Harbour Rise Limited

Harbour Rise Rest Home

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

This inspection took place on the 28 June 2016 and was unannounced.

Harbour Rise Rest Home is a long established care home without nursing, accommodating up to 44 people. People living at the home were older people, some of whom were living with dementia, or physical frailty. The home also provides day care for people, but this was not under a regulated activity regulated by the Care Quality Commission, so did not form a part of this inspection. The home had been undergoing a programme of expansion following the purchase of the adjacent property, and this was almost complete. The programme had involved extensive remodelling of the interior to provide wider corridors and doorways, en-suite facilities for all rooms and improved service and communal areas.

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.

Risks to people's care were being assessed and mitigated, however, some risks in the environment had not been identified. Some of these were addressed at the time of the inspection. We have made a recommendation about this. People were being protected from the risks associated with medicines and a new medicines management system had been implemented.

Staff understood how to safeguard people from abuse. Staff told us they had no concerns over the quality of care or safety people were experiencing at the home, but would report them if they did. They had received training in how to identify abuse and what actions to take. The home had complaints policies and procedures for people to use to raise any concerns.

We saw that people's needs were being met in a timely way on the day of the inspection, and records showed that call bells were responded to quickly. The provider told us they had recently increased staffing levels. Although we received some conflicting information about whether there were enough staff on duty to meet people's needs, the provider told us that members of the management team would always provide additional cover if it were needed and the home would not be short of staff.

A clear recruitment process was in place to identify risks in relation to staff employment. This was reflected in the staff files we saw. There was not a system in place for the recording of decision making in relation to risks identified during the staff recruitment process, however we saw that where risks had been identified they had been assessed. The registered manager agreed to record this in future.

Staff told us they had the skills and training they needed for their job role and we saw they were knowledgeable about people's care needs. Spot checks were carried out on their performance, and they told us they felt supported. The registered manager told us that systems for recording training, learning and

competency were under further development.

Care files and plans reflected people's needs or wishes about their care and how this was to be delivered. Plans were updated regularly, and contained information about how people wanted to be supported and their life history where this was possible to obtain. Some plans would benefit from additional information being available to support people with behaviours that might be challenging. People received good support from community healthcare services, and referrals were made to appropriate agencies if people's health deteriorated. Some people with long term health conditions found these had improved since being at the home. People were supported to make choices about meals and they told us they ate well.

The service was supporting people in line with the Mental Capacity Act, and protecting their rights. Assessments of people's best interests were being carried out where they lacked the capacity to make a decision.

Work was being undertaken on the premises to provide a more comfortable environment for people. This included people living with dementia. The provider had made considerable internal changes to the building to provide bright en-suite bedrooms, wider corridors and doorways and improved service areas. Additional work was being planned to include changes to the dining room and a new café area where people could spend time with families or prepare drinks for themselves.

Good relationships had been built up between people living at the home and the staff supporting them. People told us they liked the staff and were happy with the service they received. Staff took time to understand people's wishes and spoke with them discreetly about their care. They demonstrated respect for people's dignity and individuality.

Activities provided were aimed at meeting people's individual needs and wishes as well as those who enjoyed them in groups. Some activities were being developed to better meet the needs of people living with dementia.

Staff and people respected the registered manager and management team. There was a clear vision for the development of the home that was shared with stakeholders. We identified a lack of robustness in some of the management systems and auditing practices in place, but this was mainly minor issues that were resolved at the time of the inspection.

Quality assurance and quality management systems were in place to ensure people had a chance to share their views and experiences. Records were well maintained, but some policies and procedures needed updating.

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 home was safe.

Risks to people's care were being assessed and mitigated. Some risks in the environment had not been identified, but were immediately addressed.

Staff understood how to safeguard people from abuse.

Staffing levels had recently been increased and people's needs were responded to quickly.

Decision making in relation to a potential risk in relation to the staff recruitment process had not been recorded, but had been assessed.

A new medicines management system was being introduced which was aimed at ensuring people received their medicines as prescribed to maintain their well-being.

Is the service effective?

Good

The home was effective.

Staff told us they had the skills and training they needed for their job role and were knowledgeable about people's care needs. Staff had spot checks carried out on their performance, and they told us they felt supported. The management systems for recording training, learning and competency were being improved.

The service was supporting people in line with the Mental Capacity Act, and protecting their rights. Assessments of people's best interests were being carried out where they lacked the capacity to make a decision.

People received support from community healthcare services. Some people with long term health conditions found these had improved since being at the home.

People were supported to make choices about meals and they told us they ate well.

Work was being undertaken on the premises to provide a more comfortable environment for people. This included people living with dementia.

Is the service caring?

Good

The home was caring.

Good relationships had been built up between people living at the home and the staff supporting them. People told us they liked the staff and were happy with the service they received.

Staff took time to understand people's wishes and spoke with them discreetly about their care.

Staff demonstrated respect for people's dignity and individuality.

Is the service responsive?

Good

The home was responsive.

Care files and plans reflected people's needs or wishes about their care and how this was to be delivered. Staff understood people's needs and wishes about their care.

Activities provided were aimed at meeting people's individual needs and wishes as well as those who enjoyed them in groups. Some activities were being developed to better meet the needs of people living with dementia.

The home had complaints policies and procedures for people to use to raise any concerns.

Is the service well-led?

Good

The home was well-led.

Staff and people respected the registered manager and management team. There was a clear vision for the development of the home that was shared with stakeholders. We identified a lack of robustness in some of the management systems and auditing practices in place, but this was mainly minor issues that were resolved at the time of the inspection.

Quality assurance and quality management systems were in place to ensure people had a chance to share their views and

experiences.

Records were well maintained, but some policies and procedures needed updating.

Harbour Rise Rest 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.

This inspection took place on 28 June 2016. The inspection was unannounced and started at 7:40 am to enable us to meet with the night staff and see how staff were organised for the day. The inspection visit was carried out by one adult social care inspector.

We looked at the information we held about the home before the inspection visit. We contacted the local authority quality team to gather information they had about the service.

We spent time observing the care and support people received, including staff supporting people with their moving and transferring. We also spent a period of time carrying out a SOFI observation. SOFI is a specific way of observing care to help us understand the experiences of people who could not communicate verbally with us in any detail about their care. On the inspection we also spoke with six of the 38 people who lived at the home, three visitors, and seven members of both day and night staff. We spoke with the staff about their role and the people they were supporting. We also spoke with the registered manager, head of care and two directors of the company which operated the home.

We looked at the care plans, records and daily notes for five people with a range of needs, and looked at other policies and procedures in relation to the operation of the home, such as the safeguarding and complaints policies. We looked at three staff files to check that the home was operating a full recruitment procedure, and also looked at their training and supervision records. We looked at the accommodation provided for people and risk assessments for the premises, as well as for individuals receiving care and staff providing it.

Good

Is the service safe?

Our findings

People who were able told us they felt safe at the home. One person told us they "never worried about anything now" whereas they had when they had lived alone, and another said "They look after me very well. I don't think I could be in better hands really". We saw staff supporting people and being aware of their safety and whereabouts throughout the day. This included when people were being supported to move and when using equipment.

We found that the majority of risks to people from the environment were being managed. The provider and registered manager showed us the regular audits they had undertaken, and there were plans in place where risks were identified to mitigate these. However we identified a concern in relation to infection control and bath hoists that had not been identified on the home's recent infection control audit. We also identified some risks that were not being managed, for example we found some items in communal bathrooms that could present risks to people including safety razors and prescribed creams. These were removed at the time of the inspection. One bathroom did not have paper towels in use to support people with safe hand washing and a bin was not of a suitable type to manage a risk of cross infection. Some furnishings in people's rooms could present a risk to people as they were not secure or stable. The provider agreed to take immediate action on this, and following the inspection sent us evidence to show this had ben done. We also identified a fire route, although still useable had items stored there in relation to the building works going on. The registered manager agreed to carry out an immediate risk assessment of this area. We recommend that the provider ensures risk assessments for the premises are thorough and regularly updated including reflecting risks from the building work being undertaken.

People were being protected by the systems in place for the safe recruitment of staff. A recruitment process was in place that was designed to identify concerns or risks when employing new staff including disclosure and barring (police) checks. We sampled three staff files, and identified a full recruitment process had been followed. A risk identified had been assessed but decision making about this had not been recorded; the registered manager agreed to do this in the future.

We saw that people's needs were being met in a timely way on the day of the inspection, and records showed that call bells were responded to quickly and that people did not have to wait for care. We had received some conflicting information about whether there were enough staff on duty to meet people's needs at times. The registered manager told us that additional staff had been provided recently and that this remained under review. The provider gave us assurances that if there were staffing shortages then members of the management team would work directly with people to ensure they were supported.

Risks to people from their care needs or health were assessed and plans were in place to mitigate them where possible. We saw assessments were completed for pressure area relief and nutritional risks for people and action plans were seen that were aimed at reducing the risks of poor health outcomes. For example where people had been assessed as being at risk of poor nutrition and hydration the home had taken actions to monitor and improve their food and fluid intake. This took account of people's preferences, likes and dislikes such as finger food or sweet tastes. People were being weighed regularly, and where concerns

were identified we saw that referrals had been made to appropriate medical services such as the GP or dieticians. Supplements were prescribed for some people to boost their nutritional intake, and the cook and catering staff could tell us about how meals and menu choices were adapted to meet people's healthcare needs. Plans had been effective for the people whose care we looked at, as their weights had stabilised or increased. One person had been able to reduce their medicine to manage a long term health condition as a result of losing weight and being on a more stable dietary regime. Some plans would benefit from risk assessments being in place to assess the risk from choking to the person, although we did not identify anyone at risk whose needs were not being met.

Other people were at risk of deterioration in their skin condition due to pressure damage. We saw people had the correct equipment to relieve pressure as indicated in their care plan, and this had been adjusted to the correct settings to ensure they were effective. Charts indicated how often people were being repositioned to relieve pressure, and these were up to date. Risk assessments were regularly updated to indicate the level of risk to their skin and referrals made to district nursing teams to manage any wounds or skin care needs.

Accidents and incidents were recorded, and reviewed by the registered manager, but there was not a system in place to collate, analyse and take action to reduce harm to people as a result of an assessment of these occurrences.

Systems for reporting concerns about people's welfare were well understood. The home had a policy and procedure in relation to safeguarding people, and a whistle blowing policy although these needed updating to reflect current practice. Staff told us they had no concerns over the quality of care or safety people were experiencing at the home, but would report them if they did. One told us "I would always go to the manager if I was concerned about anything". Staff had received training in identifying different types of abuse and how to keep people safe.

People were being protected against the risks associated with medicines. A new computerised electronic medication system had been introduced in the weeks prior to the inspection and this was still being embedded into practice. We looked at the system with a senior staff member. They were enthusiastic about the system, which included balances for stock and gave automatic alerts to staff to identify if medicines were being given too frequently or at the wrong time. The system was aiming to reduce the risks of errors in administering medicines. The system provided a full audit trail, and would alert staff to any warnings or contraindications. It also gave the staff member opportunities to set alerts or monitor the effectiveness of "as required" medicines, for example for pain relief. Only staff who had received training were able to administer medicines.

Medicines were stored in a clinical room and taken around the home in locked trolleys to enable staff to administer them directly to the person concerned. We found some prescribed creams did not have a recorded opening date, so it was not clear how long the cream had been in use for. For example we found one cream had been issued over a year previously, but it was not clear how long it had been open. One person had information in their file that the GP had agreed to them having covert medicines, which was medicine concealed in their food. This was because the person was reluctant to take medicines that the GP considered was essential to their well-being. The registered manager was carrying out a best interest's assessment of this to ensure the person's rights were being respected as it was considered they lacked the capacity to make the decision themselves. One prescription required clarification as it stated the medicine could be given up to "three times a day when required" to control a person's agitation, but there was no indication as to the minimum frequency between doses to maintain the person's health. The staff member agreed to discuss this with the prescriber.

Some people were able to manage their own medicines in part, for example inhalers. The home was able to monitor the person's usage and ensure they were being used effectively. Medicines needing refrigeration were kept in a secure fridge in the medicines room and records were kept to ensure this was maintained at an appropriate temperature range. Systems were in place to ensure staff were reminded about medicines that needed to be given outside of routine timings to maintain their effectiveness. We saw this working throughout the inspection.

Staff had access to aprons and gloves to help control the risks of cross infection, and these were being used throughout the inspection. The home's laundry was clean and clear from a build-up of soiled items. Washing machines were capable of achieving a sluicing cycle to disinfect linens, and potentially contaminated items could be moved to the laundry in sealed dispersible bags to reduce the risk of cross infection. A member of staff showed us how the workflow systems meant that clean and dirty linens were kept separate, which reduced the risks of cross infection.

Good

Is the service effective?

Our findings

The home was effective.

Staff told us they had received the training and support they needed to do their job and felt confident they had the skills they needed. There was a training and development matrix for the home but this was not up to date. This meant it was not easy to assess the training that was needed. A new system was being implemented to record the training that staff had completed. This would indicate and alert management to when training refreshers were due.

Records showed that although there had been training delivered to the staff group in some elements of care, not all areas of training had been achieved for all staff. For example, there were people living at the home living with diabetes. The home's training notice document stated that training in diabetes was mandatory for staff. However, the training matrix showed that only 1 staff member had undertaken training in diabetes. Other records showed that 6 out of the 38 staff employed had done so. The registered manager told us the records were not up to date, but would be improved with the new system being bought in. Staff we spoke with had a basic understanding of the needs of people with diabetes and understood when they would refer concerns to people in the management team to address with external agencies. Staff files contained copies of certificates that staff had achieved and some staff told us they had undertaken training at previous work places that meant they had the skills they needed.

Staff told us they had followed an induction programme when they started at the home which had included shadowing more senior staff for a period of around two weeks. This included forms for the senior staff to complete to confirm that the staff member had the skills needed or identify any additional training they required. Some staff told us they had received some refresher training over that period, as they had brought experience with them from a previous job. One member of staff had recently followed the care certificate, which is a set of national standards that social care and health workers should follow as a part of their induction training.

Staff told us they felt they received enough support to fulfil their role. They told us they always had access to senior staff to refer to if they had any concerns, and could call into the office at any time to discuss anything they wished. There were also regular staff meetings and more informal systems for communication. Systems for supervision and appraisal were in place, but the registered manager confirmed that the supervision systems had fallen behind their planned schedule. Appraisals had taken place, but the system was under review. Procedures were in place to manage performance or to address disciplinary issues.

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.

We checked whether the home was working within the principles of the MCA. We found the home was taking appropriate actions to protect people's rights. Staff were aware of people's right to refuse support and told us what actions they would take to ensure the person was safe and cared for.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care services and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Applications had been made for authorisation to deprive people of their liberty at Harbour Rise Rest Home. Staff were not all aware however of what the implications of this were for people but told us the information was available in the office if needed.

People told us they liked the food served at the home and had a good choice available to them. A meeting was being held on the day of the inspection to look at the menu planning with the chefs to review meals in line with people's expressed choices and wishes. Meals were served attractively, and information about special diets to meet people's health was on display in the kitchen. This included information about diets and required textures, for example for people with swallowing difficulties. Visitors were able to support people with their eating if they wished and we saw one visitor helping their relation to eat their meal.

People had access to community medical support services such as dentists, podiatry and opticians. We saw in people's files that they saw their GP or the community nurse promptly if they needed to do so, and were supported to attend hospital appointments. Where there had been changes in people's needs we saw referrals were made quickly to services such as GPs, district nurses or the local older person's mental health team for advice and review.

All areas of the home seen were warm and comfortable. The home had been subject to an extensive programme of remodelling internally to improve access and the quality of the environment. Building work was still being carried on at the time of the inspection and additional work was planned to improve the dining and ground floor areas. Work that had been carried out was stylish, had been effective in improving access around the building and providing a clean and comfortable living environment. Rooms had been provided with en-suites and were of a good size with large windows and plain décor. One person told us that although they liked their current room they were moving to a new one once the building work was completed. They had already planned the furnishings they were bringing from their own home into Harbour Rise Rest Home to make it feel more like their own home. We were told people were encouraged to personalise their own surroundings.

Discussion was held on additional environmental adaptation to support people with dementia or memory loss to orientate themselves around the building. Patterned carpets were being replaced throughout and the lounge had recently been redecorated on a garden theme. Other areas included a sports themed lounge. The provider had additional plans to include a café style area for people to help themselves to drinks in the new dining room. This would also provide a comfortable area for people to entertain visitors and friends as well as engage more socially.

Good

Is the service caring?

Our findings

People told us the staff were kind and caring toward them. One told us "They really are caring. You either have it or you don't. They come in at night and put me to bed and give me a kiss goodnight". They told us this made them feel as if the staff were like their friends or family. One person told us about how they had been in pain at night and the staff had made a special effort to come up and massage their legs which were hurting them, as they could not have any more pain relief. They said they had appreciated the extra concern and attention they had been paid.

When we spoke with staff about the people they were supporting they spoke about them with affection and compassion. One staff member discussed a conversation they had held with one person about their family which had affected them. There was clearly a warmth and positive regard towards people they were supporting. Staff were respectful when discussing people and their needs both with us and throughout the inspection. They understood how people liked their care to be delivered and were conscious of people's wishes. They could tell us in detail for example about how people liked their morning routines and how they supported them with this.

Staff had taken time to support people with their personal grooming, respecting their dignity. Staff told us they understood for example that one person took great pride in their appearance and liked their clothing co-ordinated and jewellery matching. Attention had been paid to areas such as hair, nails and removal of unwanted facial hair. The home had a small hairdressing salon and the registered manager was looking at ways of expanding the 'pampering' services provided there to meet people's wishes.

People's privacy was respected and all personal care was provided in private. Staff took care not to discuss people's needs in front of other people, and we saw them speaking quietly asking people if they wanted to go to the toilet so as not to let others know where they were going.

We spent a period of time observing the care people received and the ways in which staff engaged with them. We saw that staff spent time speaking with each person before delivering any care, for example with moving and supporting them. Staff called people by their name and spoke with the person throughout the procedure to reassure them. We saw one person being supported to walk with a frame. Staff encouraged them throughout and when the person became tired they quickly acted to get a wheelchair to support them the rest of the way. They celebrated with the person the achievements they had made in walking so far.

People made choices about where they wished to spend their time. Some people preferred not to socialise in the lounge areas and spent time in their rooms, while others enjoyed socialising more with the day service people. One person told us they spent their time in their bedroom as they had found they got upset when spending time with people whose needs were greater than theirs. Another person told us they enjoyed reading and had everything they needed in their room. Staff told us they tried to encourage people to join in but respected their choices if they did not wish to.

The home had an active residents meeting that met approximately every three months, and was next due to

meet in early July. Families were also encouraged to attend. People were encouraged to share any ideas they had about potential improvements for the service, and there was a newsletter telling people about what was going on at the home. This included celebrating the fact the manager had been at the home for 29 years and an Olympic/RIO carnival party due to be held at the weekend following the inspection. It also included information about the developments at the home that had been completed and those planned. This helped ensure people felt involved with the changes being made.

Good

Is the service responsive?

Our findings

Prior to any admission to Harbour Rise Rest Home staff visited the person to complete an assessment of their needs. We looked at an assessment carried out for a recent admission, and saw that this would benefit from being a more systematic process, although the assessment had identified the person's needs accurately. Information had also been gathered from professional medical staff who supported the person and information from their GP about medicines they were taking to ensure the information was accurate. We talked through the admission process with the registered manager, which showed that people were consulted throughout, including opportunities to visit the home. We met with one person who had recently been admitted. They told us they were happy with their choice and had been involved in making a decision about moving in. A relative told us that the home had fulfilled their positive expectations.

Each person at the home had a plan of their care based on an assessment of their needs. Care plans were personalised to each individual. They contained information from the person or their relatives where possible to assist staff to provide care in a manner that respected their wishes. Some plans had copies of documentation completed by families prior to or at the point of admission to give staff additional information about the person's lifestyle choices, social and personal history. This helped ensure staff could better understand the person's behaviours, wishes and choices in the context of the life they had lived. We observed staff putting the care plans into practice, for example with moving and positioning people. We saw that the actions they had taken and equipment used were as recorded in the care plan. Some plans would benefit from additional guidance being available for staff on individual strategies for managing behaviours that challenge.

Care plans and other records clearly recorded people's needs and how they should be met. Areas of risk were identified and plans put in place to manage these. Care plans and assessments were being reviewed regularly and altered to reflect changes in people's needs. Assessments covered people's needs for social and psychological comfort as well as physical care needs. They also included specialist documents and recognised tools for supporting people with dementia, for example the Abbey Pain Scale, for people who would not be able to communicate pain verbally. Where people had long term health conditions information was obtained and placed in their care plans to help staff understand the condition and the implications for the person's health and well-being. This also included information about what signs to look for if the person's health was deteriorating.

People were encouraged to take part in activities. We saw one person had been enabled to follow a particular hobby and interest within their room. They were able to show us the alterations that had been made to their room to accommodate this. Although the person was living with dementia they become energised and passionate when they spoke about their hobby. They were supported in this by a friend who visited them, and had bought items from their previous home to help keep up their interest. Another person told us they had enjoyed gardening and would like to do this again when they felt a little better. The provider told us that a relative had recently provided some raised beds and troughs at the home that the person could be supported to use to continue their hobby.

Other activities provided during the day of the inspection included a professional singer, staff carrying out games and later more singing for people who were frailer. We saw people engaged with this and enjoyed it. Other people were in their rooms watching Wimbledon, reading or meeting with visitors. The home had some specialist equipment to support people with their hobbies such as a large magnifier that could change colour and contrasts of text to help people with visual impairments. Equipment was also available to support people living with dementia, for example sensory objects and hand warmers. Evidence of craft activities was on display and the home had recently won a competition to paint a model Rhino which would then be on display as an art exhibition across Torbay. The Rhino had been painted by people living at the home in a jigsaw design to represent dementia and its effects on people.

The home had a 'library' that could be taken around to people's rooms and were developing a plan for a café in the dining room that was being refurbished. There was a small shop and regular events where people who could no longer go out were able to buy items as presents for friends and family, such as a Christmas market.

There were complaints policies and procedures in place at the home. The complaints procedure was available on a board in the entrance hallway, and contained information about agencies to contact outside of the home's management to report concerns. We discussed complaints with the provider and registered manager. They told us that minor issues were not always identified as complaints but were addressed immediately and resolved. Although this was positive, it also meant there was not always a clear record to identify whether issues kept re-occurring or what actions had been taken to stop concerns from happening again.

Good

Is the service well-led?

Our findings

Management systems were in place to ensure the safety and quality of services provided. The home had an established management team in place which met regularly to discuss developments, and review progress being made on changes. They demonstrated a commitment to high standards and were reflective and transparent about the changes being made and further areas for development. They had clear ideas for the development of the service and realistic plans about how developments could be achieved. This had involved significant investment in the building and staff team. Regular meetings were being held, for example from weekly catch ups to monthly meetings of the whole team. The staff meeting agenda we saw showed that staff were kept informed about developments at the home and this also happened at the regular resident and family member meetings, where people were encouraged to have a say and make suggestions about improvements. Staff had also been encouraged to be 'champions' for particular elements of care, for example infection control.

The management team used information about 'best practice' and developments in care to improve services at the home. For example they were looking into a more values based recruitment system for staff, and had provided improved IT access and LED displays in corridors to enable staff to respond quickly to alarms. Improvements to the interior of the building had improved access and facilities for people. There were plans to bring the local community into the home more and to ensure people at the home retained contacts they had before they moved into the home. There had been involvement in care homes open days to encourage people to visit the home, and in supporting local events. The home's management told us they were proud of the relationships they had built up with people's families and the staff team and of the standards they had set. Staff had been involved in developing the logo and branding design for the home and had access to the homes statement of purpose to help ensure that they felt an involvement with the vision and values of the organisation.

Staff were clear about their roles and lines of authority. We saw them working well as a team. Handovers ensured information and tasks were passed on between staff teams so that care tasks did not get missed. Staff told us they felt supported in their roles, and could go to the registered manager or other member of the management team at any time if they had any concerns. Staff and people told us they had confidence in the management to resolve any issues for them.

The service had a series of internal and external audits in place to manage the quality and risks at the home. We found that these had not always been very robust, as we had identified concerns that had not been identified on the audits. However, these were mainly addressed on the day of the inspection as they were minor issues. More significant areas such as the supervision and training systems were known to the management team as having fallen behind and they could show us the changes they were intending to make to improve. Maintenance checks and service contracts were in place for equipment such as lifts and hoists and there was a maintenance team at the home who could quickly respond to any issues.

Questionnaires were sent to stakeholders to gather their views on the service and any improvements that could be made. Responses were analysed and action plans put in place where possible changes were

identified.

Records were overall well maintained. Plans were regularly updated and all policies and procedures were easily accessible to staff at all levels although some needed updating. The home had good administrative support and systems in place for the secure storage and destruction of records no longer needed.