

Priory Rehabilitation Services Limited

Priory Egerton Road

Inspection report

18 Egerton Road,
Bexhill On Sea,
TN39 3HH
Tel: 01424 223757
Website: www.priorygroup.com

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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

Priory Egerton Road is registered to provide accommodation for up to 11 adults living with an acquired brain injury and provides a rehabilitation service to those living there. The service caters for people with low physical dependency and who need minimal support and supervision to live safely in the community. Priory Egerton Road is located in a residential area within walking distance of Bexhill town centre.

Priory Egerton Road is owned by the Priory Rehabilitation Services Limited.

At the time of this inspection 11 people were living at the service.

This inspection took place on the 3 and 7 December 2015 and was unannounced.

The service had 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.

People told us they felt they were safe and well cared and had their choices respected. Comments included, "Very safe" and "In a good place, because I feel safe and happy."

Summary of findings

Staff treated people with kindness and compassion and supported them to maintain their independence. They showed respect and maintained people's dignity. People had access to health care professionals when needed. Feedback received from people their relatives and visiting health professionals through the inspection process was positive about the care, the approach of the staff and atmosphere in the home. One health professional said, "Very knowledgeable and supportive staff."

Staff enjoyed working in the service and were provided with a training programme which supported them to meet the needs of people. Staff felt well supported and able to raise any issue with the registered manager. People were complementary about the food and the choices available. They also told us "I cook and everyone likes it."

People were given information on how to make a complaint and said they were comfortable to raise a concern or complaint if need be.

There was an open culture at the home and this was promoted by the staff and management arrangements. People were encouraged to share their views through 'residents meetings' and satisfaction surveys.

Robust systems were in place to analyse, monitor or review the quality of the service provided. Formal feedback was obtained from people and their relatives. The provider was not completing formal audits and there were no mechanisms to assess the standards of care. Staffing levels were sufficient, and additional staff were used when required to accompany staff to appointments or social events. In addition to support staff there was an occupational therapist, psychologist, and assistant psychologist that worked as part of the team.

Safe recruitment procedures were followed and appropriate pre-employment checks had been made including evidence of identity and satisfactory written references. Appropriate checks were also undertaken to ensure new staff were safe to work within the care sector.

People received care and support from dedicated staff who were appropriately trained, confident and highly motivated to meet their individual needs. They were able to access health, social and medical care, as required.

With compassion and pride, the management team and staff spoke about people, their likes, dislikes, personality and life history. It was clear staff had spent time getting to know people and delivering care in line with people's needs. People looked at ease in the company of staff. Staff spent time chatting with people and laughter was heard throughout the inspection.

People's needs were assessed and their care plans provided staff with clear guidance about how they wanted their individual needs met. Care plans were extremely person centred and contained appropriate risk assessments. They were regularly reviewed and amended as necessary to ensure they reflected people's changing support needs.

There were systems in place to protect people from abuse and harm. Staff had a clear knowledge of how to protect people and understood their responsibilities for reporting any incidents, accidents or issues of concern.

People's nutritional needs were assessed and records were accurately maintained to ensure people were protected from risks associated with eating and drinking. Where risks to people had been identified, these had been appropriately monitored and referrals made to relevant professionals, where necessary.

Medicines were managed safely in accordance with current regulations and guidance by staff who had received appropriate training to help ensure safe practice. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

There was an open and honest culture within the home. Staff had a clear understanding of the vision and philosophy of the home. Staff spoke passionately about how Priory Egerton Road was run as a family home with family values embedded into practice.

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?

The service was safe.

The provider had ensured all environmental risks had been identified and responded to appropriately.

Recruitment procedures were robust to ensure only suitable people worked at the home.

Staff were able to recognise different types of abuse and understood the procedures to be followed to report any allegation or suspicion of abuse to protect people.

Risk to people had been assessed and managed as part of the care planning process. There was guidance for staff to follow.

Medicines were administered safely and administration records were up to date.

The premises were well maintained and people had access to all parts of the home.

Good



Is the service effective?

The service was effective.

Staff received thorough and suitable training to deliver care in a way that responded to people's changing needs.

Staff were aware of the Mental Capacity Act 2005 and how to involve appropriate people in the decision making process if someone lacked capacity to make a decision.

Staff ensured people had access to external healthcare professionals, such as the GP and community mental health team as necessary.

People were consulted with about their food preferences and were given choices to select from.

Good



Is the service caring?

The service was caring.

People were supported by kind and caring staff who knew them well and treated them as individuals.

People and relatives were positive about the care and support provided by staff.

People were encouraged to make their own choices and had their privacy and dignity respected.

Good



Is the service responsive?

The service was responsive.

People received care and support that was responsive to their needs because staff knew them well. Care records showed that a detailed assessment had taken place and that people were involved in the initial drawing up of their care plan.

People told us they were able to make individual and everyday choices and we saw staff supporting people to do this.

Good



Summary of findings

People had the opportunity to engage in activity that staff supported people to participate in if they wanted to.

A complaints policy was in place and people said that they would make a complaint if they needed to.

Is the service well-led?

The service was well-led.

Up to date policies and procedures were readily available to provide clear guidelines for staff to follow.

There were systems to monitor the quality of the service and were used to respond to how people wanted the service to run.

The registered manager and team leaders were seen as approachable and supportive. The manager took an active role in the service and took account of staff views.

Staff, people and visiting health professionals spoke positively on the way the service was managed and the style of management.

Good



Priory Egerton Road

Detailed findings

Background to this inspection

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

The inspection took place on the 25/01/2016. This visit was unannounced, which meant the provider and staff did not know we were coming.

The inspection was carried out by an inspector and an expert by experience in acquired brain injuries. An expert by experience is a person who has personal experience of using or caring for someone who used this type of service.

Before our inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law.

During the inspection five people told us about the care they received and we were able to talk with one relative, a close friend and a visiting health care professional. We spoke with five members of staff which included the registered manager, deputy manager and care staff.

We also spoke to a commissioner of care from the local authority before the inspection.

Following the inspection we received feedback from a further health care professional and two social care professionals.

We observed care and support in communal areas and looked around the home, which included people's bedrooms, bathrooms, the lounge and dining areas. Some people did not want to share their views with us verbally but were happy for the inspector to spend time with them in communal areas.

We reviewed a variety of documents which included four people's care plans, two staff files, training information, medicines records, audits and some policies and procedures in relation to the running of the service. We observed two midday meals and the administration of medicines throughout the day and listened to a staff handover.

We 'pathway tracked' two people living at the home. This is when we looked at people's care documentation in depth, obtained their views on how they found living at the home and made observations of the support they were given. It is 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 that they felt safe in the home and with the care and support provided by staff. People said that staff were available and assisted them when they needed anything. One person said, “I feel very safe living here, everything is taken care of I have no worries.” Another told us, “Staff are always ready to help me if I need it, they come with me when I go out just to make sure I’m okay.” People felt the staff were attentive and did everything they could to keep them safe and independent.

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, seizures, and epilepsy, challenging behaviour, nutritional risks including the risk of choking and weight gain and loss due to specific medicines. The files also highlighted health risks such as diabetes. Where risks were identified there were measures in place to reduce the risks as far as 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 or when an incident had occurred. This meant staff were given clear and up-to-date information about how to reduce risks. For example, one person had specific behaviours that challenged and caused distress. This was reviewed and discussed regularly with all members of support staff to identify triggers and best management. This meant that the management of risk to the person was managed and their safety promoted.

There were enough staff on duty each day to cover care delivery, cooking, maintenance, cleaning and management tasks. People told us there was always sufficient staff on

duty to meet their needs. One person told us, “I have not got any worries, plenty of staff to help.” Another said, “Can’t remember ever missing out because no one there to take 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 support needs. Staffing levels were sufficient to allow people to be supported when they needed it. We saw staff giving people the time they needed throughout the day, for example when accompanying people to attend college, work experience and for walks around the local park. Staff were relaxed and the day schedules for people were planned and organised to avoid disappointment or cancelling. This had ensured people were supported to maintain their independence and freedom. The staffing levels allowed for flexibility to people’s needs on a daily basis. There was also the added support from the psychology assistant.

People told us their medicines were administered safely. Comments included “I get my pills as I need them.” Another said, “I can rely on the staff to give me my tablets on time and that is so important.”

There were systems in place to manage medicines safely. 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.

Some people managed their own medicines and staff had systems in place that ensured people were confident and took their medicines safely. The risk assessment for self-administration of medicines was updated monthly to ensure that individuals were taking medicines as prescribed.

Medicines were stored appropriately and securely and in line with legal requirements. Medicines were supplied by a local pharmacy in weekly blister packs. For those that took their own medicines the medicines were supplied in

Is the service safe?

different dispensers to enable people to manage their medicines safely. 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 home'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. 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 helps me clean my room."

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 told us staff knew how to look after them and were well trained. One person said "The staff are all very good they understand what we need well and very calm." They told us they were not restricted and able to do much as they wanted. They felt they were well cared for and had any health care need responded to quickly and effectively. Visiting professionals were positive about the skills of staff and how they responded to people's individual needs.

Records confirmed that a programme of on-going training had been established and staff had undertaken essential training throughout the year. This training included health and safety, Mental Capacity Act 2005 (MCA) and DoLS, infection control, safe moving and handling and safeguarding. Additionally staff had received training on how to support and care for people with mental health illness and with behaviours that may challenge others on a regular basis. Discussion with staff confirmed that some people presented with verbal and physical aggression at times. This training meant people were supported appropriately.

The staff group at Priory Egerton Road was stable with minimal staff changes. New staff in the past had completed an induction and staff told us any induction included a shadowing period alongside an allocated senior staff member. One staff member told us, "I think that the induction programme is really supportive and gives us the basic knowledge to build on." The registered manager told us that staff were enrolled on the 'care certificate framework' based on Skills for Care. This organisation works with adult social care employers and other partners to develop the skills, knowledge and values of workers in the care sector.

Systems were in place to support and develop staff. Staff told us the training was thorough and supported them and with their own development. Staff told us they could ask for training on areas of interest and were often asked if they wanted to undertake further training. This included recognised health and social care courses. One staff member told us they had started a diploma in health and social care. Staff told us that they felt very well supported by the registered manager and the organisation. Staff told us they received supervision and were able to raise any issue or concern at any time. Supervision sessions were

held regularly and gave staff the opportunity to discuss individual training needs and development. One staff member said, "Supervision gives us the opportunity to think about our careers, of promotion and further training."

Staff had received training in the (MCA) and Deprivation of Liberty Safeguards (DoLS). There were relevant guidelines in the office for staff to follow. This Act protects people who lack capacity to make certain decisions because of illness or disability. Staff had an understanding of mental capacity and informed us how they asked for consent from people about daily care needs.

When specific decisions were being considered for people who lacked capacity staff involved relatives, health and social care professionals to support this process. Suitable best interest meetings were held to ensure people's rights were fully considered. For example when one person's safety was at risk when leaving the home on their own, the possible deprivation of their liberty was also considered. The registered manager had an understanding of DoLS and had applied for these on an individual basis in the past. These safeguards protect the rights of people by ensuring that any restrictions to their freedom and liberty have been authorised by the local authority, to protect the person from harm. This meant as far as possible that people's rights were taken into account when care and treatment was planned.

All feedback about the food from people, relatives and staff was very positive. People told us they enjoyed their food and they were able to eat a diet that they wanted. One person said, "We eat really well, always food available." We observed the midday meal on two days, the food was well presented and well received by people.

People ate their meals in the dining room and people responded to the social interaction this promoted. Meal times were relaxed and unrushed and people ate their meals at their own pace. Staff were available to monitor if people were not eating or drinking as expected. Records and staff confirmed that people's weight was monitored. When any concern was identified appropriate referrals were made via the GP for additional support and advice from the Dietician and Speech and Language Therapist. Advice received was recorded and followed by staff to ensure people benefited from suitable foods to meet their nutritional needs.

Is the service effective?

People were encouraged and supported to make their own snacks and drinks between meals this promoted independent planning and preparing of food for those able to do so. There were certain days allocated for specific people to have one to one time to prepare their own meal supervised by staff. This was to prepare people for living independently. The occupational therapist was involved in plans and discussions for safe food preparation and cooking. Choices of food were available and this responded to individual preferences and needs. For example, one person enjoyed Asian food and staff told us how they supported this person to cook the food they enjoyed. One staff member said, "The dishes are delicious."

People were supported to maintain good health and received on-going healthcare support. Staff enabled people to maintain close and effective links with a wide variety of health care professionals who were accessed regularly. For example, a staff member reminded one person of their appointment with the dentist and offered to accompany them to ensure they were happy to attend. They also offered to meet them following the appointment in case the treatment made them feel unwell. One health professional told us staff were effective in supporting people with their health problems to avoid admission to hospital. One person told us "You are able to see the doctors whenever you need to."

Is the service caring?

Our findings

People were treated with kindness and in their day-to-day care by people who knew them well. People spoke highly of the care and support provided by staff at Egerton Road. People said the staff were thoughtful, caring and approachable. Comments from people included, "Very supportive and all of them have a sense of humour, we have laughs all day," "We are supported to be normal and they really care about us," "They respect you and allow you to be a free person," and "Staff are so very nice and kind to you."

Health professionals were also very positive about the staff approach and care they provided. One health professional said, "It's a service that really understands the clients. Staff are very professional and the support given to people to lead a fulfilling life is very good. Staff treat people as individuals instead of a group of people." Health and social care professionals were also positive about the care and approach of staff. They confirmed an individual, caring approach within a homely, friendly service which provided an ideal environment for people who lived at Egerton Road. This enabled people to feel safe, live as independently as possible and control their own life style and interests. One person was living independently within Egerton Road and had a self contained annexe. This allowed the person to be independent, but still be supported by staff whilst building their confidence. Another person was enthusiastic about choosing furniture for their flat they were due to move into, "I cant wait to move into my own flat."

Interactions between staff and people were positive. Staff showed a genuine concern for people's welfare and approached them with a pleasant manner. Staff gave people time to chat and shared a joke with them. People were given space and time to do things for themselves with staff in the background ready to talk and provide support if required. Staff had confidence in each other to maintain a caring supportive approach. One staff member told us, "We treat people as individuals and we are really lucky to have such great residents, we are a busy home with lots of things taking place daily."

People living in Egerton Road all had an acquired brain injury, some from strokes and some from trauma. The staff had a good knowledge of how the brain injury had changed the person and what health and mental health complications had been incurred. Some people's memory

was poor so staff supported them with prompts and helped them devise ways of managing their appointments. Others had behaviours that challenged and could become distressed, staff showed understanding and dealt with people in a kind and compassionate manner.

Staff had a good knowledge and understanding of the people they supported and cared for. They were able to tell us about people's choices, personal histories and interests. People were called by their preferred name and this was recorded within individual care records. Staff were aware how important it was for people to maintain links with families and friends and promoted these links. This meant people maintained their roles within family and social groups and contributed to these in a positive way. One person gave an example, "The other day when I wanted to ring my family, staff helped me get the right numbers." Another person had regular contact with their family and staff talked about the relationship strengths that contributed to the person's well-being and how families were involved in setting realistic long term goals. Staff were clearly passionate about their work and told us they thought people were well cared for. One staff member told us, "We are one big family here and I love coming into work." Staff demonstrated a strong commitment to providing compassionate and high quality supportive care.

Moving into a care home can be a traumatic and upsetting time for people. The management team recognised this and understood the importance of psychological support. One person had moved into Priory Egerton Road from hospital. Their care plan recognised the impact of this and clearly identified for support to be provided to help them adjust with the move. Thought and consideration had gone into making their room safe to reduce the risk of any falls. The manager told us, "We want people to feel at home, as this is their home."

People's bedrooms were seen as their own personal area and staff respected this, only entering with permission. People's rooms were individual and contained items that made the room homely for the individual person. This included items of furniture, pictures and photographs. People said they liked their rooms and the communal facilities in the service. People talked about the service as their own home and used it as such. This was encouraged by staff. One staff member said, "It's their home, we are their visitors and they make the choices in respect of furniture styles and décor."

Is the service caring?

People told us they could make their own decisions and were treated with dignity and respect. One person said, “I am respected for who I am.” One health professional we spoke with was also complimentary about the approach of staff and told us, “Staff treat people as individuals who have different needs and staff really respect these.” Staff understood the importance of an individual and caring approach and understood the key principles that underpinned dignity. They talked about people’s rights and importance of individual choice. Visiting health professionals felt staff were willing to put themselves out to ensure people were treated correctly and had their

individual needs attended to. For example, best interest meetings had been held around risk of friendships outside of the home. These were treated sensitively and managed with discretion and understanding.

People’s equality and diversity needs were respected and staff were aware of what was important to people. People were enabled to attend clubs and other social events that were important to them as individuals, making friends of their own age with similar interests. Cultural and religious preferences were respected and staff ensured that people’s wishes were respected.

Is the service responsive?

Our findings

People told us the care and support they received was focussed on them and reflected their choices and preferences. One person told us, “I will be leaving soon and I am getting my flat ready with help from the staff.” Another said, “I am getting better all the time, stronger and more independent, the staff have really helped me.”

Everyone was treated as an individual and support was personalised to their needs and wishes. People said that they appreciated this individual approach that recognised their different personalities, personal goals and interests. People were able to choose how they spent their day and were encouraged and supported to make decisions about what they did during the day.

Following admission to the home, individual care plans were written and contained personal information about people, such as their preferred daily routines, what people could do for themselves and the support they needed from staff. Records confirmed that people were involved in the planning of their care and people were asked to sign to confirm this discussion and agreement. The care plans included immediate goals, such as personal hygiene, medium length goal, such as shopping and long term, such as managing their own money. Each person had their own set of goals which were specific to their needs. Each person had a second health folder that contained all their health details and specialist appointments. This meant that staff had all relevant details ready when required.

Staff were updated about people’s changing needs and choices at the daily handovers. The handover session confirmed that staff had a deep understanding of people’s needs and personal preferences. A communication diary and book was also used to ensure key messages that included appointments were not missed.

The focus of the service was to provide a home to people and for people to treat the service as a home. Staff knew people well and the admission process started with an assessment of need by the registered manager. The person

was then introduced to the service and other people living in the home. It was important that any new people who wanted to move to the home were compatible with other people living in the service. Staff were careful to assess and monitor this process. People told us they got on with everyone in the service and they felt relaxed and at home. One person said, “I have no problems here I get on with everyone.”

Most people went out of the service on their own as they wished using public transport and walking to local venues, shops and cafes. Two people were accompanied and both had agreed this was appropriate for them at this stage. Each person had a weekly timetable that identified to staff which days were for work placement, college and planned outings. The time table also identified cleaning days and household chores such as laundry. Within the home people were able to follow their own interests and plan visits to museums and art venues. During our inspection people went out to crazy golf, cafes and walks. People said they had plenty of things to do and did not get bored and enjoyed celebrations held in the home that included a ‘fun Christmas’ which included a local Santa run. Some group activities including outings were scheduled and this included trips to pantomimes over Christmas. We saw photographs of people enjoying many events displayed in the home. The people at Priory Egerton Road had a full and rewarding lifestyle that was individual to everyone’s wishes and capability.

People felt they would have no problem in raising issues or complaints with staff. People told us they were aware of how to make a complaint and were confident they could express any concerns. A complaints policy was displayed and leaflets were also available on how to make a complaint. They said they believed they would be listened to and their issues would be dealt with appropriately. One person said, “I have never had a complaint, I would go to the manager if I had any concern about anything. Another said, “I have no problems, everything is all fine they sort out everything.” This demonstrated that the provider listened and used complaints and concerns to improve the service.

Is the service well-led?

Our findings

People told us they were happy living at Priory Egerton and felt the home was well managed. People said they were listened to and could talk to all the staff and the registered manager was always available. Visiting health and social care professionals told us they believed the service was well managed and the registered manager provided a stable leadership for staff and people living there.

We found systems to establish effective management had been established in all areas. People described the staff of the home to be approachable, open and supportive. When asked about the atmosphere in the home, they said, “Yes, I think it’s good” and “It’s a brilliant place. There’s always something to do.”

Effective management and leadership was demonstrated in the home. The registered manager was keen and passionate about the home and the people who lived there. She told us that the philosophy and culture of the service was to make Priory Egerton Road ‘Their home’. She also told us “It’s important that we make it comfortable, homely and safe. We give good care because we as a team, care.”

Everyone knew the registered manager and referred to her when describing their experiences of life at Priory Egerton Road. One person said “We know who is in charge, she is very good, kind and understanding.”

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.

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. Service user surveys were sent out regularly and were available in a pictorial format that enabled everyone to give their view. The results of the surveys were analysed and used to improve the service. Resident meetings were held monthly. We saw evidence of agenda’s and post meeting minutes available in a pictorial format which were shared with people with actions that were to be taken. For example, people had

been involved in the development of in house activities and menus. People 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.”

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 about the kitchen. They said; “I felt listened to, although the process could not be changed at the moment, I now I have a better understanding behind the reason we need to do certain things in the way we do.”

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, residents are so lovely, everybody gets on and we work as a team, we are a family,” 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. The activities have been

Is the service well-led?

identified as needing more community involvement and ideas had been implemented and appropriate venues researched and used to improve people's lives, such as attendance to the local Headway meeting. Headway is the UK-wide charity that works to improve life after brain injury.