Wellburn Care Homes Limited

Rosevale

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

The inspection took place on the Tuesday 15 December 2015. The inspection was unannounced. The previous inspection was completed in April 2014 and the provider was compliant with the outcomes assessed.

Rosevale is a care home service without nursing. They provide long term accommodation for up to forty four older people who require nursing or personal care, some of whom may be living with dementia. At the time of our inspection there were thirty five people receiving a service. Rosevale Residential Care Home is located a short drive from the city of York, in the village of Wigginton and has enclosed mature landscaped gardens. Off road parking is available at the front of the building for visitors.

Rosevale has 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives spoke positively about the care they received. It was clear from talking to people and looking at care plans that care was person centred. People told us they felt safe and we found that staff knew how to protect people from avoidable harm. Staff knew how to recognise different signs of abuse and they were clear about what action to take if they suspected abuse was taking place. The registered provider had a safeguarding policy in place updated within local authority guidelines.

People were encouraged to live as independently as possible and we saw detailed risk assessments and risk management plans were in place to enable people to live independently and undertake a variety of daily activities in a safe way.

Rosevale Care Home demonstrated a high awareness for people's safety. We saw risk assessments for the environment which included personal emergency evacuation plans [PEEPs] for each individual person. PEEPs are documents which advise of the support people need in the event of an evacuation taking place.

We looked at monthly checks on emergency lighting, fire extinguishers, room and water temperatures and pressure mats and saw that these were all up to date. The registered manager showed us maintenance certificates for electrical wiring, gas safety and portable appliance checks. These were also up to date and helped to ensure the safety of the premises for people.

There were enough competent staff on duty and staffing levels were regularly reviewed to ensure that there were sufficient numbers of qualified staff to meet people's changing needs. Care workers told us there was adequate staffing; one care worker told us "The rotas work really well, staffing is well managed."

Recruitment of staff was robust with checks undertaken by the provider ensuring that only people

considered suitable to work with vulnerable people had been employed. New employees were enrolled on an induction and shadowing process ensuring they had the required skills to undertake their duties and provide person centred care.

Medicines were stored safely and securely. Policies and procedures were in place for storing, administering, recording and, where applicable, returning medication. We saw these were strictly adhered to. Only team leaders administered medication and we saw they had undertaken appropriate training. In addition, competency checks had been carried out so that the registered manager could monitor that staff remained competent to administer medication safely.

Management and staff had received training in and understood the requirements of the Mental Capacity Act 2005 [MCA]. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. Where people may have lacked capacity the registered provider ensured that the MCA was followed and we saw that prompt application for deprivation of liberty safeguards [DoLS] had been completed. DoLS were regularly reviewed and evaluated. Where an individual had capacity to make decisions in other areas of their lives we saw that they were encouraged by staff to provide their consent.

We saw there was a choice of menu and the chef told us that all meals were homemade. We saw this included a vegetarian option. The registered service had an environmental health officer food hygiene rating [FHRS] award of 5.

People told us that they were well cared for and had access to a range of health professionals. The local general practitioner [GP] attended on the day of our inspection. People told us they could see a GP when they wanted to. We saw records of professional contacts with healthcare services documented in peoples care plans. These included GP, district nurse, community psychiatric nurse, and mental health practitioner.

There was an activities coordinator employed. We saw a variety of activities and seasonal events were organised in line with people's requests and feedback. These were well advertised on notice boards and one person had a verbal update each day to ensure they did not miss out.

People and their relatives were involved in the assessment and planning of their care and support. Peoples care plans showed how they were involved in making decisions about their care, treatment and support. Care plans were detailed and included information about peoples likes and dislikes. One person said "I like to use my own toiletries and the staff know this because they have it written down."

We saw staff providing information and explanations before carrying out care to people. They were sensitive and warm and we saw people smiled in response to staff approaching. It was evident that staff knew and understood people's individual communication skills preferences and needs.

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 we spoke with told us they felt safe.

There was sufficient competent staff on duty and staffing levels were regularly reviewed.

Management and staff understood how to recognise different signs of abuse and were clear about what action to take if they suspected abuse was taking place.

Comprehensive risk assessments were in place ensuring people could safely undertake daily activities. These were regularly reviewed and updated with involvement of people, families and professionals.

Medication was safely stored, administered and reviewed.

The home was clean, smelt pleasant and was well maintained.

Is the service effective?

Good

The service was effective.

Staff were safely recruited with appropriate induction and training in place to ensure people received person centred care from employees who were best able to meet their needs.

The registered provider and staff understood the requirements of the Deprivation of Liberty Safeguards (DoLS) and people were able to share their views and consent to any care or treatment.

People received a varied diet and their views were taken into account with regards to the menus on offer. People's nutritional needs were monitored and advice sought from other professionals where necessary.

Is the service caring?

Good

The service was caring

We saw and people we spoke with told us that they received person centred care.

People and staff told us they felt valued and said that being at the home was like being part of a big family.

People were encouraged to be independent and to make their own choices wherever possible. Where this was not possible staff maintained dignity and privacy when caring and supporting people.

Is the service responsive?

Good

The service was responsive.

People and their families were involved in planning and reviewing their care ensuring that their needs were met in a person centred way.

An activities coordinator ensured a variety of organised activities and events were provided which were inclusive of people's likes and interests.

A variety of methods were used to ensure people's views and opinions were sought and their ideas and suggestions were responded to.

People and staff told us they knew how to raise concerns and that they would be appropriately acted on.

Is the service well-led?

Good

The service was well led.

The registered provider and registered manager promoted strong values and a person centred culture which was supported by a committed staff group.

There was a clear management structure in place and staff understood their roles and responsibilities.

The service worked effectively in partnership with other organisations.

Rosevale

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 Tuesday 15 December 2015 and was unannounced. The inspection was undertaken by two adult social care inspectors. Prior to this inspection we reviewed information we held about the service, such as notifications we had received from the registered provider and information we had received from the local authority.

During the inspection we spoke with two people receiving a service, one relative of a person receiving a service and three care workers. We also spoke with the registered manager.

We looked at records which related to people's individual care, such as the care planning documentation for three people and other records associated with running a residential care service. This included two care workers files, recruitment and training records, the care workers rota, records of audits, policies and procedures and records of meetings. We observed daily activities in the home. This included a lunchtime observation and a medication round. We also spoke with the care worker administering medication.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe; one person told us "I like it here and I feel safe, I don't want to go back home" and a relative told us "[Person] feels very safe and has settled into the home very quickly." One staff member told us "We receive regular training in moving and handling using a hoist to ensure we can assist people to move around safely."

We spoke with both management and care workers and found they understood how to recognise different signs of abuse and were clear about what action to take if they suspected abuse was taking place. Care workers told us and we saw they had completed safeguarding training with the local authority as part of their induction programme. All staff had received an annual update in safeguarding adults from abuse and this was recorded. The registered manager showed us the updated safeguarding policy; this was designed to ensure a consistent approach to safeguarding. Staff were aware of the whistleblowing and safeguarding policies and procedures and told us they would not hesitate to undertake whistleblowing should the need arise.

We looked at peoples care plans and we saw that people were encouraged to live as independently as possible. This independence was supported in a safe way using risk assessments to identify and work with the capacity of the individual to safely undertake daily activities. We saw risk assessments in place for falls, bathing and self-administering of medication by people. We saw personnel risk assessments were regularly reviewed and updated with involvement of people, families and professionals. Staff functions such as moving and handling including use of hoists for bathing were also audited and reviewed and we saw copies of these audits. A care worker told us "People have risk assessments when they first join the service; we are always updating these as their needs change."

The registered provider had an accident and incident file. We saw all falls and accidents listed with details of appropriate action taken to reduce re-occurrence. One person who suffered a fall was taken to A&E to be checked over and was seen by a physiotherapist. On returning to the home the person was provided with a walking frame to ensure they could move around the building safely. We saw a care plan had not been updated after a recent fall by a person in the home. The registered provider told us this would normally be evaluated as soon as the accident occurred. In this case a pressure mat had been put into place in the person's room to alert staff should the person have another incident but the care plan had not been updated as required. The registered manager told us this would be actioned immediately.

We saw risk assessments for the environment which included personal emergency evacuation plans [PEEPs] for each individual person. PEEPs are documents which advise of the support people need in the event of an evacuation of the premises taking place. These plans included a photo of the person, their method of moving and any associated risks. We saw that the registered provider undertook weekly fire tests for different people's rooms on different days. The fire emergency and contingency plan had been completed by an external qualified Graduate in the Institution of Fire Engineers. All staff had received Fire training in 2015.

We looked at maintenance records. The registered provider had carried out documented maintenance checks around the home. These included monthly checks on emergency lighting, fire extinguishers, room and water temperatures and pressure mats. The registered manager showed us maintenance certificates for the premises which included an electrical wiring certificate, gas safety certificate and portable appliance checks. These were up to date and helped to ensure the safety of the premises for people.

There were enough competent staff on duty and staffing levels were regularly reviewed to ensure that there was sufficient qualified staff to meet people's changing needs. Care workers told us there was adequate staffing, one care worker told us "The rotas work really well, staffing is well managed." On the day of the inspection we saw the registered manager and the deputy were on duty. The manager told us "We have a team leader on duty every day with 4 to 5 additional care workers." We looked at previous week's rotas that showed four or five staff on duty and one team leader every day. We also saw there was always a team leader on duty at night plus two and sometimes three care workers. In addition there was an admin staff on duty for three days a week, a chef over seven days a week and between one and four domestic staff each day depending on laundry and other activities.

Medicines were stored safely and securely. We saw two medication trolleys were stored in the medication cupboard and were fastened to the wall when not in use. The medication fridge was also stored in the medication cupboard and we saw that the temperature of the cupboard and fridge were taken and recorded each day; the temperatures were consistently within recommended parameters. This ensured medication was stored at the correct temperature.

The medication trolleys were taken into the corridor outside the dining room so that medicines could be administered after people had taken their meal. Some people needed to take their medication before their breakfast and these medicines were stored separately to assist staff in identifying the medication for these people. Medication was supplied in blister packs; this is a monitored dosage system where medication is stored in individual sections and taken directly to the person.

We observed the administration of medication. The blister packs were colour coded to denote the time the medication needed to be administered, and medication administration record [MAR] charts had corresponding colour coding; this reduced the risk of errors occurring. We noted that the staff member took the medication to the person concerned and gave them a glass of water to help them swallow tablets. Staff did not sign the MAR chart until they had seen the person take their medication.

We checked MAR charts and noted there were no gaps in recording and that codes were used appropriately to record the reason why people had not taken their medication. When people had been prescribed 'as and when required' [PRN] medication there was a note on the rear of the MAR chart to record why the medication had been given.

The team leader told us that any creams that had been prescribed for people were applied in their bedroom to protect their privacy and dignity.

We checked the storage and recording of controlled drugs [CDs]. CDs were stored in a CD cabinet within the medication cupboard. We saw that recording was accurate and the amount of medication held matched the balance recorded in the CD book. We saw that the registered manager checked the CD book regularly to ensure that the records and the amount of medication held in stock balanced. We saw other medication audits in quality assurance records; this evidenced that the medication system in the home was regularly monitored to ensure that people received the right medicines at the right time.

There was an audit trail that ensured the medication prescribed by the person's GP was the same as the medication provided by the pharmacy. There was an effective stock control system in place and we observed that the date was written on packaging to record when it was opened; this was needed to ensure that medication was not used for longer than stated on the packaging. We checked the records for medicines returned to the pharmacy and saw that these were satisfactory.

Only team leaders administered medication and we saw they had undertaken appropriate training. In addition to this, competency checks had been carried out so that the registered manager could monitor that staff remained competent to administer medication safely.

We checked the recruitment records for two members of staff. We saw that an application form had been completed and that references were obtained. One file only contained one reference. The registered manager advised that where ever possible two references were obtained as part of a range of staff checks. Other checks had been made with the Disclosure and Barring Service [DBS]. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and helps to prevent unsuitable people from working with children and vulnerable adults. It was not always clear if these checks had been undertaken and that this information had been received by the registered provider prior to the new employees starting work at the home. The provider told us that dates of checks and corresponding dates when a new employee starts to provide care independently would be recorded for future employees.

The home was clean and there were no malodours. We carried out a tour of the premises and saw that toilets and bathroom facilities were clean with liquid soap and paper towels available. A staff member told us "There is always plenty of personal protective equipment [PPE] such as gloves and aprons available, if we need anything we just have to ask." We saw a managers weekly audit that included checks on the cleanliness of the home, equipment and the environment. We also saw additional audits that were undertaken covering mattresses in bedrooms, kitchen areas and health and safety which helped to ensure the home remained clean and safe.

Good

Is the service effective?

Our findings

We looked at how induction, training and supervisions were recorded for four staff. Two new staff had been enrolled on the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working. This helped to ensure that staff were competent to deliver care to people.

Staff had to complete an induction process before working on their own. One staff member told us "I have worked here for two years; I started as a care worker and progressed to a team leader. The induction is really good and provides staff with the skills to undertake their role." They told us "As part of the induction we are shadowed by existing staff for a week to ensure we understand the needs of all the people who we care for."

We saw from staff files that recent training updates had been provided for all staff. Updates helped staff to have up to date knowledge and skills relevant to their work. This had included fire safety, infection control, first aid, health and safety, manual handling, safeguarding adults from abuse and mental capacity and Deprivation of Liberty Safeguarding DoLS. This ensured staff had the knowledge and skills to carry out their roles and responsibilities.

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

The registered manager told us that the home had twenty DoLS in place for people. The registered manager was aware of changes (March 2014) in the case law around DoLS and they understood it was important DoLS applications were processed and in place to ensure full compliance with the MCA. We saw a DoLS request to the local authority had been submitted for authorisation on 20 October 2015 for a person with a DoLS in place up to 26 November 2015. This showed how the registered service complied with the changes to the MCA.

Peoples care plans evidenced that where a DoLS was in place for the administrating of medication or for going out alone; these were regularly reviewed and evaluated. Where an individual had capacity in other areas of their lives we saw that they were encouraged to provide their consent. Care plans contained MCA assessment and consent forms signed by the person including where the person had agreed to have their photograph taken. This showed that the provider always sought consent to care or treatment where the person had capacity and where they did not, relevant legislation and guidance was followed.

We looked at supervision and appraisal records for staff on duty on the day of our visit. We found that staff

received regular supervision and an annual appraisal. Supervisions were used to discuss recent performance and any improvements in practice required. A member of staff said "The manager and deputy watch us carrying out care tasks; these are then discussed in supervision."

The registered service had an environmental health officer food hygiene rating [FHRS] award of 5. Ratings are based on how hygienic and well-managed food preparation areas are on the premises. A food preparation facility is given "FHRS" rating from 0 to 5, 0 being the lowest and 5 being the highest score which can be achieved.

We saw people were supported to eat and drink enough and to maintain a balanced diet. We saw there was a choice of menu and the chef told us that all meals were homemade. We saw this included a vegetarian option. Staff told us and we saw that where people had any food allergies they were documented in their care plans. These were discussed with the chef to ensure the person received the correct food.

Where someone was seen to be losing weight a member of staff told us "We would monitor their weight and this would be recorded in their care files, we would try alternative foods such as smoothies but if the person did not improve we would contact the doctor."

We saw the use of the malnutrition universal screening tool [MUST] in peoples care plans. MUST is a five-step screening tool to identify people who are malnourished or at risk of malnutrition. This included regular weighing of people, food and fluid intake charts, nutrition and monthly evaluations.

We saw that drinks were available throughout the day in all communal areas to ensure that people received sufficient hydration.

We observed a lunch time meal. The eating area was well laid out with groups of people sitting together and chatting with 4 staff and a supervisor available to support those people who needed it. Drinks were available and staff encouraged people to drink as well as eat. One person told us "I am generally satisfied with the meals and it's nice to have a choice."

People told us that they were well cared for and had access to a range of health professionals. The local general practitioner [GP] attended on the day of our inspection. People told us they could see a GP when they want to. We saw records of professional contacts with healthcare services documented in peoples care plans. These included GP, district nurse, community psychiatric nurse, and mental health practitioner. Move next sentence up. We also saw that a chiropodist visited weekly.

People had up to date hospital passports including their photograph in their care plans which recorded information regarding their health and any relevant professionals involved with their care. The registered manager told us this information could be shared with relevant professionals should a person need to be admitted to hospital.

There were different areas where people could spend the day, for example, with visitors or in a quieter area of the home. There was an accessible, enclosed well maintained garden area with seating and a conservatory that provided a view over the garden. One person told us "I like to go outside and sit in the garden when the weather is a bit warmer and the conservatory is nice in the winter."

Doorways and corridors were wide enough to allow easy movement around the home and the service manager told us there were plans to improve access further along one corridor that was slightly narrower. We had concerns around uneven flooring upstairs and we raised these with the registered manager. They

told us the area was routinely checked and no concerns had been noted. We saw that stair lifts were in place and that these were regularly maintained and inspected.

People told us and we saw that staff responded quickly to call bells. One person told us "You never have to wait long; staff are very quick at answering [the call bell]."

Good

Is the service caring?

Our findings

A relative we spoke with told us "The care workers are excellent, so caring with residents. A person told us "It is a very caring place here, I have no problems and I am well looked after" and another person told us "People are happy here" and "Staff are kind."

We talked to staff and they told us they got to know people by talking to them; one staff member told us "The care plans are really good and up to date but we get to know people by spending time with them and talking with them." They also told us "We always try to speak with family and visitors when they come to visit."

We looked at care plans and we saw they were person centred. People told us they were included in discussions around their care and that these were recorded. We saw care plans included; 'Things you need to know about me' that documented what people liked and what they disliked, their preferences and any other requirements they may have. We saw that there was documented recording of family contact, the dates of contact and details of the outcome with any actions noted.

People's preferred methods of communication were acknowledged in their care records. A care plan for one person identified that the person needed to be informed face to face on a daily basis of what was happening in the home. This was recorded along with a monthly summary of which activities the person had joined in with. This showed the registered provider had procedures in place to develop positive caring relationships not only with people who received a service but also with families and friends.

A member of staff told us they really cared about the people they supported; they told us "It's like a little family" and another member of staff told us "I would put my own parents into here to receive the care that's provided here."

Peoples care plans showed how they were involved in making decisions about their care, treatment and support. Care plans were detailed and included information about what the person liked to wear and if they liked to choose what to wear. Comments from staff included "We give people choices about drinks, food, time to get up and go to bed" and "People are able to make their own decisions, for example, if they want a bath or a drink there are no set times." One person said "I like to use my own toiletries and the staff know this because they have it written down."

We saw the service advertised advocacy services around the home. This included Older Citizens Advocacy York (OCAY). This showed that the registered provider encouraged people to take additional guidance and advice outside of the home environment. This enabled people to have support outside of the home if they required it.

We saw staff providing information and explanations before carrying out care to people. They were sensitive and warm and we saw people smiled in response to staff approaching. It was evident that staff knew and understood people's individual communication skills and preferences. We observed staff making eye

contact, getting down to the same level as people and being tactile. Staff knew and understood the importance of spending time with people so that trusting relationships could be developed. It was evident that the care staff were caring and that they had the required person centred skills to deliver compassionate care.

Staff told us they understood the term confidentiality. They told us "I would not discuss peoples care in front of others or with anybody who does not have a direct interest in the persons care and wellbeing."

Staff told us they knew how to treat people with dignity and respect. People were appropriately dressed and staff were mindful that any personal care should be offered in a way that promoted the individuals dignity. We saw they knocked on people's doors and waited for a response before entering. We saw staff kneeling down to address people and not standing over them. Staff also knew how to address people as they wanted to be addressed and this created a friendly environment. This demonstrated how staff knew and understood people and treated them in a respectful manner.

People were supported to make their preferences for end of life care known and we saw details were recorded in their care plans. People received compassionate and supportive care at the end of their life as staff knew and understood their wishes. Training in end of life care had been completed by staff.

Good

Is the service responsive?

Our findings

People and their relatives were involved in the assessment and planning of their care and support. Prior to admission, each person was assessed by the registered provider to establish the person's needs and to find out more about them, including their likes and dislikes. Each person had a care plan and we saw this was completed and updated with input from the person and their family.

We saw people were encouraged to make choices about their care and take control of the support being provided to them. People's changing needs were closely monitored and their records updated to reflect any changes to their care or support. For instance, a person had difficulty bathing. Their care plan detailed that the person was encouraged to take a regular bath where one care worker assisted with washing and also encouraged the person to help where possible such as washing their hands and face. This helped the person maintain their hygiene in a person centred approach. Staff told us "The care we provide is all about the person, that's why we are here."

Daily handover reports noted information about each person and how their needs had changed during the previous 12 hours. For example one report stated a person had 'received a normal diet' and another person 'now required minimal assistance from carers when getting ready in the morning and at night.' This demonstrated how the service was responsive to a person's changing needs.

People had a variety of activities available and seasonal events were scheduled throughout the year. One person told us "We had a really good Christmas with a lovely Christmas tree and real reindeers." They told us "It was very festive but the reindeers are more for children."

The service employed an activities coordinator. Activities for the week were detailed in an easy read format on a large notice board in the main entrance. We observed a baking activity with the coordinator, seven people and the chef. People made gingerbread dough and rice crispy buns. Everybody joined in and thoroughly enjoyed themselves. The chef served the finished products with afternoon tea. A regular visitor told us "There is always something different going on, there seems to be something for everyone." The service also had a hairdressing salon.

People were encouraged by staff to join in with residents meetings. We saw these were held every four months and 15 people attended the previous meeting in November. We looked at the minutes of the meeting and saw people and staff had discussed menus, activities and that information on staff changes had been shared. The meeting also discussed the possibility of a CQC inspection in 2015. We did not see details of when the agreed actions arising from the meetings had been implemented. However one person told us "The residents meetings are really good, the staff don't mind you doing anything."

We saw people had a copy of the service user guide. There was a questionnaire at the back that people could complete at any time to record their views. We also looked at a 'resident's questionnaire' that the registered providers head office sent out to people once a year.

The questionnaire included questions on staff, daily care, cleanliness, food and social activities. We saw that eight people had responded and comments from people included "Yes, I choose when I get up in the morning" and when asked if they were given as much freedom as they would like the person responded "I have not been in a position where this has been challenged."

People said they had no concerns about their care or support. They told us they would talk to staff or the registered manager if they had any worries. They commented, "We are encouraged to complain and raise our concerns and they [staff] do listen."

We looked at the complaints folder that also contained compliments. The folder was divided into months. We saw one complaint for the whole year [2015]. A relative had raised concerns regarding a person's dental health and not having their teeth cleaned morning and night. The registered provider had advised the relative what should happen and action that would be taken to make sure it did. There was an apology to the relative from the registered provider and a request for the relative to come back to them should the situation not improve. This showed that people's complaints were listened to and acted on.

Good

Is the service well-led?

Our findings

There was a registered manager in place. The registered manager was on duty and along with an area manager they supported us during the inspection. There was positive feedback from everyone we spoke with about the leadership and there was a high degree of confidence in how the service was run. There was a clear management structure in place and staff understood their roles and responsibilities.

Management knew about their registration requirements under their registration with the Care Quality Commission [CQC] and were able to discuss notifications they had submitted. The Health and Social Care Act 2008 (HSCA) requires providers to notify CQC of certain incidents and events. The provider was submitting notifications as required and this meant they were meeting the conditions of their registration.

We asked a member of staff if quality assurance helped to drive improvement and they told us "Definitely, the area manager does an audit every month and always asks for feedback." They continued "We always try and learn from mistakes by nipping them in the bud and putting them right."

All the staff we spoke with said they understood how and when to undertake whistleblowing. One staff member told us "I have never had to undertake whistleblowing but it's like a little family and I would not hesitate to raise a concern." They told us they felt comfortable to approach any one of the management team and felt that management would retain confidentiality and deal with the information in a professional manner.

Staff said that each manager was good at their job, exceptionally caring, very approachable and always put the needs of the people who used the service first.

We saw from care plans, and staff and people told us, that the registered provider worked effectively with external agencies and other health and social care professionals to provide consistent care to a high standard for people.

The culture of the service was inclusive and positive and staff told us they felt valued by the management team. One member of staff told us "It [the home] is homely with enthusiastic staff who try to go above and beyond for all our residents and families, I think it is an open and inviting place to work."

All staff undertook recognised qualifications in vocational training. The registered provider had a recognised registration in Investors in People Status. This demonstrated the provider's commitment to good business and excellence in people management.

Staff told us there was a 'Nominate your star of the month'. We saw an easy read card at the main entrance where people, friends, relatives and staff could nominate an employee who had 'gone that extra mile' each month. This was reviewed by management and a member of staff was rewarded with a gift voucher.

We saw minutes of staff meetings and records of regular staff supervisions with documented feedback to

employees indicating what they had done well and what needed improvement. We asked staff how they knew they had done a good job. One told us "We are made aware by the supervisor and it is then progressed at the next supervision." Another told us "If the person we care for is not happy they will tell us or someone else, they are the best people to tell us if we are doing a good job or not."

People who lived at the home were encouraged to have their say; we saw the minutes of 'service user' meetings and these showed people had the chance to discuss and shape the service they received. We saw a comments box where anybody could provide feedback and we saw that people and their families were involved in their initial assessment and the development of their care and support plans. This included Life Stories of people so that the registered provider knew more about them and could meet their social needs, as well as any support requirements they may have had.

We saw that audits were regularly carried out in all aspects of the service including areas such as the environment, health and safety, infection control, records, medication, and staff training. It was clear that timely action was taken to address any improvements required.