forms in people's care files to make these less repetitive and more concise.

The registered managers understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). They had submitted any notifications to us, in a timely manner, about any events or incidents they were required by law to tell us about. We use this information to monitor the service and ensure they responded appropriately to keep people safe.