WCS Care Group Limited

Fourways

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We carried out this inspection on 15 September 2015. The inspection was unannounced.

Fourways is registered to provide accommodation and personal care for a maximum of 44 people. Some people have a diagnosis of dementia. At the time of our inspection there were 40 people living at the home with accommodation over three floors. The service also offers a respite and day centre facility.

A requirement of the service's registration is that they have a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A registered manager was in post.

Summary of findings

People told us they felt safe living at the home and could raise any concerns they had with staff. Staff were trained in safeguarding people and understood how to protect people from abuse. There were processes to minimise risks to people's safety.

People received their medicines from staff trained to administer them, however this was not always given in a timely way and as prescribed. Medicine audits had not identified these issues. Overall there were enough staff to support people, however people did not always receive support at times they preferred, especially at the start of the day.

Checks were carried out prior to staff starting work to ensure their suitability to work with people who lived in the home. Staff received training which gave them the skills and understanding to support people with their health and social care needs.

People who were considered to lack capacity did not have formal capacity assessments, however, staff had some knowledge and understanding about this and further training was being arranged by the provider. Staff obtained consent from people before supporting them, and records reflected this.

People told us staff were kind and respectful and had the right skills to provide the care and support they required. Staff treated people with dignity and respect. People told us they enjoyed the food at the home and had a choice of meals and drinks which they could have at times to suit them. Different dietary needs were catered for.

People were referred to other health professionals when required and care records contained relevant information to help staff provide people with personalised care. People were involved in their care and were asked for their views and opinions about the support they received. People told us they enjoyed the activities on offer at the home.

People told us they could raise any concerns with the registered manager, and these would be listened to and acted upon. People, relatives and staff told us the management team were approachable and responsive. There were processes to monitor the quality of the care provided and understand the experiences of people who lived within the home. This was through regular communication with people and staff and a programme of other checks and audits.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not consistently safe.

People told us they felt safe. Staff were confident in how to safeguard people from abuse. Risk associated with people's care were managed well. Medicines were stored safely and staff received training in how to administer these. However, people did not always receive medicines as prescribed, recording was not always accurate and audits had not identified concerns. Overall staff were available at the times that people needed them. Recruitment checks reduced the risk of unsuitable staff being employed at the service.

Is the service effective?

Good

The service was effective.

Staff received training and had a good understanding of how to meet people's needs. Referrals were made to other professionals when required to support people's needs and maintain their health and wellbeing. Staff had some understanding of the Mental Capacity Act and supported people accordingly, but capacity assessments were not always evident on care records where people lacked capacity. People enjoyed their meals and different dietary needs were catered for. A choice of food was offered and people could access drinks and snacks when they wished to.

Is the service caring?

Good

The service was caring.

People told us staff were kind and caring and they were encouraged to be as independent as possible. Care was provided ensuring people's privacy and dignity. We saw examples of staff being compassionate in their approach during our visit. People were treated with respect and involved in decisions about the care they received.

Is the service responsive?

Good

The service was responsive.

People received person centred care and staff knew their individual needs and preferences. Group and individual activities were offered and people were encouraged to pursue their interests. People knew how to raise complaints and these were dealt with in a timely way and to people's satisfaction.

Is the service well-led?

Good

The service was well led.

People were positive about the management team and staff told us managers were approachable and issues raised were addressed quickly. Staff felt

Summary of findings

supported in their roles by the managers. Systems ensured the home environment was safe and the care provided was effective. The registered manager worked to improve the service for people and was responsive to new ideas to continue to make positive changes.

Fourways

Detailed findings

Background to this inspection

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

The inspection took place on 15 September 2015 and was unannounced. The inspection team comprised of three inspectors.

We reviewed the information we held about the service. We looked at information received from relatives and visitors, we spoke to the local authority commissioning team and reviewed the statutory notifications the registered manager had sent us. A statutory notification is information about an important event which the provider is required to send us by law. These may be any changes which relate to the service and can include safeguarding referrals, notifications of deaths and serious injuries.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was received prior to our visit and this reflected the service we saw, and the changes and improvements planned. We used this information to plan our inspection.

We spoke with 10 people who lived at the service, four relatives and two professionals. We also spoke with 14 staff including the cook, laundry person, housekeeper, activity co-ordinator and management team. We looked at six care records, four medicine administration records and records of the checks the registered manager made for assurance that the service was good. We observed the way staff worked and how people at the service were supported. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. Due to the complex needs of the people at the service, some people were not able to discuss their experiences of the care and support they received with us.

Requires improvement

Is the service safe?

Our findings

People told us they felt safe at Fourways. One person told us, "I feel safe, I would speak with a member of staff if I was concerned about anything." A staff member told us, "It's safe, we look after people and make sure we keep them safe, we lock the doors at night."

Assessments of risks associated with people's care and support needs had been undertaken and were up to date. These were for areas such as nutrition, mobility and skin care. One person had lost 4kg in weight since May 2015. Plans had been put in place to manage the nutritional risks to this person which included monitoring their food intake using a food chart to record what they had eaten and the quantities, and weighing them regularly. Another person had a risk assessment around fluid intake and a fluid chart was used to monitor this. This measured how much fluid a person drank daily to assess if they were at risk of dehydration. Care staff reviewed risks monthly or when people's needs changed and plans were in place to manage those risks.

Prior to staff starting at the home, the provider checked their suitability to work with people who lived there. One staff member told us, "I started late because my checks had not come through." Another staff member told us, "I had my DBS and references checked before I started work, this took about 6 weeks." Checks included contact with their previous employers and the Disclosure and Barring Service. The Disclosure and Barring Service (DBS) assists employers by checking people's backgrounds to prevent unsuitable people from working with people who use services. Staff confirmed the background checks were completed before they were able to start work. We checked two personnel files, which confirmed references and checks had been undertaken before staff could start work at the home. The provider ensured that, as far as possible, the staff employed were suitable to support people who lived at the home.

Staff told us they had a good understanding of how to safeguard people and had received training about this. Staff were confident in recognising potential different types of abuse and actions to take if they had any concerns. One staff member told us, "If you witness something wrong you would go to the managers." Another staff member told us, "If I had concerns, I would report it to a senior manager or CQC." One staff member told us they had reported something before when they had heard a staff member talking to someone sharply and action had been taken about this. Staff told us they were confident the registered manager would follow up any concerns. There was a whistleblowing policy and staff knew about this.

We asked people whether staff were available at the times they needed them and received mixed views. One person responded, "It's how I like it to be," and another person told us, "Yes they seem to have enough staff, they don't complain." A staff member told us, "I think there is enough staff."

Staff were busy in the mornings so did not always have time to support people at times they preferred with their care. One person told us, "You can keep on ringing the bell and nobody comes," and a staff member commented, "No, there is not enough staff, there was about 12 months ago, residents could look after themselves more then with things like continence and mobility." Other comments from staff included, "The busiest time is first thing in the morning. That's just getting people up, breakfast," and "Maybe we could do with more night staff to help get people up in the mornings. Nights can be a struggle. If a member of staff started earlier on days, for example, 7am, it would really help. Not many people get up in the night; it's the mornings when it's the busiest."

During the morning we identified two people who had full commodes in their bedrooms which caused them anxiety and embarrassment. One told us, "I can't have a dirty commode all day, they've gone past but they are all busy. I cover my commode up because I don't want to see it."

During the day there were two staff members working on the ground floor and three on the other two floors. There was one staff member working on each floor at night. Senior care staff, known as Care Co-ordinators, were 'supernumerary' and not added into staff numbers on the rota. This gave them the time to support staff. The registered manager told us that a dependency tool was used to calculate staffing levels based on the needs of people. Agency staff were used to provide care at times. The management team had identified that staffing was an issue in the morning and intended to start this shift earlier at 7am to assist with this busy period. Whilst staff were busy in the mornings and did not have time to assist people when they preferred, at other times of the day they were available when people needed assistance and had some time to chat with people.

Requires improvement

Is the service safe?

We looked at how people's medicines were managed. The medicine round on the top floor started at approximately 9.15am and lasted two hours, however medicine was recorded as '9am' on people's records. The next round of medicine started at 1pm which meant some people were at risk of not receiving medicine with the correct gap in between. For example, we saw one medicine required a four hour gap between doses. During the medicine rounds we observed staff members who were giving medicines, also clearing dishes out of people's rooms and administering personal care. This delayed the medicine round and also increased the risk of errors being made when staff gave people their medicines, such as medicine being given twice or missed.

Some people had medicine 'as required' known as PRN and protocols were in place so staff knew when people who could not communicate required this medicine. The actual number of PRN tablets given and the time they were given was not recorded consistently on records. A member of staff told us, "It should be written down on the back of the Medicine Administration Record (MAR) when PRN medicines are given, the dosage and the time." We brought this to the attention of the registered manager who told us that the staff would know when the previous dose had been given, as it was usually consistent staff working on each floor. However, staff were not always following the procedure of recording this on MARs.

Most people had their medicines supplied by the pharmacy in 'blister' packs, however, PRN medicines were in packets. Arrangements were not always followed to record the balance of those medicines on the MAR chart at the beginning of the month. This made it difficult for us to check people had been given their medicine as prescribed.

Overall MAR charts were completed correctly, however we saw one instance where a medicine was given to a person but recorded as not given. On another person's MAR chart it said that they should receive paracetamol at each medicines round. On the day of our visit, the medicine was given as prescribed, however other staff had given the medicine previously as PRN. The registered manager told us that the MAR sheet was incorrect, that this medicine should be given as PRN and this would be corrected immediately.

Medicines were stored in line with manufacturer's guidelines, then disposed of safely to ensure people were protected. Controlled drugs were checked and administered by two members of staff as required. All staff received medicine training and were observed giving medicines before being considered safe to do so without supervision. One member of staff said, "You can get a lot of support from the managers and care co-ordinators." Competency assessments were completed regularly by the management team and a medicine audit was carried out monthly to identify and analyse any issues. These audits had not identified the issues we had identified however the management team told us they would address these immediately.

Checks had been undertaken to assess the safety of the service. Accidents and incidents were recorded and we saw these were up to date and had been analysed to identify any trends. Safety checks of the environment were completed such as water temperatures and restrictors were fitted on windows. The services of a gardener and maintenance person were employed. One staff member told us, "I can order in whatever we need (of equipment) and get the handyman in." Safety records were reviewed by the housekeeper so any issues identified were addressed.

Personal emergency evacuation plans were available for people detailing care and mobility requirements and these were reviewed monthly. We saw up to date checks around fire procedures and fire drills were carried out monthly. Systems supported people safely and these were reviewed regularly.

Good

Is the service effective?

Our findings

People told us staff had the skills and knowledge to care for them effectively. One person told us, "I like it here, the staff look after me." A professional told us, "The staff are knowledgeable, their skills have increased."

Staff were made aware of their roles and responsibilities when starting their employment at the home. One staff member told us, "I had a two week induction, which covered the things I needed to know. We have periodic updates to our training." New staff were given job descriptions and a staff handbook when they first started, detailing their role and responsibilities. The induction process gave staff the skills they needed to effectively meet people's needs when they began working at the service.

Staff received training relevant to the health and social care needs of the people who lived at the home. One staff member told us about training, describing it as 'tip top'. Another staff member told us about dementia training they had completed, "Sometimes it works, sometimes it doesn't, you need to give people time to express themselves and communicate to you what they want." Another staff member told us, "The dementia training helps me to deal with behaviours, using distraction techniques," and we saw this training being effectively put into practice later in the day. Another staff member told us, "I'm confident I have the training I need and it's up to date." A training schedule was completed to show when training had been undertaken by staff and when it was next due. One person had been promoted to role of care co-ordinator and had completed a nutritional project as part of their role. This had involved working with other healthcare professionals and catering staff to ensure they supported people more effectively in this area. Staff felt the training they received helped them do their jobs effectively and they were supported to develop and keep up to date with training by the management team.

A 'handover' meeting was held at each shift change where information was passed on to staff about any changes to people's health or well-being. A staff member told us communication between staff assisted them to provide a continuity of care to the people they supported.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. This is a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom restricted to keep them safe.

Staff had some understanding of MCA however we could not be sure the rights of people who were unable to make important decisions about their health or wellbeing were always protected. A staff member told us, "I've had mental capacity training, but I think this was part of my NVQ or other training, not specific MCA training." Another staff member told us, "Care plans tell us what people can decide. I know one lady can refuse her medicines, as she has capacity. Whether people can go out is in their care plan as well." The registered manager told us that 'several' people lacked capacity to make decisions for themselves and people's capacity levels were assessed monthly. We saw there was a section on the care plan regarding this. One person required prompting for personal care, and could refuse. There was no mention of their capacity levels to refuse care or not. However, another care record stated a person did not want photos taken and they had capacity to make this decision. Another person was receiving 'covert' medicine, which is medicine that is hidden in food or drink. The registered manager told us a best interest meeting had been held involving family members and health professionals regarding this decision. One professional we spoke to told us that they felt the home's staff struggled with assessing capacity at times, and that staff had not been trained enough on the issue. However, they told us the provider was good at supporting staff where a particular need had been identified. We were aware that the provider was doing some further work with staff around mental capacity. Staff did have some understanding about assessing people's levels of capacity but some further training was required in this area and the management team had identified this.

People told us staff asked them for their consent before supporting them with care. One member of staff told us, "I chat to people, make sure people are smart and clean. If people refuse we explain why we need to do things and encourage them. We respect their decisions; we then might try again later. If they continue to refuse things we escalate this to the manager." We looked at care records around consent and they reflected that consent had been sought for people in line with their abilities to do so. Staff understood about the need to obtain consent when supporting people.

Good

Is the service effective?

One person at the service had a DoLS application submitted. We saw another person who was upset and asking to leave the home. The deputy director of operations told us they had identified there may be some restrictions on this person's liberty and intended to request a DoLS assessment from the local authority. They intended to review other people who lacked capacity and may be deprived of their liberty at the service. The management team had an understanding of their responsibilities to protect people and DoLS assessments were being requested when this was required.

People had a choice of food which met their dietary needs and preferences. People were offered two options for lunch and could request an alternative light option. The cook told us they purchased specific food if people requested this. One person wanted a different pudding to the choice offered and staff provided this. A daily menu was displayed in each lounge however some people did not seem to understand the nature of the choice because they were unable to remember this food, and there were no plated meals shown to assist with this. Snacks and drinks were available for people to help themselves. One person told us, "You can help yourself to drinks and snacks." Another person had a jug of squash and a glass placed within reach. They were able to pour themselves a drink and told us, "You can choose whatever you want to drink." Over the lunchtime period we observed positive interactions between staff and people. We observed staff encouraging people to eat and some staff eating with people.

People's dietary needs and preferences for reasons of health were catered for. The cook told us some people at the home had diabetes and another person had an allergy, and they were aware of how to support them with this. One person had lost weight and was having a 'fortified' diet to help them gain weight and the cook was able to tell us how they provided this. The cook was aware of people's specific dietary requirements and we saw these were met.

People were supported by staff to access health professionals when required. One professional told us, "They know what they are doing, they know how to provide the care required for people." Another professional told us that the home's staff, and in particular the registered manager, were good at identifying when external input was needed, and then in involving professionals in people's care and support when necessary. Visits from GPs, district nurses and chiropody were recorded on care records. A GP visited the service weekly. On the day of our visit, one person had a problem with their leg and staff referred them to the GP. Daily records detailed changes in people's health needs and wellbeing, and care records detailed professional visits. People received support from health professionals in a timely way.

Good

Is the service caring?

Our findings

People were positive about the care staff. One person told us, “They are very caring. I have never had any trouble and I have been here ten years.” Another person told us, “The girls are very kind.” We observed kind, compassionate care, with natural, positive interactions between staff and people, particularly over lunch time. We also observed staff talking to people in a reassuring, respectful manner when they became anxious.

One person told us, “The carers are very helpful and pleasant,” and another person commented, “The staff, without exception are friendly. They are just nice people.” One person went on to explain that the caring attitude of the staff was one of the reasons they chose the home in the first place.

Relatives were encouraged to be involved in their family member’s care and told us they were able to talk with the staff openly and they found this reassuring. There were no restrictions on visiting times and relatives could order a meal at the service if they wished. Visitors were able to help themselves to drinks. One person had recently come to live at the home and a visiting family member was upset to leave them. Staff were supportive and reassuring to this person.

Staff treated people with dignity and respect. The registered manager told us they ensured dignity was maintained by, “Knocking on doors, not talking over people and respecting their needs and wishes.” Another staff member told us, “Certain people like their doors to be kept open and we respect that.” A staff member in the laundry told us, “I would not send any clothes back to people with any stains still on.” Staff knocked on people’s doors and waited for permission before entering.

People were able to maintain their privacy and had keys to lock their doors if they wished to. One staff member told us about privacy during personal care, “The doors should be closed. No-one leaves the doors open, this doesn’t happen. We have good staff. Like a family.”

Staff supported people to make their own decisions. People decided their daily routine and one person told us, “You can go to bed when you want.” People had access to all areas of the home. Bedrooms were personalised and people were able to bring in their own furniture if they wished to. One person had brought in their own bed.

People were encouraged to maintain their independence; however staff supported people in the ways they preferred. One staff member told us, “People help us to lay the tables and wash up if they want to.” Another person wanted to go for a walk on their own but had fallen. Staff now went with the person which helped them to feel more confident. A staff member explained, “We encourage mobility.” Another person took a taxi themselves to church regularly. The registered manager told us that no one had any specific cultural needs currently but they had in the past and they would support them with these needs.

Good

Is the service responsive?

Our findings

People had positive views about how their care and support needs were met. One person told us, "The staff are very helpful." One professional told us, "Staff cope well, people are brilliantly cared for, clean, well-fed and comfortable."

Prior to people coming into the home they were assessed to see if their needs could be met by the staff and they would like to live with the other people there. People could come and visit the home, have lunch or have an overnight stay to ensure the home was right for them. Information such as menus, brochures and activities were provided to enable people to make an informed decision about this.

People were involved in planning their care. A keyworker system ensured named workers supported people consistently and we saw photographs of these workers displayed in people's bedrooms. Staff told us they updated care records with people as their needs changed and managers reviewed these monthly. Staff knew people at the home well. On one person's care record it stated staff were to keep eye contact with the person to communicate with them. We observed staff communicating with this person in accordance with their care plan. Another person required a special boot to be worn during the day at two hourly intervals and charts showed this was being followed. In one instance we saw a person had used the commode independently, however, the person's care records stated they needed two members of staff to assist them to go to the toilet. We asked the registered manager about this. The registered manager told us the person could independently use the toilet now and care records had not been updated to reflect this change. The registered manager told us this would be addressed.

Staff were skilled in supporting people living with dementia. Throughout the day we observed good examples of compassionate, effective interactions with people who were anxious due to their condition. We observed one person who had dementia and they repeatedly told staff they were "Very cross." We saw staff gently reassure this person and distract them which calmed them down. Another two people became annoyed with each other and staff skilfully guided them to different areas of the home to distract them and diffuse the situation. A staff member told us, "We fill in the 'ABC' charts for people with 'challenging' behaviours. We fill things in for each incident. We report things to the manager." We saw 'dementia friendly' signage on bathroom doors to support people to orientate to these rooms. 'Memory boxes' were being planned for people to be placed outside their bedrooms. These were to be created with people and their families and would contain important information about people's lives such as photographs.

Staff told us how they supported people and responded to their individual needs. An assessment was undertaken to understand people's history and preferences. We saw one person liked painting and drawing. Another person liked dancing. Another person liked a cooked breakfast, being in their own room and snacks at night. Staff had a detailed knowledge of the people they cared for and used this to provide care which was responsive to the person's needs.

People were involved in planning activities and were encouraged to pursue their interests. One person told us about activities, "Yes there is enough to do." Another person explained that there were activities happening in the home, mostly in the mornings and that the staff encouraged people to join in. A staff member told us, "We have weekly lunches organised that I think people enjoy. We also take people out to the shops, out for walks, we give people a choice about what they would like to do as an activity." Another staff member told us, "We have daily activities. In the afternoons we do one to one sessions with people in their own rooms." Staff were able to do some individual activities with people such as reading with them, singing and exercises.

People had 'life diaries' in their rooms detailing what they had done during the day and whether they had enjoyed it. Two activity co-ordinators were employed at the home and a volunteer had been coming into the home for around seven years to assist with activities. An 'Oomph' exercise class was held three times a week. A staff member told us, "When you put the music on you see people come alive." We observed the morning session of this activity and saw people were carrying out simple exercises to music holding 'pom poms' and appeared to be enjoying the session. A computer was available for people to use and the activity co-ordinator supported some people to access this. Personalised software called 'My life' was available on this and one person showed us how they enjoyed playing games on the computer and listening to music on it. We saw an activity planner displayed in a communal area,

Good

Is the service responsive?

making bread and bingo were planned on some other days. People had opportunities to pursue their interests and could do this either on their own or with staff supporting them.

People we spoke with told us they were aware of how to make a complaint and we saw a policy displayed explaining how to do this. On checking complaints records, we found that complaints had been appropriately logged, investigated and responded to in a timely fashion. We also found that key messages arising from complaints had been communicated across the staff team. In the last 12 months, 18 complaints had been received and a written response had been given to them. A professional told us that the home were good at responding to criticism, and gave an example of a time when loud radio music was being played in a lounge area. They told us that this seemed to be for the staff's benefit as opposed to the choice of people who lived there but, when highlighted, this was quickly addressed. This person added, "If I ask for something to be done, it will be done, I never have to chase them." People had the opportunity to raise any concerns and these were responded to by the staff and management team to people's satisfaction.

Good

Is the service well-led?

Our findings

We spoke with people and staff about the provider's management team. One person told us, "I would go and talk to the manager if I was not happy with anything." A staff member told us, "Managers are approachable if there are any problems, the culture is open and I can say something if I need to." A professional told us, "The deputy manager is very caring, approachable and has hugely helped the care."

The management team consisted of a registered manager, a deputy care co-ordinator and two care co-ordinators, which were new positions. They provided management cover seven days a week and had an on-call system. Between 8am and 10pm each day there was management cover in the building and information was displayed in the entrance hall so visitors knew who the senior staff on duty were.

The registered manager had been in post since April 2005 and was now a 'Senior Home Manager' spending one day a week in other services within the provider group supporting staff. They told us about this role, "We try to notice the small things that impact on someone's life and their quality of life."

The registered manager told us they were proud of the ethos at Fourways. They said, "The activities and the togetherness and family feel of the home and the management approach with staff is fair and respectful." They told us that they tried to be open, with no 'hidden agendas'. One professional told us the registered manager was effective in meeting people's needs together with supporting the staff team.

The registered manager encouraged people to be involved in the running of the home. They told us they had young people come in to the home to volunteer as part of the Duke of Edinburgh award scheme but this was only with the agreement of people who lived at the home first. Comment cards were provided in the reception area for people who wished to give feedback about the service they received. We saw one comment card written by a relative which said care had been extended to them by staff and another which praised staff professionalism. An annual survey had recently been given to people and relatives. Overall people said they were either very satisfied or quite satisfied with the service they received. We saw some negative comments about some noise and another about someone losing clothes. The registered manager told us that all the responses would be analysed and responded to. The management team listened to people's views and suggestions and acted on these where possible.

A group meeting involving people who lived at the home was held every second month and the last one was in July 2015 when 13 people attended. We saw comments from the meeting such as, 'Could not have nicer staff, every one of them,' and, 'The food is lovely here.' As part of an annual quality assessment, people, relatives and stakeholders were being invited to a meeting in October 2015 to consider what the service had achieved, what they had done well and what they could do better. People who could not attend were invited to provide feedback before the meeting. A quarterly newsletter was produced to keep people up to date with any news or changes at the service. People were involved in discussions around any issues they had and the provider made changes where possible in response to this.

The provider encouraged staff and relatives to 'work together'. A 'Relatives and Staff Dementia Group' was planned and the aim of the group was to share information and develop supportive relationships for people and their relatives. People had opportunities to be involved in the way the care was provided and were encouraged to support each other.

Staff told us they felt supported by the management team. One staff member told us, "It's my first ever job in care, and I love it. I think it is a good company to work for." Another staff member told us, "I feel supported and the managers are approachable." Staff meetings were held monthly and appraisals were completed annually. One staff member told us, "We have regular meetings with our manager. This includes appraisals, supervisions. The managers will make time to see you." One to one meetings were held approximately every four months and another staff member commented, "The managers ask us for feedback."

The management team had sought additional feedback from some 'experts by experience' via a national charity. These people had experience of similar services and had been invited to visit twice yearly and give feedback on the home and any changes or improvements recommended. We saw the outcomes of the last visit were positive. The management team were proactive in seeking views of others around quality of care.

Good

Is the service well-led?

At the time of our visit work was being carried out at the service and three additional en-suite bedrooms were being added and a café, hairdressers and conservatory built.

The management team completed monthly audits of care records including records of personal care. The senior management team also audited supervision records to ensure they were carried out, and met the needs of staff. The registered manager explained they did observations of care by 'joining in' with people. For example they may eat lunch with people and see what they could do to improve the experience. A quality assurance visit had been completed in August 2015 by the provider and we saw issues were identified such as blinds being broken and pedal bins required purchasing. We saw these issues had been addressed. The issues we had raised around medicine management had not been identified in the monthly audits. The registered manager assured us these would be addressed immediately.

The management team was able to tell us which notifications they were required to send to us so we were able to monitor any changes or issues with the home. We saw we had been notified of these and there were not any we were unaware of.