North Tyneside Metropolitan Borough Council

The Cedars

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection was unannounced and took place on 9 February 2016. When we last visited the service in 2014 we found the service was meeting the regulations that we inspected.

The Cedars is a 30 bedded short term rehabilitation service. A range of services is offered, including support after surgery for fractures and support to increase independence and confidence in daily living skills. The aim is to help people with a safe return to their home. There were 29 people receiving rehabilitation and support at the service on the day of the inspection.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

Although the service was clean and tidy, overall, we found the premises generally in need of an update. The décor was dated and there was limited specialist signage in place to support people who may have had issues with their memory or those who may be living with dementia.

People told us they felt safe and well cared for and staff were able to demonstrate they had sufficient knowledge and skills to carry out their roles effectively and to ensure people who used the service were safe.

Accidents and incidents were recorded and monitored and risks had been assessed. Actions had been completed to reduce the likelihood of risks occurring.

People were cared for by staff that demonstrated knowledge of the different types of potential abuse to people and how to respond to actual or suspected abuse.

Medicines were safely managed and people received them as they were required. Temperature checks were required to ensure that medicines were suitably stored.

People told us their needs were met promptly and staff confirmed sufficient staff numbers enabled them to meet people's needs and perform their roles effectively.

Care Quality Commission (CQC) is required by law to monitor the operations of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. MCA is a law that protects and supports people who do not have the ability to make their own decisions and to ensure decisions are made in their 'best interests'. It also ensures unlawful restrictions are not placed on people in care homes and hospitals. We found the provider was complying with their legal requirements.

People were positive was about the food they received. People accessed other healthcare professionals such as GP's, occupational therapists and physiotherapists to aid their rehabilitation.

People using the service were positive in their feedback about the service. People were involved in making decisions about their care and treatment and said their privacy and dignity was maintained. We made observations which supported this.

People received care which met their individual needs. They were encouraged to express their views and give feedback about their time at the service. People said staff listened to them and they felt confident they could raise any issues should the need arise.

Staff spoke highly of the management team and felt supported. Staff and external health professionals told us the culture of the service was positive and spoke well of the teamwork within the service. The quality of service provision and care was continually monitored and actions taken where required.

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 received care from staff who they felt safe with.

Staff supported people to manage any risks identified to help them become more independent.

Overall medicines were managed well, although room temperatures needed to be monitored.

Is the service effective?

Requires Improvement

The service was not always effective.

The service was clean and tidy but dated and was in need of some improvements.

People were supported by staff who received training and on-going support.

People's nutritional needs were met and they were supported when required.

Staff were following the principles of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

People said they liked the care staff whom supported them.

People received care which met their needs. Staff provided care that took account of people's individual needs and respected and maintained their dignity.

Is the service responsive?

Good

The service was responsive.

People received care which met their needs and it was delivered

when they needed it.

People had choices in what they wanted to do and knew how to complain if they needed.

Is the service well-led?

Good

The service was well-led.

People were cared for by staff who felt supported by the management team.

Staff told us that they enjoyed working at the service and morale was good.

The management team and provider had systems in place to check and improve the quality of the service provided and take actions where required.

The Cedars

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 the 9 February 2016 and was unannounced. The inspection team consisted of one adult social care inspector, one bank inspector, a specialist advisor and an expert by experience. The specialist advisor had experience of this type of service and had a nursing background. 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 the inspection, 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.

We reviewed other information we held about the home, including the notifications we had received from the provider about serious injuries or other incidents. We contacted the local authority commissioners for the service and the safeguarding team, the local Healthwatch and the clinical commissioning group (CCG). Healthwatch is an independent consumer champion which gathers and represents the views of the public about health and social care services. We also contacted the local fire and rescue service. We used their comments to support our planning of the inspection.

During this inspection we carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

The service was made up of a multi-disciplinary team whom supported people. It included consultants, physiotherapists, GP's, occupational therapists, nurses and carer staff. During the inspection we spoke with 14 people who were receiving rehabilitation and with eight relatives. We also spoke with 11 members of care staff (including nurses and support coordinators), the service administrator, two members of domestic staff,

two kitchen staff, the registered manager, two assistant managers and the lead speciality doctor for orthogeriatric medicine at the service.

We observed how staff interacted with people and looked at a range of records which included the care and medicine records for five of the 29 people who used the service, five staff personnel files, health and safety information and other documents related to the management of the home.

Good

Is the service safe?

Our findings

People were positive about staff and the support they received. Comments from people included; "Staff are very good and look after me"; "It's all very good here, there seems to be enough staff and I feel very safe here"; "It couldn't be any better" and "My daughter wants me to be safe and she thinks I am safe here - I can highly recommend this place, I have no worries at all."

A relative told us, "They (care staff) have kept [relative's name] safe….. they have kept them from falling which is a miracle."

People were cared for by staff that recognised the types of abuse people could be at risk from. Staff told us they had received training in safeguarding people from abuse and were able to identify different types of abuse when we asked them. One member of care staff told us, "The safeguarding training is good. It empowers us to raise issues at any time." Staff confirmed they would take action and inform the registered manager or other member of senior management if they suspected someone was being abused. One staff member said they had previously contacted a manager and an out of hours safeguarding officer with a concern and had received a quick response. We looked at documentation relating to a safeguarding investigation at the service into inappropriate behaviour by one of the people receiving care. We found staff had responded quickly and involved the local authority safeguarding team, along with social workers and GP's. The concerns had been dealt with appropriately and people, staff and other visitors were kept safe.

All of the staff we spoke with were able to tell us about the whistleblowing procedures and how they would use it if needed.

We saw assessments were in place to identify risks and how these should be managed. For example, there were assessments of each bedroom in place when people first moved in. These assessments covered, for example; risk of slips, trips and falls; was the bed in the correct position to support the person's needs; could the person safely reach the call system; had the person been issued with a call pendant and did they require a bed sensor. We noted that assessments had been reviewed regularly and any changes identified had been addressed.

Accidents and incidents were fully recorded, actioned and monitored for any trends forming. These incidents were discussed in staff handovers and other staff meetings for any lessons learnt.

We noted that a number of checks had been carried out to ensure that the premises were safe. This included lift, electrical and water temperature tests. Fire safety checks had also been undertaken, including fire extinguishers, fire alarm call points, emergency lights and automatic fire detectors. Each bedroom had clear fire guidelines displayed with instructions to follow in an emergency. This information also included a fire escape map. Evacuation instructions were displayed prominently elsewhere too, to help keep visitors safe in the event of an emergency.

We contacted the local fire and rescue service and they confirmed that a check had taken place on the

building in 2015 with only minor issues which had been resolved and that a further check was due to take place in the near future. Personal emergency evacuation plans (PEEPs) had been completed by staff for people living at the service. These detailed how the emergency services/staff would need to support people to evacuate the building should the need arise. We found that the level of information in these was not always consistent. For example, one person's PEEPs had written "? – cognitive – memory issues" next to the question asking to identify potential barriers to being able to evacuate the building. We spoke to senior management about this and they said they would ensure that they were updated.

The service had a business continuity (emergency) response plan and a flood emergency plan. These were available and up to date and detailed what staff should do in any emergency event. For example, if the service had a power cut.

People were supported with their medicines. One person told us, "They [staff] always arrive at the right times for my tablets." We observed a medicines round with staff. The members of staff administering medicines introduced themselves to each person and asked if they were, "Okay to take their medicine." We also observed the staff members asking people if they were in pain or required additional pain relief and reminding people they could always ask later if required. We noted that two people had a drug allergy recorded in their care records. The care records gave a description of symptoms relating to contact with the allergen and this information was correctly recorded on their medicine charts to remind care staff.

The registered manager told us about one medicine concern which had recently been identified. The registered manager was able to tell us how they had investigated and we saw control measures had been put in place to address the issue and minimise the risk of further occurrences.

We saw there were appropriate facilities for the storage of medicines including examples of safe storage of controlled drugs and how they stored medicines that required refrigeration. However, we found that no records were kept of the temperature of rooms in which medicines were stored and staff were unable to confirm if suitable temperatures were maintained. We spoke with the registered manager and staff about this. They told us it would be remedied straight away. Medicines were reviewed each day by a member of staff, to ensure people received the correct amount. Any issues highlighted were addressed by the staff member in charge or the registered manager.

People told us care staff were available when they needed them. We observed staff were not rushed when they were attending to people's needs. One relative said, "I have no concerns with staff levels." Staff we spoke with told us they felt there was enough staff. People's needs were reviewed when they entered the service to ensure there were sufficient numbers of staff to support them. Staffing numbers were assessed based on people's need and were increased when required. For example, when people are unable to swallow or eat enough and required additional support, staffing numbers were increased to reflect this. One member of care staff told us, "Managers seem pretty good at identifying when we might be short-staffed in advance and they get extra people in or help out themselves."

There were systems in place to ensure new staff were suitable to care for and support vulnerable adults. We viewed the recruitment records of five staff, including those recently employed. We found the provider had requested and received references, including one from their most recent employment. We saw application forms and notes from the interview process. A disclosure and barring service (DBS) check had been carried out before confirming any staff appointments. All nurses and midwives who practise in the UK must be on the Nursing and Midwifery Council (NMC) register and are given a unique identifying number called a PIN. The provider was able to confirm that nurse PIN numbers were checked and kept up to date as part of the recruitment checking process.

People told us they felt supported, one person told us, "Staff are caring and supportive." Staff we spoke with were clear about the help and assistance each person needed to support their safety. We saw staff giving encouragement to and supporting people with their specialist walking aids. We saw people encouraged to walk from their rooms to the communal lounge. Staff ensured they observed people as they walked and stayed within reach of the person should they need assistance. A staff member confirmed to us how they supported a person with a visual impairment to ensure they were assisted to move confidently around the unit and remain safe.

Call bells were available to each person and we observed that they were in place around people's necks or situated where they could use them if needed. One person told us, "I have had to ring the bell a couple of times and they [staff] always come quickly." Another person said, "I never have to wait long if I buzz for help, they normally answer me straight away."

During the day we noted that some of the rooms that had a sign indicating that they should always be locked, were open. For example, the sluice room and the cleaning stores. We brought this to the attention of the registered manager who said that the rooms should always be locked when not in use and would look into this.

Requires Improvement

Is the service effective?

Our findings

People told us they felt supported by staff who were well trained. One person told us, "I think the staff are well trained, they chat while they are in and out, always happy and pleasant." Another person said, "The staff are great - all nice and friendly I can't grumble at all." One relative we spoke with was very positive about the staff and how they supported their family member's needs, they told us "Care staff are knowledgeable as well as caring." One person said, "I have nothing but the highest praise for the staff."

The premises had been adapted in particular areas. For example, to allow people who required the need to use mobility equipment to move around the building. We noted that individual bedrooms did not have ensuite facilities due to the layout and size of the building, although they did have individual wash basins and suitable bathroom facilities close by. One relative told us, "It would be nice for them to have their own toilet, but I understand that the building is old and a lot of money would need to be spent to change things around."

Overall, we found the premises in need of an update. Although the building was bright and kept clean, the décor was dated and there was no updated signage in place to support people who may have had issues with their memory or those who may be living with dementia to support their orientation around the unfamiliar building.

We were informed by staff that the service kept a stock of equipment to aid people's care. During our observations of the service we were shown a store of equipment including chair raisers and we also saw these in use by people. We noted that people had the use of profiling beds or other specialist mattresses. A profiling bed has a range of features which incorporate the latest technology to enable easy handling for care staff and increased comfort for the person using it. This meant that the provider had suitable equipment in place for people to use to effectively support their recovery.

Staff provided effective care and support to people. For example, one person explained that they had been receiving support from physiotherapists. They said, "The physio is aiming to get me to walk up nine stairs twice, and I achieved this today." Another person told us, "I am managing much better since I came here. They [staff] are encouraging me to do things myself."

People and their families spoke positively about the staff who supported them. One relative said, "I am very happy with [person's name] care here, I have no concerns. Their condition has greatly improved since arriving here so I am happy." Another relative said "Care staff give high quality care."

Staff had received a range of suitable and appropriate training. Training included, first aid, moving and handling, health and safety and fire safety. We observed staff supported people to improve their mobility and independence for example we heard a staff member tell a person, "You've had a lot of motivation and determination today and you've achieved lots. Well done." Staff were also supported by specialist staff, such as Physiotherapists, to keep their training up to date. Another member of care staff told us (about dementia training they had received), "The dementia training was difficult and complex but I came back to work and

saw how important it had been – I think we really know how to look after people who have signs of dementia now."

We found staff were fully aware of how to barrier nurse people. Barrier nursing is a set of stringent infection control techniques used in nursing. One staff member was able to tell us about the correct procedures they followed and measures they had taken. For example, use of gloves and aprons and disposal of equipment. This meant that there was less risk of infection to be transferred between staff and other people who lived at the service.

Staff told us they were supported by the management team and that they received regular supervisions. The supervisions gave them opportunity to discuss issues and also discuss any further training needs. Staff also completed an appraisal with their manager, which assessed their performance and set objectives to be achieved each year.

We saw staff asking for peoples consent before providing support. We saw one person refused support and the staff member respected this and said they would come back later to check again. One staff member told us where people are unable to give verbal consent they look for facial expressions and hand gestures to gain consent and enable people to communicate choices. There was evidence in care records of people's consent to participate in the rehabilitation process which confirmed what staff had told us.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager told us people's mental capacity was assessed on admission and where required best interests decisions were made involving the family, GP or nurse. We found that mental capacity assessments had also been requested when a person's actions were potentially compromising their safety and the safety of others.

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 procedure for this in care homes and hospitals are called the Deprivation of Livery Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Records confirmed that the provider had met their responsibilities.

One person told us they had put weight on since they had been living at the service. Another person said, "I better get home quick. I enjoy the meals too much and have put on weight!" People told us they enjoyed their meals and were supported to have drinks and snacks throughout the day. One person told us there was always a variety of meals to choose from and in the evening and throughout the day, staff provided cake and biscuits for snacks. Other comments included; "I am getting three meals a day here, and it's better than hospital food"; "I can sit at the table with others here, I couldn't do this in hospital. It feels much better" and "The food is great, I don't want to go home there is so much choice." We observed the lunch time experience and found that the atmosphere was sociable and relaxed with people not being rushed to finish and receiving help where it was needed.

People's nutritional needs had been assessed by the dietician and other referrals were made where more specialist support was required, for example to a speech and language therapist. Staff knew which people required additional support. For example, staff told us which people required thickened drinks as part of their diet. One person told us they needed extra fluids and that staff supported them with this and we saw

the person being offered a choice of drinks periodically throughout the day. There was a well-stocked fridge and pantry available for staff to use when the kitchen was closed. This was used to provide people with snacks whenever they wanted and meant people who were admitted out of hours had access to hot food, including vegetarian options.

People had access to other healthcare professionals such as occupational therapists and physiotherapists in order to achieve the goals identified on admission to the service. The service had a contract with a local GP to visit the service every Monday and Friday to assist people with any healthcare needs they may have developed or needed support with. One person told us, "I have no issues with receiving help when I need it. The GP visited last week." One relative told us, "I spoke with the staff about a concern I had and the very same day a GP visited – very good." The service held multi-disciplinary team meetings (MDT) with a variety of healthcare professionals. We noted that generally all records made reference to the result of these meetings and reflected the actions required.

Good

Is the service caring?

Our findings

People spoke highly of the care staff. We received positive comments about the caring attitude of staff from people and relatives. One person told us, "Staff here are first class" and that "staff always have time." Another person told us, "The staff remembered me from the last time I was here, they are very caring and they understand my needs." A third person told us, "They [staff] have a lovely friendly attitude; I have formed a trust with them."

Staff were observed to be wearing ID badges it was evident that staff knew people by their name. People engaged positively with staff. Staff communicated with people in a friendly manner and we heard staff chatting with people as they walked around the home, offering people support and reassurance where necessary.

Staff understood that an important part of their role in their job was to encourage independence to ensure that people developed the necessary confidence and ability to return to their own homes. One person told us, "The staff have cared for me well here and they have been very helpful getting me ready to go home." We also saw other positive examples throughout the day. When one person became anxious a member of staff was able to offer reassurance by sitting and chatting with the person and holding their hand until they settled. The member of staff spoke clearly and positively to the person and encouraged them in ways to manage their anxiety themselves.

Compliment cards sent to the service were displayed. They had been sent from people who had previously used the service during their rehabilitation and also from their relatives. All of the cards provided very positive feedback about the service and the staff. For example, one person wrote, "The care, support, encouragement and nursing he has received…can only be described as fantastic." Another person had written, "Thank you so much to you all for the kindness and care provided during my recent stay at the Cedars. I feel that I have made fantastic progress and a very short space of time."

One person had recently arrived from hospital. They told us, "I have spoken to the carer about what is happening. I feel very comfortable about it." People told us they were involved in decisions throughout their care and treatment. One relative said "[My relative] was at the centre of the review. They [the staff] couldn't have handled it better. We were all given the opportunity to have input." Records showed that people had received information relating to meal times, special diets, use of the care call system and the location of communal areas and toilet facilities. A discharge planning meeting was also undertaken with people to ensure that the correct levels of support were in place when the person returned to their home or other relevant service if they could no longer manage at their own home.

People's friends and relatives visited throughout the day. Relatives we spoke with said they felt welcomed at all times and "could visit freely" another relative said "It's a lovely relaxed atmosphere." We saw relatives making their own hot drinks in the units and speaking positively with staff.

We also observed staff asking people in one lounge if they were warm enough, the staff member asked if

people had felt 'chilly', they then asked people individually if they would like a cardigan or jacket. The staff member then talked to the three people in the lounge about the weather and forecast for the week.

People said they felt respected by the staff at the service and that staff treated them with dignity. We observed staff asking if people wanted their bedroom doors open or closed and offering additional seating to visitors so they could visit their relative in the privacy of their own room. Records showed that people had the choice of male or female care staff. One person had asked if a particular member of care staff could shower them. They told us, "I asked for a male carer only, and they sent a gentleman to help me shower, he was very respectful towards me. I was very happy with his assistance." Another person confirmed that they were treated with dignity when staff provided them with personal care. They told us, "They [staff] are definitely very respectful towards me at all times."

We saw staff were respectful when they talked with people or to other members of staff about people's care needs. For example, we saw that when staff spoke with each other regarding care for an individual, they stepped out of communal areas and appeared to be aware of the need for confidentially.

Good

Is the service responsive?

Our findings

People and their relatives said the staff met people's needs and responded well. One person told us, "It doesn't matter what you request, they [staff] help you."

People were supported by staff that understood their individual needs. Within people's care records we saw individualised assessments of people's needs. These included assessments of pressure areas, nutritional needs and assessment of falls, mobility and functional transfer. One member of staff told us these assessments helped to develop care plans for people to ensure they received the care appropriate to their individual requirements. The care plans provided guidance for staff to support the person with all aspects of their daily living needs. For example a member of staff told us that when they noted that one person used a particular walking aid, this was checked with the occupational therapist, an assessment made and this was agreed with the person and then recorded in their care plan.

On admission a specific night care plan was formulated. We saw a file where night care plans were located for access by night staff. There was evidence that night checks had been completed for people. This included consideration of toilet needs, nutrition/hydration needs and comfort/pain needs. We noted comments recorded included 'extra pillow offered' and 'assistance with toilet' given. We also noted that people who did not wish to be disturbed during the night had made their wishes known to staff and this was respected.

Staff described how they got to know people. Staff told us that due to the nature of the service, many people they cared for would leave within a few weeks of arrival and said that due to this they had to learn people's preferences quickly. They told us that at the initial meeting, they would learn about and record people's preferences for drinks, daily routines and meal preferences. People's care records were updated with this information. People we spoke with felt that the staff knew them and we saw that when one person showed signs of pain, staff recognised this and responded by offering assistance. Staff told us working on smaller units enabled them to get to know people better and also get to know their families better.

We visited the kitchen area and spoke with kitchen staff during the visit. They explained how they had to cater for specialist needs with quite short notice on occasions. To help them manage this, they held a stock of different foods which would enable them to cater for different needs such as gluten free or diabetic diets. Kitchen staff had details of people's individual needs and personal requirements and preferences. They worked closely with healthcare professionals, for example with the speech and language team, to ensure that appropriate meals were offered to people.

The service provided specific social activities for people during their rehabilitation for example, movement to music. There was also an on-site gym to facilitate further opportunities for rehabilitation. There were communal lounges and communal kitchens where people could spend time together. The registered manager said that people's choices were respected about how they wished to spend their day. This was confirmed when we spoke to different people. One person told us that they preferred to stay in their bedroom for meals while another said they liked to go to the dining room for meals to meet other people.

Another person told us, "I like to sit quietly in my room, don't like mixing with other people."

One person who had recently arrived at the service told us, "I have been well looked after, I had a good sleep last night and I have no complaints." Another person told us, "I would be happy to make a complaint should the need arise, I am sure it would be sorted for me." People said they felt able to complain or raise issues should the a situation arise, however people we spoke with told us they had no complaints and had not had to raise any issues since arriving at the service. There was a complaints procedure and we saw historic complaints had been dealt with effectively, although there had been no recent complaints at the service.

Good

Is the service well-led?

Our findings

A registered manager was in post. The registered manager was present during our inspection and assisted us with our enquiries. The registered manager had worked at the service for a number of years and had worked for the local authority for many more. People told us that they felt the service was well led. Comments included; "Staff have done wonders to help me improve. They seem to be run by a tight ship" "Staff are very happy and approachable"; "Staff are very happy, they are normally the same over their shift rota. They seem to be well organised" and "The staff seem very happy in their work." One relative said, "From the bosses to the cleaners...they were all good." A member of care staff said, "The staff team is stable, people tend to stay here a long time because they like it. We're reliable, we support each other and we have great relationships with managers."

The provider had a clear management structure and the registered manager had access to information and support which helped them to run the service appropriately. The registered manager told us they benefited from joint learning across all of the professionals involved with the service. The registered manager spoke positively about their staffing team and felt the team all worked well together. We saw that regular staff meetings were held to support the team and enhance shared learning.

Some staff had been identified as 'champions' for health and safety, dignity, assistive technology, activity and fundraising, quality assurance and medical devices. We were able to speak to two care staff who had been identified as champions. They were both able to describe their role and what it meant to the service, other staff and people. One staff member was able to tell us the regular checks they performed and how they were a point of contact and also how they liaised with management. This meant that the provider had additional procedures in place to improve on the service delivered to its 'customers'.

Most people knew who the registered manager was, although two people we spoke with said that they had not met them. We asked staff about this and they told us that some people had recently moved into the service and this was normally the reason. We saw the registered manager talked to people, which showed they were familiar with the people in their care. The registered manager had a clear understanding of the people they were supporting. In one instance the registered manager talked to one person about an external service they were organising to assess if it was suitable for the person who was due to be discharged in the coming few days.

A protocol was on display which detailed on call management arrangements including weekend and out of hours procedures for staffing problems (including agency staff) or any other concerns.

Accidents and incidents were documented, reported and analysed. Feedback was obtained from all people in the form of surveys and complaints were recorded. The quality survey included comments such as; "Mum very happy with all the meals" and "Would be lovely to have outside seating area in warmer weather." We were able to confirm that seating area was available and in the process of being painted.

We saw that learning had taken place when an area for improvement had been found with regard to any

incidents or issues that had arisen. For example, during one fire drill in May 2015, the senior member of staff on duty had found not all staff in the building had signed in to the logbook. This meant the number of people in the building had not been accurately recorded. We saw senior staff had implemented new signing-in rules for staff, who were also reminded of the importance of signing in by a large sign in the entrance of the home. This policy also applied to visitors. The service manager completed a monthly audit, which included the documentation of fire drills.

We spoke with the registered manager and they had demonstrated a good knowledge of all aspects of the service and their staff team. The service had a programme of audits to monitor the quality of the care in the unit from both the registered manager and the provider. Checks and audits were scheduled over twelve months and included health and safety and clinical governance. We saw that actions, where identified, were acted upon and followed through to completion.

Recording of shower and bathroom cleaning was inconsistent. For example, in one ground floor bathroom staff had not recorded daily cleaning for the previous four days and in two first floor bathrooms, daily recording sheets had not been completed during the previous six days. Although these areas looked clean and tidy, we could not verify if daily cleaning had taken place to ensure bathrooms were free from the risks associated with poor infection control and cleaning. Senior staff spoken with confirmed that this would be addressed as they confirmed cleaning work had been completed.

The registered manager supported an open and supportive culture within the service and had held conversations with staff to ensure shared learning. For example, we saw records of minutes which recorded discussions had taken place after incidents had occurred to explore any possible learning and improve on procedures. When we arrived at the service the registered manager was present at the shift handover and ensured that relevant information was passed over between teams in connection with the care of people living at the service.

All staff and visiting healthcare professionals we spoke with said they felt it provided a good service to people and cited good communication as being one if its strength and the reason why they felt the service worked so well. One visiting professional spoke positively about the culture of the service which they said was, "Open and honest."

We noted the provider offered an opportunity to staff that had either a learning difficulty or a disability to work in this type of environment. The registered manager explained how they were able to provide work and ensure staff were well supported through supervision and regular monitoring. We spoke with two staff who appeared happy and content in their work and said they liked working at the service.

The registered manager and the provider had ensured that statutory notifications had been sent and that the requirements of their registration had been met.