

Mrs Roshni Moddia

The Lindens

Inspection report

Deardengate
Haslingden
Rossendale
Lancashire
BB4 5PU

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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 carried out an unannounced inspection at The Lindens on the 11 October 2016.

The Lindens is registered to provide residential care for up to 15 older people. There are 13 bedrooms on two floors which can be accessed via a stair lift. The home is situated close to the centre of Haslingden and provides good access to shops and public transport.

At the time of the inspection there was a registered manager who had been in post since October 2008. 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. The registered manager was supported in his role by the home's assistant manager.

The service was last inspected on 2 April 2014. We found it was meeting the regulations applicable at that time.

During this inspection, we found the service was meeting the current regulations.

People told us they considered themselves safe whilst living at The Lindens. They also indicated that the care they received was delivered in a professional and caring way and that staff had the correct skills to undertake their role effectively.

People were provided with personalised care and support based on their individual needs and requirements and the provider ensured the service maintained satisfactory staffing levels to support the operation of the service in this area. Comments from people supported that there were enough staff to safely meet their needs and people told us they never felt rushed with their routine. The provider offered a variety of training to its staff which ensured the staff team were skilled and experienced in safely and effectively supporting all people using the service.

Care files contained person centred assessments and care plans to support the development of the care planning process and support the delivery of care. Effective systems were implemented to maintain independence, by providing a detailed plan covering essential information care staff needed to follow. This ensured clear information about people's needs wishes, feelings and health conditions and were kept under regular review.

The provider ensured practices were in place to maintain to uphold a suitable and safe environment for all people using the service and their visitors. Recognised training was offered to staff to ensure they were able to recognise the signs of abuse and confidently respond to any safeguarding concerns by notifying the relevant authorities when needed.

The provider ensured a robust recruitment system was implemented. Appropriate steps were taken to verify new employee's character and fitness to work. Following successful appointment to the role the provider ensured a thorough induction plan was carried out which ensured staff were equipped with the correct skills and knowledge to effectively support people in an informed, confident and self-assured manner.

Staff interacted in a positive way with people. Their demeanour was that of a caring, respectful and understanding nature. The promotion of people's dignity and rights were supported which ensured people maintained control over their lives. People were given information about their care and the service to help them make informed decisions. Their opinions were routinely sought and acted upon by means of questionnaires enabling them to influence the service they received. Comments were received from people during the inspection which supported these observations.

Safeguards were in place to take immediate action against staff in the event of any misconduct or failure to follow company policies and procedures.

Fire audits were completed and relevant checks were carried out to fire equipment and lighting. People using the service had personal evacuation risk assessments in place and the provider had an additional contingency plan which provided direction on who to contact and how to act in the event of an emergency or failure in utility services or equipment.

Appropriate processes were in place for the safe administration of medicines in line with best practice guidance from the National Institute for Health and Care Excellence. Staff had received training in medicines management and all medicines were stored securely and safely. However we did note that on three occasions medicines stocks we checked did not match with the amount documented on the medicines administration records, (MARS). Following the inspection the registered manager contacted us to inform us he had investigated the issue and that the medicines had now been accounted for. The investigation concluded that there had been a numerical error made on all three occasions when carrying stock over from the previous month.

People's dietary requirements and preferences had been sought and we saw choice was given at every mealtime. Referrals had been made to health professionals when appropriate and instructions were followed in cases where people had known dietary requirements.

Staff displayed an awareness of the Mental Capacity Act 2005 and had completed appropriate training. Referrals had been submitted to the local authority by the registered manager when appropriate.

All people spoken with including relatives and staff were complimentary about the management structure. People described the registered and assistant manager as helpful and professional. Staff informed us they felt well supported and that they could approach either manager with any concerns.

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. Staff demonstrated an understanding around their roles and responsibilities to protect people from harm. Personal and environmental risk assessments were in place to ensure the safety of people using the service, visitors and staff.

Safe recruitment procedures were implemented to ensure suitable staff were employed at the service. Staffing levels were sufficient on the day of the inspection to meet the requirements of the people who lived at the service.

Processes were in place for the safe administration of medicines and medicines were stored away securely and safely. Discrepancies in stock counted medicines were resolved by the registered manager following an investigation.

Is the service effective?

Good ●

The service was effective.

Staff were required to attend a mandatory induction process. Staff received frequent supervision meetings in line with the provider's procedural guidance.

A training schedule was in place to ensure all staff completed the right amount of training required for them to competently carry out their caring role.

Mental Capacity legislation was understood and protected.

Is the service caring?

Good ●

The service was caring.

We observed staff interaction which was caring and patient.

People's independence and inclusion was a key factor in the ethos of the service.

People were involved in day to day decisions and felt able to express their views and opinions.

People referred to the service as their home and had built meaningful relationships with each other and staff.

Is the service responsive?

Good ●

The service was responsive.

Each person had a care plan, an assessment of possible risks and a description of the person's needs for support.

The home had procedures in place to receive and respond to formal complaints and following the inspection were committed to implementing an audit trail of everyday minor complaints.

People expressed confidence in the registered and assistant manager to address their concerns appropriately. People knew the process to follow should they wish to make a complaint.

Is the service well-led?

Good ●

The service was well-led.

The service had a manager employed who was registered with the Care Quality Commission and was qualified to take on the role.

Staff told us they felt well supported in their role by the registered manager and felt able to approach them with any issues.

Audit systems were in place to monitor the service's standards and develop identified areas of improvement. □

Staff surveys were carried out and information was used to improve the quality of service.

The Lindens

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 was 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 the 11 October 2016 and was unannounced. We also contacted staff to conduct telephone interviews the following week. The inspection was carried out by one adult social care inspector. At the time of our inspection there were 10 people receiving care at the service.

Before the inspection we reviewed information we held about the service, including statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. We also reviewed the information we held such as safeguarding information and previous inspection reports. In addition to this we contacted the local authority contract monitoring team who provided us with any relevant information they held about the service.

We used a number of different methods to help us understand the experiences of people who used the service. This included spending time in the company of the people living in the home. We observed how people were cared for and supported. We spoke with four people who used the service and three relatives. We spoke with five members of staff including the registered manager and the assistant manager.

We looked around the premises. We looked at a sample of records, including four care plans and other related documentation, four staff recruitment records, medicines records, meeting records and monitoring and checking audits. We also looked at a range of policies, procedures and information about the service. We looked at the results from a recent customer satisfaction survey.

Is the service safe?

Our findings

People indicated they were safe. Comments included, "Oh yes I am safe here" and "I didn't feel very safe when I lived alone, but now I am here amongst people that care for me I feel very safe." Similarly relatives told us they considered their family members to be well looked after in a safe environment. One relative told us, "I truly believe if [my relative] was still at home they would not be alive now. I cannot believe what a change living here has made to them, I finally have [my relative] back to the person I once knew and loved. It's amazing to see and I have all the staff to thank for that." Throughout the inspection we observed care and support which was safe and considered the individual requirements of the person. Staff we spoke with gave suitable examples of how to safely support a person with their day to day living requirements and long term goals.

Throughout our inspection, we did not observe anything that gave us cause for concern around how people were treated. We observed positive staff interaction which was caring and patient. People appeared comfortable, content and happy in staff presence.

Processes were in place to sustain a safe environment to aid the protection of people using the service, their visitors and staff from injury. Risk assessments which included the internal and external environment were in place and considered areas such as the storage on controlled substances (COSHH), stairs and stair lift, electrical safety and smoking. Equipment such as kitchen and bathroom aids were serviced by an external agency.

The provider did not employ a maintenance person. However, the registered manager informed us that he would complete jobs around the home within his remit and for the larger jobs would employ external agencies. We saw an active 'improvement action plan' which detailed improvements planned for the home with time scales for completion, such as the replacement of carpets and decorating of communal areas and bedrooms. Water temperature checks and legionella testing were also completed in line with current guidance. The documentation we saw was in date and completed in full with dates and signatures.

The service was found broadly compliant at the most recent fire audit in 2014 which was carried out by Lancashire Fire and Rescue. The report included a recommendation in relation to fire training for all staff. We noted that following this audit all staff received further training to ensure the recommendation was met. Each person had a personal emergency evacuation plan (PEEP) which considered areas such as level of mobility, responsiveness to an alarm and prescribed medication.

Risk assessments were evident along with a record of fire systems, emergency lighting and fire alarm checks. Contingency plans were in place detailing steps to follow in the event of emergencies and failures of utility services and equipment.

We observed a bedroom door which was not able to independently close in the event of a fire. This was due to a newly fitted carpet. We asked the registered manager to look at this as a matter of priority and ensure the door was fitted with an appropriate door fire guard, given the vulnerability of the person who resided in

the room. The registered manager assured us he would take immediate action. Following the inspection we received an email from the registered manager which contained a photograph as evidence this matter had been addressed and resolved.

The provider had a 'Business Continuity' management plan. This plan identified a process to be employed by the service as a response to any major emergency affecting the infrastructure as a result of any unforeseen events such as fire, severe weather conditions, bomb threats and contamination. The plan details a response for such incidents detailing aims, objectives and responses for all staff to follow.

We looked at what protection measures the provider had implemented to protect people from abuse and the risk of abuse and support an appropriate approach to safeguarding and protecting people.

We found safeguarding procedures were in place detailing relevant information about the various signs and indicators of abuse and how to report any concerns. Staff were aware of these indicators and were clear about what action they would take if they witnessed or suspected any abusive practice. Staff expressed confidence that any issues of concern at the service would be appropriately dealt with. Safeguarding training was in date. We looked at the service's records in relation to accidents and incidents. An accident/incident record book was completed with relevant information and appropriate action. We noted the registered manager had reported all incidents as necessary to the local authority and the Commission.

We looked at four people's risk assessments in their individual care files. We noted risks to people's individual safety and well-being were assessed and managed by means of individual risk assessments and risk management strategies. This helped ensure guidance was in place for staff on minimising risks to people's wellbeing and safety. All people had individualised risk assessments in their care files covering areas such as, mobility, moving and handling and mental health. Each risk assessment offered an overview of the person's risk, triggers and the assistance required.

Most risk assessments had been reviewed within a suitable time frame and detailed appropriate information. However, we noted one risk assessment had last been reviewed in 2015. We spoke to the registered manager about this. He informed us he was aware of this and had allocated time to ensure this was updated. He added that although the paperwork had not been reviewed; staff were still aware of the person's current immediate risk and were still able to support the person effectively on a daily basis. We spoke to the registered manager about the importance of ensuring documentation was current and up to date.

We looked at how the provider managed staffing levels and the deployment of its staff. We requested a month's staffing rotas including the week of inspection. We noted very little staff sickness and staff we spoke with felt there were enough staff on duty each day. The registered manager and deputy manager lived in a self-contained flat within the premises and told us they were always available if required to cover shifts. We noted on the day of the inspection that both the registered manager and deputy manager were on shift. We asked them about this and they informed us this was a regular occurrence. They added they enjoyed providing care to people and it also allowed them to identify any issues within the service.

People we spoke with indicated their needs and requirements were met appropriately and they were never rushed with their daily routine. Most people using the service at time of inspection were independently mobile and required limited assistance with their daily living needs. People told us should they require support during the night their call bells were always answered promptly.

The provider had robust recruitment procedures designed to protect all people who used the service and

ensure staff had the necessary skills and experience to meet people's needs. The recruitment process included candidates completing a written application form and attending a face to face interview. We looked at the recruitment records of four staff members, two of which had been recently employed at the service. We found references were obtained along with a police check from the disclosure and barring service (DBS). This meant the registered manager only employed staff after all the required and essential recruitment checks had been completed. We noted the provider had a recruitment and selection policy and procedure which reflected the current regulations.

We noted contractual arrangements were in place for staff, which included disciplinary procedures to support the organisation in taking immediate action against staff in the event of any misconduct or failure to follow company policies and procedures. This meant staff performance was being monitored effectively. The registered manager told us there had been no disciplinary action in the past 12 months.

We looked at whether people's medicines were managed safely. We found the home had a detailed, up-to-date medicines policy which included information for staff about ordering, administration, storage, disposal and record keeping. We observed a member of staff administering a person's morning medicine and noted this was done in line with best practice guidance.

Risk assessments were in place to cover the event of accidental administration of the wrong medicine or dose. These risk assessments provided staff with relevant information and guidance to follow in the event of any such medicines errors. Training on medicines management had been completed by designated staff and further training by the pharmacy had also been given in July 2016.

We looked at a sample of Medicine Administration Records (MAR) and noted no errors had occurred on the records which were used for regular prescribed medicines. MAR sheets were completed in full with no missed staff signatures. However, staff signatures had been missed following refusal of 'as required' (PRN) medicines such as pain relief. We spoke with the registered manager about this as this was not following best practice guidelines. The registered manager informed he would ensure that all entries were coded.

We carried out a sample stock check of the medicines trolley. We looked at medicines which were not blister packed such as antibiotics, beta blockers and pain relief for four separate people. We did this with the deputy manager present. Three separate medicines we looked at did not match with the amount documented on the MAR sheets. We spoke with the deputy manager about this who informed us the member of staff responsible for the, 'signing in of stock' was not on duty that day, however the deputy manager felt it was an error caused by not carrying existing stock over from the previous month. We spoke with the registered manager about this and he informed us he would look into this as a matter of priority and ensure extra safeguards were put in place to avoid this kind of error from reoccurring.

Following the inspection we received information from the registered manager to confirm he had looked into the findings and had concluded there had been an error made in the documentation when, "Carrying medicines forward" from the previous month and following the inspection the medicines had been accounted for. In addition to this the registered manager had met with the member of staff who made the error and as an extra safeguard had now implemented a weekly audit stock check carried out by the assistant manager to ensure all boxed medicine was accounted for.

Is the service effective?

Our findings

People using the service indicated that staff who supported them had a clear understanding of their needs and requirements and felt that they carried out their caring role in a professional and understanding way. Comments included, "The staff are very good at what they do" and "They know what I like. I think they know me very well. I feel very well cared for." Relatives we spoke with also told us they felt their family members received care from staff who knew and understood their needs. Comments included, "Having [my relative] living here is a huge weight off my mind. They are so well cared for. All staff can anticipate their needs", "It's a long time since I have heard [my relative] laugh. But now they are always happy and laughing everyday with the people living here and the staff. It's so nice to see" and "[My relative's] care is fantastic, and the staff are amazing. They know her extremely well."

The provider had developed an induction programme to train and support new staff. This included the completion of an induction checklist which looked at areas such as policies and risk assessments. Staff were also required to familiarise themselves with the people using the service by reading care plans and spending time in their company, whilst 'shadowing' experienced staff. We saw completed induction plans in the staff files we looked at. We spoke with a newly recruited member of staff who told us, "The induction was great. It really gave me a good insight into the job and the people living here."

We saw a training matrix which was detailed and in date. Staff indicated they had received a suitable amount of training and this was valued for their own professional development. All mandatory training was in date and additional training such, equality and diversity; planning and effective recording was also completed.

We saw evidence in the staff files we looked at that staff were offered regular supervision sessions. Staff comments confirmed this. Staff felt that they were a useful arena to discuss any concerns or areas of improvement. Additional training would be discussed as part of the supervision meeting. Actions were documented and followed up at the following supervision meeting.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager demonstrated effective systems to manage DoLS applications. Applications which had been made were followed up by the

registered manager with the DoLS team.

In instances where people were deemed not to have capacity to consent to living at the home, the registered manager had completed standard authorisation forms which had been submitted to the local authority. There was a current policy in place detailing the procedures to follow. Staff we spoke with had an understanding of DoLS.

People's nutritional requirements were met. Meal times were relaxed and people appeared to enjoy their meal experience. Tables were set with table cloths, napkins, condiments and appropriate cutlery. We observed people conversing with one another and laughing whilst enjoying their food. Cold drinks were readily available on trays in the communal areas throughout the day and hot drinks were also offered on a regular basis. Positive comments from people using the service supported our observations. People who required support in this area were assisted by staff in a dignified manner.

People's dietary needs had been considered and appeared to be managed effectively. Processes were in place to assess and monitor people's nutritional and hydration needs. Nutritional screening assessments had been carried out when appropriate. People's weight was checked at regular intervals which helped staff to monitor risks of malnutrition and support people with their diet and food intake. The registered manager prided himself in the positive relationships the service had with the local GP surgeries, district nurses and pharmacies.

Is the service caring?

Our findings

We observed the delivery of care was compassionate and caring. People who used the service were complimentary of the staff that cared for them. Comments included, "The staff are very welcoming. They are all very nice and they genuinely care about me. Well that's how they make me feel" and "There is no place like home. But this is good. I love to live here." Similarly comments from relatives included, "It's like a home from home. I know the [registered manager] would not have it any other way. I want to come here when I am older" and "All staff are very friendly. They make me feel very welcome."

Staff told us the service had a, "Homely feel" and that everybody knew one another by name and were not looked upon as a figure of authority or job role. We observed people sitting together around the fire watching television and reading the paper. We observed lots of chatting and laughing.

We saw staff eating breakfast with people and chatting with them about their day. This appeared to work well due to the small size of the service and added to the homely feel. Staff routinely spent time with people and supported them effectively when required, we saw examples of staff offering choices and involving people in routine decisions. Staff displayed a clear knowledge and understanding of the needs and vulnerabilities of the people they cared for and were informed about people's individual needs, backgrounds and personalities. We found staff were familiar with the content of people's support plans. We saw examples of the best approaches to take in order to uphold people's right to dignity and respect and staff understood their role in providing people with person centred care and support.

We observed people were free to walk around the building. People we spoke with told us they chose not to retire to their bedrooms during the day therefore, had never asked if this was ok. However, one person added, "I am sure it would be fine. We can basically do what we like."

Confidentiality was a key feature in staff contractual arrangements. Staff induction covered the principles of care such as independence, privacy and dignity, choice and rights. This ensured information shared about people was on a need to know basis and people's right to privacy was safeguarded. The service also had policies and procedures to support the delivery of care around these key aspects.

People told us they felt able to express their views about the service on an on-going basis by having conversations with the staff, the assistant manager and the registered manager and completing satisfaction questionnaires. Residents' meetings were also held on a frequent basis. This provided an arena for people to discuss any concerns or ideas they may have. People told us they felt the meetings were helpful and provided a good way of raising concerns or ideas as a group. One person told us about an issue which was raised about food. They added, "This was listened too and dealt with. I was happy about that." We noted results from resident and family surveys were also discussed to look at ways the service could rectify any issues raised.

People told us they were encouraged to take pride in their appearance to help promote independence and boost self-esteem. Visitors/ relatives we spoke with confirmed that people always appeared well groomed.

Comments included, [My relative] is always very presentable when I visit. It doesn't matter if its day or night. This is a big thing because when they lived at home they let their appearance go. This was very upsetting for us as a family as they had always been a very proud person."

We saw the service had a policy around advocacy. Advocacy information was also included in the homes welcome pack which was given to people on admission. Although people were made aware at the time of the inspection the registered manager told us no one was using the advocacy service.

Is the service responsive?

Our findings

Staff were respectful and friendly towards the people using the service. Comments we received from people supported our observations. These included, "Oh the staff are very helpful with anything you ask them to do" and "I choose every morning what I want to wear. Staff are very patient with me. It's grand." Similarly comments from relatives were also positive about the staff attitude. One relative told us, "Staff are really nice." Another relative said, "Staff are very patient and welcoming towards [my relative] and towards me. That really means a lot to us as a family."

People talked about the service as their home and it was evident from our observations that people were relaxed in each other company. One person said, "I have many friends here. It would be strange to return home and live on my own again. I am happy here now. This is my home."

People informed us that they felt comfortable raising concerns with staff and management. People told us that both the registered and assistant manager would be part of the staff team each morning. They added this was good as it meant they could speak with management whenever they wished. People felt confident that any concerns were dealt with appropriately. One person said, "I have never had anything major to complain about, but day to day gripes are dealt with immediately." Relatives we spoke with gave positive feedback when we spoke to them about how they felt the registered manager dealt with any such concerns. One relative said, "I had one minor issue very early on in [my relatives] stay. I addressed this with the managers and they dealt with things very well and things were resolved to everybody's satisfaction."

The service had a complaints procedure in place. The procedure provided directions on making a complaint and how it would be managed. This included timescales for responses. We found the service had systems in place for recording, investigating and taking action in response to formal complaints. However there was no process in place for the recording of daily minor complaints. We spoke with the registered manager about this who informed he would begin to document and audit such complaints. The registered manager told us he had received one complaint in the past 12 months. This complaint was dealt with appropriately.

The provider had processes in place to assess and plan for people's needs, choice and abilities prior to admission. We saw completed, 'pre-admission' documents in the care files we looked at. The pre-admission documents looked at areas such as, mental well-being, cognition, skin integrity and mobility. In addition to this document we also saw social work assessments which provided additional information about the person and were used by the provider as further information. The registered manager told us he would also consult with the person, their family and other health and social care professionals as part of the assessment. People and their family members confirmed they had been a part of this process. This ensured pre assessment information was factual and accurate.

We looked at four people's care files and other related records. One of these files was a person who was new to the service. This particular file contained limited information. We spoke to the registered manager about this who informed us this person was on a short term contract and had been planning to return home for the past few weeks and that this person required very minimal support.

In the further three files we looked at we noted that the provider had considered and implemented adequate documentation to support the development of the care planning process and support the delivery of care for each person. Each plan was individual to the person's needs and considered areas such as maintaining a safe environment, medical conditions, personal care, night care and communication. These plans captured essential information required for the person to maintain their independence and provided a detailed breakdown on how this was to be achieved. The plans had been agreed with people wherever possible. These documents were updated monthly to ensure a true reflection of the person's need and aid assessment of any on-going progress or issues.

People told us they enjoyed taking part in the activities. The previous night to the inspection people had enjoyed a trip to Blackpool to see the lights and enjoy fish and chips. During the inspection we observed lots of laughter and banter between people who were playing floor games such as hoops and bowls. The registered manager told us he did not employ an activities coordinator, however volunteers attended during the week to converse with people and play games and staff also led activities. People confirmed there were always activities happening through the afternoon which they could join in with if wished.

Is the service well-led?

Our findings

All people using the service and their relatives spoken with told us they were happy with how the service was managed. People made positive remarks in relation to the registered manager and the assistant manager, referring to them as, "Hardworking" and "kind." People confirmed that there was a presence from both the registered and assistant manager on a daily basis to support the delivery of care. People's comments included, "[Registered manager and assistant manager] are very nice. They are always around so I can speak to them when I like. I think it's good as they can watch what's going on." A relative told us, "My firm belief is a place is only as good as its management and the managers are fantastic. The staff are amazing too."

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. The registered manager had been employed since October 2008. 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.

Throughout all our discussions, it was evident that the management team had a thorough knowledge of people's current needs and circumstances and were committed to the principles of person centred care, as well as issues pertaining to the staff team.

People using the service, their relatives and staff felt assured that the service was effectively supported by the management structure. Staff indicated that they liked working at The Lindens. One staff member said, "It's a good place to work. Everybody from staff to people using the service are well looked after and safe. I feel I can speak with the manager's at any time of the day. I wouldn't want to work anywhere else."

Staff meetings were held every two months. These meetings covered areas such as infection control, complaints, safety issues and updates on any events. Staff told us the meetings were a good arena to discuss new ideas and receive updates from the registered manager on service processes.

Staff were invited to complete surveys. Staff surveys are tools used by service providers to gain feedback on and measure staff engagement, company issues, morale, and performance. We looked at all five received to date and noted staff had commented they were happy in all areas and had no issues.

The provider had a range of policies and procedures to equip staff with clear and relevant information about current legislation and good practice guidelines. Policies included, customer care and the philosophy of care, duty of candour, whistleblowing, safeguarding and privacy and dignity.

Staff had been given a code of conduct and practice they were expected to follow. This helped to ensure the staff team were aware of how they should carry out their roles and what was expected of them.

We noted the service provider had audit systems in place to monitor the effectiveness of the delivery of care offered which included a care plan audit. This looked at areas such as, frequency of reviews, the relevance

of risk assessment in each area of risk and if these were kept in date and of a reasonable standard.

People's care records were stored securely and only accessible by staff to ensure people's personal information was protected. The records we requested were promptly located and well organised.

Staff were aware of their roles and responsibilities and what was expected of them and gave examples of how to care and support a person safely and effectively. We saw that staff received appropriate training to assist them in effectively caring and supporting people who used the service. This was corroborated with the comments we received from people using the service and their relatives/visitors during the inspection.

The provider had a statement of purpose outlining the ethos and principles of the service and had been awarded an Investors in People status in 2015. Investors in People is an accredited award scheme which looks at and assesses the standard of management.