

Pleasantly Limited

# Roselands Residential 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 

### Overall summary

The inspection took place on 11 May 2015. Roselands Residential Home was last inspected on 16 May 2013 and no concerns were identified.

Roselands Residential Home is a care home for up to 35 older people that require support and personal care. At the time of the inspection there were 28 people living in the home. The home is owned by Pleasantly Limited and is located in Brede, East Sussex. Roselands Residential Home provides personal care and support to people increasing physical frailty.

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.

People spoke positively of the home and commented they felt safe. Our own observations and the records we looked at reflected the positive comments people made.

# Summary of findings

People were safe. Care plans and risk assessments included people's assessed level of care needs, action for staff to follow and an outcome to be achieved. People's medicines were stored safely and in line with legal regulations. People received their medicines on time and safely.

People were happy and relaxed with staff. They said they felt safe and there were sufficient staff to support them. One person told us, "I feel safe here. I was living on my own and I am glad I'm in here".

When staff were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure new staff were safe to work within the care sector. Staff were knowledgeable and trained in safeguarding and what action they should take if they suspected abuse was taking place.

Medicines were managed safely in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately, including the administration of controlled drugs and insulin.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found that the manager understood when an application should be made and how to submit one.

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in the person's best interests.

Accidents and incidents were recorded appropriately and steps taken by the home to minimise the risk of similar events happening in the future. Risks associated with the environment and equipment had been identified and managed. Emergency procedures were in place in the event of fire and people knew what to do, as did the staff.

Staff had received essential training and there were opportunities for additional training specific to the needs of the service, such as diabetes and administering

insulin. Staff had received both one to one and group supervision meetings with their manager, and formal personal development plans, such as annual appraisals were in place.

People were encouraged and supported to eat and drink well. One person said, "I like the food and I can choose what I want". There was a varied daily choice of meals and people were able to give feedback and have choice in what they ate and drank. People were advised on healthy eating and special dietary requirements were met. People's weight was monitored, with their permission. Health care was accessible for people and appointments were made for regular check-ups as needed.

People could choose how to spend their day and they took part in activities in the home and the community. People told us they enjoyed the activities, which included singing, films, and a visiting theatre. People were encouraged to stay in touch with their families and receive visitors.

People felt well looked after and supported, and were encouraged to be as independent as possible. We observed friendly and genuine relationships had developed between people and staff. One person told us, "They treat you well here, it's a home from home." A visitor told us, "Fantastic, we know mum is safe and happy."

People were encouraged to express their views and completed surveys, and feedback received showed people were satisfied overall, and felt staff were friendly and helpful. People also said they felt listened to and any concerns or issues they raised were addressed. One person said, "If there is anything wrong, they sort it out quickly".

Staff were asked for their opinions on the service and whether they were happy in their work. They felt supported within their roles, describing an 'open door' management approach, where management were always available to discuss suggestions and address problems or concerns.

The provider undertook quality assurance reviews to measure and monitor the standard of the service and drive improvement.

# 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?

Roselands Residential Home was safe.

Staff had received training on safeguarding adults and were confident they could recognise abuse and knew how to report it. Visitors were confident that their loved ones were safe and supported by the staff.

There were systems in place to make sure risks were assessed and measures put in place where possible to reduce or eliminate risks.

Comprehensive staff recruitment procedures were followed.

There were enough staff to meet people's individual needs. Staffing arrangements were flexible to provide additional cover when needed, for example during staff sickness or when people's needs increased.

Medicines were stored and administered safely.

Good



### Is the service effective?

Roselands Residential Home was effective.

Mental Capacity Act 2005 (MCA) assessments were completed routinely and in line with legal requirements.

People were given choice about what they wanted to eat and drink and were supported to stay healthy.

People had access to health care professionals for regular check-ups as needed.

Staff had undertaken essential training and had formal personal development plans, such as one to one supervision.

Good



### Is the service caring?

Roselands Residential Home was caring.

Staff communicated clearly with people in a caring and supportive manner. Staff knew people well and had good relationships with them. People were treated with respect and dignity.

Each person's care plan was individualised. They included information about what was important to the individual and their preferences for staff support.

Staff interacted positively with people. Staff had built a good rapport with people and they responded well to this.

Good



### Is the service responsive?

Roselands Residential Home was responsive.

People had access to the complaints procedure. They were able to tell us who they would talk to if they had any worries or concerns.

Good



# Summary of findings

People were involved in making decisions with support from their relatives or best interest meetings were organised for people who were not able to make informed choices.

People received care which was personalised to reflect their needs, wishes and aspirations. Care records showed that a detailed assessment had taken place and that people were involved in the initial drawing up of their care plan.

The opportunity for social activity and recreational outings was available should people wish to participate.

## Is the service well-led?

Roselands Residential Home was well-led.

The registered manager took an active role within the running of the home and had good knowledge of the staff and the people who lived there. There were clear lines of responsibility and accountability within the management structure.

Quality assurance audits were undertaken to ensure the home delivered a good level of care and identified shortfalls had been addressed.

There were systems in place to capture the views of people and staff and it was evident that care was based on people's individual needs and wishes.

Incidents and accidents were documented and analysed. There were systems in place to ensure the risk of reoccurrence was minimised.

Good



# Roselands Residential 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 11 May 2015. This visit was unannounced and the inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed all the information we held about the service. We considered information which had been shared with us by the Local Authority and looked at safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is

required to tell us about by law. We also contacted the Local Authority and Clinical Commissioning Group (CCG) to obtain their views about the care provided by the service. CCGs are clinically led groups that include all of the GP groups in their geographical area.

During the inspection, we spoke with 17 people who lived at the service, six relatives, the registered manager, seven care staff, and the kitchen assistant. We looked at all areas of the building, including people's bedrooms, the kitchen, bathrooms and the lounge and dining room.

We reviewed the records of the home, which included quality assurance audits, staff training schedules and policies and procedures. We looked at seven care plans and the risk assessments included within these, along with other relevant documentation to support our findings. We also 'pathway tracked' people living at Roselands Residential Home. This means we followed a person's life and the provision of care through the home and obtained their views. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

# Is the service safe?

## Our findings

People told us they felt safe and were confident the staff did everything possible to protect them from harm. They told us they could speak with the manager and staff if they were worried about anything and they were confident their concerns would be taken seriously and acted upon, with no recriminations. Relatives told us they had confidence their loved ones were safe. For example, one relative told us, "I would not have placed my mother anywhere else, I know my mother is safe and cared for here." People told us, "I definitely feel safe." "I feel safe with everything," and "I feel safe both with the building and the staff." Another person said, "Staff ensure the bell is nearby at all times, my eyesight is not good but staff are always available to help me."

Staff received training on safeguarding adults. All staff confirmed this and knew who to contact if they needed to report abuse. They gave us examples of poor or potentially abusive care they had seen and were able to talk about the steps they had taken to respond to it. Staff were confident any abuse or poor care practice would be quickly spotted and addressed immediately by any of the staff team. Policies and procedures on safeguarding were available in the office for staff to refer to if they needed.

People's risks were well managed. Care plans showed each person had been assessed before they moved into the home and any potential risks were identified. Assessments included the risk of falls, skin damage, challenging behaviour, nutritional risks including the risk of choking and moving and handling. The files also highlighted health risks such as diabetes. Where risks were identified there were measures in place to reduce the risks where possible. All risk assessments had been reviewed at least once a month or more often if changes were noted.

Information from the risk assessments were transferred to the main care plan summary. All relevant areas of the care plan had been updated when risks had changed. This meant staff were given clear and up-to-date information about how to reduce risks. For example, one person had lost weight and once identified, staff took action to ensure food was fortified and offered regularly. The latest review had recorded that the risk had reduced, and staff continued to make sure the person was offered snacks and foods fortified. This was monitored closely by the care staff.

There were enough staff on duty each day to cover care delivery, cooking, maintenance and management tasks. People told us there was always sufficient staff on duty to meet their needs. One person told us, "I have not ever had to wait for assistance, they come immediately." Another said, "Can't remember ever having to wait, they make sure I am totally safe before leaving me."

The rota showed where alternative cover arrangements had been made for staff absences. The manager told us staffing levels were regularly reviewed to ensure they were able to respond to any change of care needs. Staffing levels were sufficient to allow people to be assisted when they needed it. We saw staff giving people the time they needed throughout the day, for example when accompanying people to the toilet, and helping people to move to the dining area at meal times. Staff were relaxed and unrushed and allowed people to move at their own pace. We also saw staff checking people who were in their rooms regularly throughout the day. When people used their call bells we saw that staff responded immediately. Staff had identified that certain people were at risk when they got up by themselves to use the bathroom and had, with permission placed a sensor device, so staff were alerted and could discretely offer support. This had reduced the risk of falls without restricting their independence and freedom.

People told us their medicines were administered safely. Comments included "I don't have to worry about anything, I get my tablets at the right time and that is important, I used to forget to take my pills when I was at home, here staff religiously give them to me." Another said, "I can rely on the staff to give me my tablets on time and that is so important."

We looked at the management of medicines. Selected senior care staff were trained in the administration of medicines. A senior care staff member described how they completed the medication administration records (MAR). We saw these were accurate. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines as well as temperature checks and cleaning of the medicines fridge and storage room. This ensured the system for medication administration worked effectively and any issues could be identified and addressed.

We saw a senior care staff member administering medicines sensitively and appropriately. The care staff

## Is the service safe?

member administered the medicines and we saw they were checked and double checked at each step of the administration process. The staff also checked with each person that they wanted to receive the medicines and asked if they had any pain or discomfort. Nobody we spoke with expressed any concerns around their medicines.

Medicines were stored appropriately and securely and in line with legal requirements. People had a locked metal medicine cabinet in their room for their medication. Medicines were supplied by a local pharmacy in weekly blister packs. Staff recorded the temperatures of people's rooms daily to ensure that medications were stored at the correct level. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of appropriately.

Policies and procedures on all health and safety related topics were held in a file in the staff office and were easily accessible to all staff. Staff told us they knew where to find the policies. One staff member referred to the homes's mental capacity policy that was recently updated to reflect the changes to the Mental Health Act.

Records showed that all appropriate equipment had been regularly serviced, checked and maintained. Hoists, fire safety equipment, water safety, electricity and electrical equipment were included within a routine schedule of checks.

During our visit we looked around the home and found all areas were safe and well maintained. People told us that their room was kept clean and safe for them. One person said, "Someone comes and checks my room for any problems." There was a lift between the ground and first floor, which enabled people to access all areas of the home. The lift was clean and serviced regularly.

People were protected, as far as possible, by a safe recruitment system. Staff told us they had an interview before they started work. The provider obtained references and carried out disclosure and barring service (DBS) checks. We checked five staff records and saw that these were in place. Each file had a completed application form listing staffs previous work history and skills and qualifications.

# Is the service effective?

## Our findings

People we spoke with told us, “Excellent here, they worry I’m not eating, but I eat when I feel hungry, but it’s good they are keeping an eye on me,” and “We know that they are trained to look after us, I see the doctor when I need to, I have also seen an optician and dentist.” Without exception, people felt that the permanent care staff were skilled and experienced to care and support them. They had some reservations about agency staff, because they ‘don’t know my little ways.’ People felt very confident with the home’s staff.

People were supported to maintain good health and received on-going healthcare support. People commented they regularly saw the GP, chiropodist and optician and visiting relatives felt staff were effective in responding to people’s changing needs. One visiting relative told us, “Really pleased, the staff are good, they care and pick up if there is a problem. “Staff recognised that people’s health needs could change rapidly as they get frailer. One staff member told us, “We monitor for signs, changes in their mobility and eating habits which may indicate their health is **deteriorating.**”

Staff received training in looking after people, for example in safeguarding, food hygiene, fire evacuation, health and safety and infection control. Staff completed an induction when they started working at the service and ‘shadowed’ experienced members of staff until they were competent to work unsupervised. They received additional training specific to peoples’ needs, for example care of catheters, dementia care and end of life care. Additionally, there were opportunities for staff to complete further accredited training such as the Diploma in Health and Social Care. One member of staff said, “All the staff get training. I have completed an NVQ 2. We all complete mandatory training, but as it is on line it takes a bit longer.” We saw that staff applied their training whilst delivering care and support. We saw that people were moved safely, that they received assistance with eating and drinking, all undertaken in a respectful and professional manner. Staff also showed that they understood how to assist people who were becoming forgetful and demonstrating early signs of dementia. One staff member said, “It’s part of our job to make life good for

residents, we sometimes have to remind residents of the date and gently point out the time, , we are very mindful of how to approach people when they become anxious, patience and humour are vital.”

Staff received supervision regularly. Feedback from staff confirmed that formal systems of staff development, including an annual appraisal was in place. The manager said, “It’s important to develop all staff as it keeps them up to date and motivated.” Staff told us that they felt supported and enjoyed the training they received. Comments included, “really interesting and the manager is with us on the floor to make sure we do things correctly.”

The staff we spoke with understood the principles of the Mental Capacity Act (MCA) and gave us examples of how they would follow appropriate procedures in practice. There were also procedures in place to access professional assistance, should an assessment of capacity be required. Staff undertook a mental capacity assessment on people admitted to the home and this was then regularly reviewed. Staff were aware any decisions made for people who lacked capacity had to be in their best interests. We saw evidence in individual files that best interest meetings had been held. During the inspection we heard staff ask people for their consent and agreement to care. For example we heard the staff say, “Here are your tablets, are you ready to take them?” and “Can I help you to the bathroom.”

CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards DoLS). In March 2014 changes were made to DoLS and what may constitute a deprivation of liberty. During the inspection, we saw that the manager had sought appropriate advice in respect of these changes and how they may affect the service. No-one at present living at Roselands Residential Home required a DoLS.

People had an initial nutritional assessment completed on admission. Their dietary needs and preferences were recorded. People told us that their favourite foods were always available, “They know what I like and don’t like, always give me my preferred drink.” The kitchen assistant told us, “People have an assessment when they arrive. We can cater for vegan, diabetic and any other special diets. We also have people who need a pureed or soft diet. Staff are good about telling the cook who needs special diets.”

People’s weight was regularly monitored and documented in their care plan. Staff said some people didn’t wish to be

## Is the service effective?

weighed and this was respected, “We notice how their clothes fit, that indicates weight loss or weight gain sometimes.” The registered manager said, “The cook and staff talk daily about people’s requirements, and we contact the Speech and Language Therapists (SALT) and GP if we need them.” The staff we spoke with understood people’s dietary requirements and how to support them to stay healthy.

We observed the mid-day meal service. Most people ate in the dining room. Staff set the dining tables for lunch with glasses, condiments, and napkins. Fresh fruit was offered to people, but we were also told that, “My family bring in my own fruit so I can help myself.” People told us they looked forward to their meals. Comments included, “Really good food, they always give us what we enjoy, I like the

company.” A menu was displayed on the door of the dining room and most people we spoke with knew what choices were on offer. One person commented, “We can change our minds, they are very accommodating.” We saw that people had various meals on the day of our inspection which demonstrated that people received the food they wanted.

The food looked appetising and was well presented, and people were seen to enjoy their meals. Pureed food was presented in a colourful manner and separated so people get to eat individual flavours. The atmosphere was pleasant in the dining areas and staff recorded amounts eaten and ensured people ate a healthy diet. We were told snacks were available during the evening and night if someone felt hungry. Not everyone was aware of this, but as one person said, “If I was hungry I would ask anyway.”

# Is the service caring?

## Our findings

People were treated with kindness and compassion in their day-to-day care. People and their relatives stated they were satisfied with the care and support they received. One person said, “The care here is good, nothing fancy but very kind and caring. Nothing is too much trouble.” Another person said, “I walked in and said to my son, I’m home, it’s perfect for me.”

We saw that people’s individual preferences and differences were respected. We were able to look at all areas of the home, including people’s own bedrooms. We saw rooms held items of furniture and possessions that the person had before they entered the home and there were personal mementoes and photographs on display. People were supported to live their life in the way they wanted. We spoke to people that preferred to stay in their room. One person told us, “I am happy in my room, I have all my things around me, my photos and knitting. If I wanted to go down to sit in the lounge, I could but I don’t want to, staff respect that.” Another told us, “We get the choice, but it’s always our own decision, great respect is shown to us in all ways.”

We saw staff who strove to provide care and support in a happy and friendly environment. We heard staff patiently explaining options to people and taking time to answer their questions. We also heard laughter and good natured exchanges between staff and people throughout our inspection. One person said, “Most of the staff have a great sense of humour, and I think they are very caring.”

People were consulted with and encouraged to make decisions about their care. They told us they felt listened to. Most people wanted to be as independent as possible and felt that they had the opportunity for this. They reported that the manager would always listen to their point of view and explain if things could not be done. A relative told us, “They ask us for suggestions and keep us well informed, I feel we are all supported.” Another relative said, “My thoughts echo my relatives. We are always consulted and involved, nothing is changed without talking it through.” The registered manager told us, “We support people to do what they want, it’s their right.” We saw staff ask and involve people in their everyday choices, this included offering beverages, seating arrangements and meals.

Staff told us how they assisted people to remain independent, they said, “A resident wants to do things for themselves for as long as possible and our job is to ensure that happens. When someone can’t manage to dress themselves any more without support we encourage them to do as much as they can, even if it means taking a while.” We saw staff encourage people to walk and with eating and drinking.

People told us staff respected their privacy and treated them with dignity and respect. One member of staff told us how they were mindful of people’s privacy and dignity when supporting them with personal care. They described how they used a towel to assist with covering the person while providing personal care and when they had a bath. This showed staff understood how to respect people’s privacy and dignity. We saw staff ensure that people’s modesty was protected when assisting them in personal care.”

People received care in a kind and caring manner. Staff spent time with people who spent their time in their room. People told us that they were in a lovely home and felt staff understood their health restrictions and frailty.

People’s care plans contained personal information, which recorded details about them and their life. This information had been drawn together by the person, their family and staff. Staff told us they knew people well and had a good understanding of their preferences and personal histories. The registered manager told us, “People’s likes and dislikes are recorded, we get to know people well because we spend time with them.” All the people we spoke with confirmed that they had been involved with developing their or their relative’s care plans.

Care records were stored securely in a lockable cupboard. Confidential Information was kept secure and there were policies and procedures to protect people’s confidentiality. Staff had a good understanding of privacy and confidentiality and had received training pertaining to this.

Visitors were welcomed throughout our visit. Relatives told us they could visit at any time and they were always made to feel welcome. The registered manager told us, “There are no restrictions on visitors”. A visitor said, “I visit daily and stay as long as I want, I am always made welcome and feel comfortable visiting.”

# Is the service responsive?

## Our findings

People told us that the service responded to their needs and concerns. Comments included, “I only have to mention a problem and it’s dealt with,” and “We can talk to staff at any time, about anything.”

We were told that activities, exercise classes and visiting entertainers were arranged and people could choose what they did every day. Staff told us, “We don’t do a formal activity plan as everyone has different hobbies and interests, and people shouldn’t feel as if they must do something.” One person told us, “I spend time doing what I enjoy, we have activities if we want and I go out for walks in the grounds.”

The home supported people to maintain their hobbies and interests. One person said, “I like to be left to my own devices and this is respected. I go down to watch television, I have made friends here, I don’t feel bored”. We also saw that consideration was given to people’s music and television preferences. People were asked what they wanted to watch and as a group came to the most popular choice. The home provided people with a choice of daily newspapers that certain people valued. People were seen to request to return to their room at a time that was decided by them. One person said, “I get weary in the afternoon and like to have a nap on my bed.” Group activities were not planned as the people currently living in Roselands Residential Home expressed their preference to follow their own plans for their day. Others in the lounge told us, “I am capable of choosing my own entertainment thank you,” whilst another said, “I have my newspaper and I have regular visitors, I enjoy it when we have an entertainer, but don’t feel the need to be constantly entertained.” Five people we spoke with enjoyed staying in their room, either reading or watching their television. Special events were planned and people enjoyed attending them, such as visiting entertainers.

The home encouraged people to maintain relationships with their friends and families. A relative told us, “We visit all the time, and that is so important to us.” One person said, “I look forward to my family coming to see me. It brightens my day and is important to me.” We saw that visitors were welcomed throughout our inspection.

Records showed comments, compliments and complaints were monitored and acted upon. Complaints had been handled and responded to appropriately and any changes and learning were recorded. The procedure for raising and investigating complaints was available for people. One person told us, “If I was unhappy I would talk to the management, they are all wonderful”. One senior nurse said, “People are given information about how to complain. It’s important that you reassure people, so that they comfortable about saying things. We have an open door policy as well which means relatives and visitors can just pop in.”

A ‘service user / relatives’ satisfaction survey’, had been completed in the Autumn of 2014. Results of people’s feedback was used to make changes and improve the service, for example menu and choices of food. Resident meetings were not held formally as people were encouraged to share feedback on a daily basis and visitors and people confirmed this.

People received care which was personalised to reflect their needs, wishes and aspirations. Care records showed that a detailed assessment had taken place and that people were involved in the initial drawing up of their care plan. They provided detailed information for staff on how to deliver peoples’ care. For example, information was found in care plans about personal care and physical well-being, communication, mobility and dexterity. Work was being undertaken to improve peoples care documentation as some were very basic in detail This was on-going as more staff received training in care planning and gaining experience.

Care plans were reviewed monthly or when people’s needs had changed. In order to ensure that people’s care plans always remained current, the senior staff checked them regularly alongside daily notes and handover records. Daily records provided detailed information for each person, staff could see at a glance, for example how people were feeling and what they had eaten. People and their families told us they were regularly involved in the care delivery reviews and in any changes made to their medicines or health.

# Is the service well-led?

## Our findings

There was a registered manager in post. Everyone knew the registered manager and referred to her when describing their experiences of life at Roselands Residential Home. One person said “The manager always pops in to see me, very knowledgeable and honest, is always here.” A relative said, “The manager is very professional, runs the home well.”

The registered manager took an active role with the running of the home and had good knowledge of the staff and the people who lived there. There were clear lines of responsibility and accountability within the management structure. The service had notified us of all significant events which had occurred in line with their legal obligations.

People, friends, family and staff we talked with described the management of the home to be approachable, open and supportive. People told us; “Always available and very approachable,” and “So understanding and ever such a lot of help.” A relative said; “The management have time for you, they will stop and talk and most importantly listen.” A staff member commented; “The manager is very hands on and supportive, she works with us, which is good.”

The registered manager told us one of their core values was to have an open and transparent service. The provider sought feedback from people and those who mattered to them in order to enhance their service. Friends and relatives were encouraged to be involved and raise ideas that could be implemented into practice. For example, relatives had been involved in the development of activities and menus. People and relatives told us they felt their views were respected and had noted positive changes based on their suggestions. One person told us, “There are opportunities to make suggestions. But I’m quite happy so I leave things alone.”

Staff meetings were held regularly to provide a forum for open communication. Staff told us they were encouraged

and supported to bring up new ideas and suggestions. If suggestions made could not be implemented, staff confirmed constructive feedback was provided. For example, one staff member told us they had brought up an issue. They said; “I felt listened to, although the process could not be changed, and I now I have a better understanding behind the reason we need to do certain things.”

Information following investigations into accidents and incidents were used to aid learning and drive quality across the service. Daily handovers, supervisions and meetings were used to reflect on standard practice and challenge current procedures. For example, the care plan system and infection control measures were being improved following review.

The manager worked with staff to provide a good service. We were told, “She leads by example and works alongside us.” Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a good standard of care. Comments included; “Love it here, everybody gets on and we work as a team,” and “I was made welcome when I first came here to work, it’s a lovely home and we can do our job well because of that.”

Staff told us the people were important and they took their responsibility of caring very seriously. They had developed a culture within the service of a desire for all staff at all levels to continually improve. For example they were offered staff training opportunities in areas such as medicine training and diploma in health and social care.

There was a quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures. Areas of concern had been identified and changes made so that quality of care was not compromised. Where recommendations to improve practice had been suggested, they had been actioned. Such as laundry service and menu choices.