Indigo Care Services (2) Limited

Nesfield Lodge

Inspection report

45 Nesfield Road
Leeds
West Yorkshire
LS10 3LG

Tel: 01132776880
Website: www.orchardcarehomes.com

Date of inspection visit:
06 November 2018
07 November 2018

Date of publication:
01 January 2019

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 6 and 7 November 2018 and was unannounced on day one and announced on day two. This was the first inspection of the service under this new provider legal entity. Nesfield Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Nesfield Lodge accommodates 44 people across two floors. Both floors specialised in providing care to people living with dementia. At the time of our inspection, there were 40 people living in Nesfield Lodge.

At the time of our inspection there was a registered manager in post at the service. 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 safe living at Nesfield Lodge. Staff understood when and how they would raise any concerns if they suspected abuse was taking place. The registered manager kept a log of all safeguarding investigations and recorded what action had, or needed to be taken, to keep people safe from abuse.

There was enough staff to safely care and support people. The registered manager regularly reviewed this, to ensure staffing levels continued to be appropriate. Staff were recruited safely and appropriate employment checks had been undertaken before staff began working at the service to ensure they were of suitable character to work with vulnerable adults.

People's individual needs were risk assessed and staff had the right information to support people safely when using equipment such as hoists and walking aids.

The provider had policies and procedures in place to prevent the potential spread of infection. Staff followed good infection control practises in their work. We looked in people's bedrooms and found that these were clean and tidy.

People's medicines were managed safely and people and their relatives confirmed this when we spoke with them. We looked at six medication administration records (MARs) and found the stock of medication held for each of these was correct.

Fire safety equipment was in place and serviced regularly. Arrangements were in place to safely evacuate people from the premises in cases of emergency.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible; the policies and systems in the service supported this practice.

People told us they enjoyed the food. The menus showed an extensive choice of meals which included specialist dietary options, including vegetarian meals. People ate at their own pace and were supported by staff in a patient and relaxed manner.

People were supported to access healthcare professionals. We spoke with a visiting health care professional who told us the number of referrals to the on-call doctor had reduced since they had begun working in close partnership with the service.

Staff received regular supervision and annual appraisals. The registered manager also provided group supervision to staff.

We received positive feedback from people and their relatives about the kind and caring nature of the staff. Visiting times for relatives were unrestricted and the registered manager encouraged people to invite guests to celebrate special occasions with them.

Staff respected people's privacy and they told us how they promote people's dignity when proving personal care, by closing doors and curtains and by approaching people discreetly and sensitively.

People were supported to be as independent as possible and staff encouraged people to make their own decisions wherever they could. We heard staff asking people what they would like to do, where they would like to go and what they would like to eat.

People were provided with a varied programme of activities that promoted social interaction and were connected with people's interests. This included, for example, joining in activities with children from the local primary school, hen-keeping, quizzes, bible study groups, karaoke and trips to the seaside.

Staff responded quickly to people's needs and provided care in a way they preferred. Bespoke care plans, held on an electronic care planning system provided staff with up-to-date information at the point of care. A live feed showing people's emotional status alerted staff to when people needed care and support.

People received personalised care, guided by people closest to them. Relatives were involved in care planning and reviews of care. Staff also spoke to people to ask if they were happy with how they were being cared for.

The service engaged with health care professionals and people's relatives when planning end of life care for people to make sure the right support was in place.

People told us the service was well-led. The registered manager advertised in the weekly newsletter that they ran an open-door policy and welcomed anyone to 'drop in'. People told us they could talk to staff or the registered manager if they had any concerns and were confident they would be listened to. Relatives told us the registered manager was approachable and accessible.

The service worked in partnership with other organisations in the local community, including a primary school, religious groups and charities. One charity group had recently painted the garden furniture to support the ongoing development of the dementia friendly environment.

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.

Staff were recruited safely and enough staff were deployed to deliver safe care and support.

Staff understood how to protect people from abuse and ill-treatment.

People's individual needs were appropriately risk assessed and people's medicines were managed safely.

Good infection control practices were adopted by staff and measures to promote this were in place throughout the premises.

Is the service effective?

Good

The service was effective.

The environment and outdoor space was specially adapted to meet the needs of people living with dementia.

Staff were suitably trained and supported to provide effective care and support. Staff arranged for people to access healthcare in a timely way.

People told us they liked the food. People were supported at mealtimes in a patient and attentive way.

People were asked for their consent to care and treatment.

Is the service caring?

Good

The service was caring.

We received positive feedback about the kind and caring nature of staff.

Staff treated people with dignity and respect and supported people to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

Staff responded quickly to people's care and support needs and did so in a way they preferred.

The service proved an excellent understanding of person-centred care and people were provided with a varied and meaningful programme of activities and events.

The registered manager sought feedback from people who used the service and their relatives and they took action where necessary to address any concerns or issues raised.

Is the service well-led?

Good

The service was well-led.

The service had established clear lines of communication between the registered manager and the staff team.

People, relatives and staff provided us with positive feedback about the registered manager.

Systems were in place to monitor quality and supported ongoing improvements in the service.

Nesfield Lodge

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 6 and 7 November 2018. The inspection was unannounced on day one and announced on day two.

The inspection was carried out by two adult social care inspectors and an Expert by Experience attended on the first day of the inspection. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the information we held about the service. This included notifications from the provider and we also obtained feedback about the service from the local authority contracts and safeguarding teams. A notification is information about important events which the service is required to send us by law. We also used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with six people who used the service and seven people's relatives. We spoke with five staff members, the activity coordinator, cook, catering assistant and laundry assistant. In addition, we spoke with the registered manager, regional manager and a visiting health care professional.

As part of the inspection we spent time observing how care and support was delivered and activities which took place in communal areas. We also observed the lunchtime experience.

We looked around the building including in people's bedrooms, bathrooms and outdoor space. We spent time looking at records, which included five people's care plans, four staff recruitment files and other records relating to the management of the service.

Following our visit, we requested and received additional information from the registered manager about the involvement of people in the introduction of a new electronic care planning system.

Good

Is the service safe?

Our findings

People told us they felt safe living at Nesfield Lodge, comments included, "I feel very safe here" and "I feel settled and content and you can lock your door at night if you want. I don't bother." Relatives told us, "[Name of person] is very safe here, they keep us up to date and phone if there are any issues, whatever the time" and "[Name of person] is happy here and regarding safety, I go on how she is in herself."

We spoke with staff about their understanding of protecting vulnerable adults. Staff told us they had received safeguarding training and could name different types of abuse and identify signs that abuse might be taking place. Staff told us they would raise any concerns with the local authority safeguarding team. The registered manager kept a log of all safeguarding investigations and recorded what action had, or needed to be taken, to keep people safe from abuse. A poster displayed in the main entrance showed information about how to report safeguarding concerns.

The registered manger provided the right number of staff to meet people's care needs. One person told us, "I feel safe because I am not on my own, there are people around." We heard people using the call bell and saw staff responded to support people in a timely manner. Staffing levels were assessed using a dependency tool, which calculated how many staff were required according to each person's individual level of care and support need. The registered manager regularly reviewed the dependency tool, with the input of care staff, to ensure staffing levels continued to be appropriate.

Rotas showed there was always at least one senior staff member on each floor, in charge by day and night, as well as a deputy manager who worked across seven days. The staff we spoke with told us there were enough regular staff to care for people and the agency staff were rarely needed. If agency staff were required to cover any shortfalls, the registered manager requested the same staff members in order to provide continuity of care. We saw agency staff were provided with an induction so they could provide people with the same quality of care as employed members of staff.

Recruitment processes were safe. We looked at the recruitment records for five staff members. Appropriate employment checks had been undertaken before staff began working at the service. These included a full employment history and a satisfactory Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work vulnerable adults, to help employers make safer recruitment decisions.

A set of risk assessments underpinned each person's care plan which provided staff with enough information to support people safely. The electronic care planning system automatically reminded the registered manager and staff to review risk assessments so they remained accurate and up to date.

The staff we spoke with told us some people used specialist equipment, such as hoists and standing aids. Risk assessments were in place for the use of these. It was a requirement that each staff member scanned an electronic barcode on a hand-held device before helping people to use some pieces of equipment. This recorded people were supported safely by the correct number of staff. People and relatives told us

equipment was always available if needed.

We looked in people's bedrooms, bathrooms and communal areas. On the first day of our inspection we raised some minor concerns about infection control in three of the communal bathrooms. The registered manager took immediate steps to address our concerns. On the second day of our inspection, we checked again and these issues had been resolved. The registered manager told us the cleaning schedule would be updated so the same issues could not arise again.

The provider had policies and procedures in place to prevent the potential spread of infection. Staff told us they had received training in infection control. Staff said they wore aprons and gloves when carrying out personal care tasks and used different coloured laundry bags for specific laundry items. We noted several hand-sanitising points around the building and we saw staff used these. We spoke with a health care professional who visited the service twice a week, they told us when they visited the home it was always clean and rarely had any malodour.

One the first day of our inspection we raised some minor concerns about infection control in three of the communal bathrooms. The registered manager took immediate steps to address our concerns. On the second day of our inspection, we checked again and these issues had been resolved. The registered manager told us the cleaning schedule would be updated so the same issues could not arise again.

Accidents and incidents were recorded electronically and analysed by the registered manager, who identified any corrective action that might be required. The registered manager looked for any reasons to learn from these and make improvements.

An electronic system was used to manage people's medication records. We looked at six medication administration records (MARs) and found the stock of medication held for each of these was correct. Each record had a photograph of the individual person for identification purposes. Any incidents of non-administration or refusals were noted on the electronic MAR and the reason documented. Staff responsible for the administration of people's medication had received appropriate training.

People and relatives told us there had been no problems with medication. One relative told us how much better their family member was doing since arrangements had been made for their medication to be offered in liquid form.

The registered manager conducted regular checks of the building and equipment continued to be monitored with regular checks undertaken by staff and external contractors. Gas and electrical appliances and equipment such as hoists and bath chairs were serviced routinely. Other safety checks of the utilities and water supplies in the building were carried out regularly to ensure they remained safe for use.

Fire safety equipment was in place and serviced regularly. Arrangements were in place to safely evacuate people from the premises in cases of emergency. Personal Emergency Evacuation Plans (PEEPs) detailed the support people required to evacuate them safely.

Good

Is the service effective?

Our findings

The environment was specially adapted to meet the needs of people living with dementia. For example, people's bedroom doors were painted in bright colours and resembled 'front doors'. This made it easier for people to find their own bedroom. Signage included the use of pictures to help people find their way around. Bathrooms were fitted with contrasting coloured handrails and toilet seats so people could move about safely. The registered manager told us they sought and applied guidance in providing care for people with living with dementia from NICE (The National Institute for Health and Care Excellence) and the Alzheimer's Society.

People moved freely around the home. Themed corridors which ran throughout the building and tactile wall displays were designed for people to interact with. The theme of one corridor was 'horse racing' and a wall display had been created from horse shoes and imitation grass. Long hand rails were in place in all corridors and were painted in contrasting colours. There were plenty of seats and benches available for people to stop and rest and we saw people used these. People had access to a large secure garden. Paths provided people with circular routes to walk amongst trees and grass. Ten of the bedrooms on the downstairs floor had patio doors that opened directly into the garden. One staff member told us that in the summer, people sat outside, often with friends and relatives.

People told us they enjoyed the food served to them. Comments included, "It's pretty good food all the time" and "I'm a good eater and I have no complaints yet." Relatives told us, "The food is lovely, there are healthy options. [Name of person] loves the soup and sandwiches. Sometimes they have fish and chips from the fish and chip shop" and "The food is very nice, [name of person] is always telling me she enjoys it. She gets a choice." The chef told us there was a four-week rolling menu which people were invited to contribute to and we saw the 'residents committee' had discussed 'meals' as part of their agenda. The menus showed an extensive choice of meals, including vegetarian options.

During the inspection we observed the lunchtime experience. We saw picture menus were displayed in the dining room for people who needed them and people had the opportunity to see what was being offered before they made a decision. Alternatives were available to people if they did not want what was on the menu. We heard staff helping people to decide what to have for lunch in a way that people could understand. For example, one member of staff asked someone what their favourite sandwich was.

People ate at their own pace and were supported by staff in a patient and relaxed manner. Some people chose to sit in the dining room, some people chose to sit in the lounge and some people moved between the two during their meal. Snacks and drinks were offered to people throughout the day and jugs of juice were provided for people in their bedrooms.

An electronic care planning system held detailed assessments for people, from which bespoke care plans were automatically created and specifically tailored to individual needs. People had access to healthcare professionals and staff arranged for doctors and emergency services promptly when necessary to do so. We spoke with a visiting health care professional who told us through twice weekly visits and working in

partnership with the home, the number of referrals to the on-call doctor had reduced. One relative told us staff knew what signs and symptoms to look out for and when it was necessary to contact a doctor for their relative.

Mandatory training was provided for staff in subjects such as equality, diversity and inclusion, dignity in care, dementia awareness, diet and nutrition and The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). All care staff had either completed or were working towards the Care Certificate or they had achieved an NVQ (National Vocational Qualification) in care. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The staff we spoke with told us they completed an induction that included four days training and three shadow shifts with a senior staff member. One relative told us, "Staff are well trained, you can see them using the hoist and they are very good."

Staff received regular supervision and annual appraisals. The registered manager also provided group supervision to staff. One staff member told us, "I feel very well supported".

Clear systems of communication had been established between the registered manager and the staff team. Staff we spoke with told us about daily 'flash meetings' where they received important messages. Daily handover notes were made available to staff via their electronic devices. The registered manager told us they could send instant messages to staff via their electronic devices. One person had recently sustained a head injury and the registered manager sent all staff an instant message so they knew to take more care in giving support to that person.

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. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty 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 had the appropriate legal authority and were being met. The provider was working within the principles of the MCA. There was a clear rationale where DoLS had been applied for and the registered manager had a robust system in place to track DoLS applications.

Staff had a good understanding of the principles of the Mental Capacity Act (2005). People told us staff asked for their consent before they gave care and support and we heard staff doing this during our inspection. The staff we spoke with told us they presumed people had the capacity to make decisions for themselves. Staff told us they allowed people to make choices about, for example, what they want to wear and whether they would like a bath or a shower. The registered manager told us that where people lacked the capacity to make decisions about certain things a capacity assessment was undertaken and a decision made in the best interest of the person. Staff gave us examples of where some people's liberty was restricted and they understood why this was necessary.

Good

Is the service caring?

Our findings

We received positive feedback from people and their relatives about the kind and caring nature of the staff. People told us, 'Staff are pleasant and encourage me to do what I can. They have enough time for me" and "The staff are very helpful." Relatives told us, "The carers are brilliant, fantastic, they bend over backwards for residents and relatives. I could not say a bad word about them, they are very caring and attentive. It's not like a job to them, they enjoy it"; "Staff are the kindest people you could ever meet, I am so glad I got a place here for my relative, it is more like home, so welcoming and kind" and "Staff are so caring and treat residents with dignity and respect."

People were welcomed and encouraged to take part in varied, meaningful and person-centred activities. On the first day of the inspection a pastor from the local Pentecostal church visited the home and led a bible study group for people who wanted to take part. It was advertised that a Remembrance Day service would be held for those who wished to attend.

Staff respected people's privacy. For example, we saw staff knocked and waited before entering people's bedrooms. The staff we spoke with told us they promote people's dignity when providing personal care, by closing doors and curtains and by approaching people discreetly and sensitively.

People were supported to maintain their personal hygiene and appearance. During the inspection we saw people were smartly dressed and clean. Relatives we spoke with told us their relative always looked like this when they visited.

People were supported to be as independent as possible and staff encouraged people to make decisions. One relative commented, "They let her do as much as she can and don't intervene prematurely, only if necessary." People and relatives told us staff listened and acted on what they said. For example, one person requested a female staff member to support them with their personal care and this was provided.

People were allocated a 'key worker' that shared in and promoted their interests. The registered manager told us care staff were matched with people, by completing a questionnaire based on shared interests and activities. Staff told us the choice remained with the person about whether they accepted a member of staff as their key worker. In one instance a person had requested not to work with the member of staff assigned as their key worker and this decision was respected.

Staff spoke passionately about extending their caring nature to people's friends and relatives. One staff member told us a relative had said Nesfield Lodge was "a second home". The staff member said, "It's good for them, but it's good for us too."

In the PIR, the provider told us visits for relatives were unrestricted and 'the opportunity to share a meal with loved ones is encouraged, as are celebrations of special dates such as birthdays. Parties are planned if a resident wishes to invite guests.' It was advertised in that week's newsletter for relatives to join in the birthday celebrations for one person and a 'buffet tea' was being served.

Information about how to access advocacy services was displayed in the main entrance.

Good

Is the service responsive?

Our findings

People and their relatives told us staff were excellent in responding quickly people's needs. People told us, "The girls (staff) never let you down" and "I have no worries about the staff, I am very independent and they respect that." Relatives told us, "Staff responded quickly to get her the care she needed. They check on her regularly."

People were provided with a varied programme of activities that promoted social interaction and connected with people's interests. The activities co-coordinator consulted with the residents committee to arrange meaningful events, which included requests from people who used the service. We saw that people had requested a trip to Bridlington and this was organised and an invitation extended to people's relatives. We saw photographs of the trip displayed in the corridor. Staff we spoke with told us photographs were taken and prompted good topics of discussion and helped to remind people of activities they have been involved in.

People, their relatives and staff all spoke enthusiastically about the 'HenPower' project, a scheme which engaged people in hen-keeping activities as a way of promoting health and wellbeing and reducing loneliness. The presence of the hens' in the garden provided additional focus and activity for people using the service. The registered manager told us that a number of people who used the service shared a background in farming and caring for the hens had helped to bring people together and build friendships. The hens were also brought into the home for those people who chose not to go outside but still enjoy interacting with the animals. One staff member told us the hens provide a good distraction for people that may need additional emotional support. One relative told us, 'My relative likes the garden and chickens'.

On the first day of inspection, children from the local primary school visited people who used the service, as part of the 'Inside out club'. The school children visited twice a week to take part in activities including storytelling, sing-along, crafts and dominos. We saw this group attracted a lot of people from around the home. People who had earlier appeared disengaged were captivated by the presence of the children, talking with them and looking at pictures they had drawn.

Staff responded quickly to people's needs and provided care in a way they preferred. We saw staff carried electronic devices which provided them with direct access to people's care plans at the point of care. This meant that staff had the most up-to-date information to care for people effectively. Staff told us that having access to this information had significantly decreased the time taken to respond to people's physical and emotional needs. For example, one staff member told us they were alerted by their device that a person receiving personal care was experiencing pain in their legs. They responded at once and offered the person PRN medication to alleviate the pain. PRN medication is medication that is given to people "when necessary", such as paracetamol.

People received personalised care, guided by people closest to them. The registered manager wrote to people's family members and advertised in the newsletter, requesting their involvement in developing their relatives 'life history'. Relatives told us they were actively involved in their family members care plans, which

included reviews.

People told us staff spoke with them to ask if they were happy with how they were being cared for. The registered manager implemented a 'resident of the day' routine whereby staff, including senior care staff and managers ensured all the records for that person were up to date and spoke with them about their care. Staff told us that having learned that one person enjoyed playing snooker, the registered manager purchased a small snooker table. We saw photos of the person playing snooker were attached to their care plan. Staff told us the person had enjoyed playing with staff and the photographs prompted conversation about their interest.

Staff had time to engage with people in a way that was meaningful. They used their electronic devices to create real time care interactions which supported the ongoing development of the person's care plans. Staff were passionate that by recording care in this way it had significantly reduced the amount of time spent completing paperwork. This was supported by our observations during the inspection. On the first day of the inspection we saw 17 people singing karaoke together in the lounge. People were laughing, smiling, dancing and singing. Staff supported people to be as engaged as possible. Some people took turns singing with the microphone, whilst others chose to play an instrument.

Relatives told us, "Just look around and see, there's lots of activities. staff are involved and attentive" and "It seems to be a pleasure for staff to spend time with my relative."

People told us they could talk to staff or the registered manager if they had any concerns and were confident they would be listened to. Relatives told us the registered manager was approachable and accessible. The registered manager actively sought to hear people's complaints, concerns and suggestions and acted where necessary to make the changes people wanted to see. Following a complaint, the registered manager consulted with people and their relatives to improve the laundry service. Action taken by the registered manager was displayed in the main entrance, under the heading 'you said, we did'.

Staff responded quickly to changes in people's needs. Care staff used the electronic care planning system to accurately manage high risks for people, such as fluid intake, nutrition and emotional needs. Staff we spoke with told us they were immediately alerted to a change in one person's weight. Staff made a prompt referral so that the person received the medical treatment they needed to get well. Staff told us not only did this person physically recover but their emotional welling improved and they appeared much happier in mood.The registered manager told us they had received positive feedback from other healthcare professionals about how useful the new electronic system had been for accessing people's care records.

The registered manager strived to ensure people continued to receive high-quality, person-centred care whilst being supported at the end of their life. The registered manager told us that 22 members of care staff were signed up to complete an NVQ Level one in end of life care so that they had the right skills to care for people at this time. The registered manager also engaged the expertise of other health care professionals in delivering end of life care. We spoke with a visiting health care professional who told us they worked closely with the service to make sure the right support was in place and offered guidance and support to staff and families when speaking with people about end of life care.

People's families were involved in planning end of life care for their relatives. At a relative's meeting, the registered manager spoke about the importance of planning end of life care and offered support to family members when talking with their family members about this.

The provider had policies and procedures in place to meet the Accessible Information Standard that was

introduced in 2016. This standard aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand. People's care plans recorded if people had information and communication needs and detailed how these should be met.

Good

Is the service well-led?

Our findings

Everyone we spoke with told us the home was well-led. One person told us, "It's well managed because I have found the staff okay, they bring you what you need." Relatives told us, "It's very friendly and people are well looked after. I can walk away without any worries. I can take my relative out when I want" and "I would recommend it because of the staff, they have a good attitude and are always smiling, never miserable." Staff told us, "I feel well supported" and "The management have been great."

During the inspection we noted there was a calm and relaxed atmosphere and a positive staff attitude. In the main entrance, a large hand-made sign read, 'Our residents do not live in our work place, we work in their home'. We spoke with people about what it was like to live at Nesfield Lodge, comments included, "They call people what they want to be called. You can walk where you want, I cannot complain about anything", "Quite comfortable and friendly" and "It's not noisy here. If you want anything you can get it and you can do what you fancy doing."

We saw the management team were a visible presence in the home. People told us they could approach staff or the registered manager if they had any concerns. The registered manager advertised in the weekly newsletter that they ran an open-door policy and welcomed anyone to 'drop in'. One relative told us, "I would definitely recommend it. They have an open-door policy, so they have nothing to hide and you can visit when you want."

We received positive feedback from a visiting health care professional who told us, "It is a good feeling when you enter the home. There is a regular team of staff and the management are good to work with."

People who used the service were consulted on the running of the home. The 'residents committee' met monthly and the minutes of their meetings were displayed around the home for people to read. We read the minutes from the most recent meetings. The topics discussed included the results of a recent satisfaction survey, trips away, laundry and activities.

The registered manager described the recent introduction of an electronic care planning system as being one of the homes biggest achievements of the last 12 months. As part of the rolling out of the new software, the registered manager asked relatives to help with developing people's care plans and life history, so that the service had the most up to date information to care for people. Staff told us they were given additional working hours to focus on accurately uploading the new information onto people's electronic care plans.

The electronic care planning system provided the registered manager with access to real time information which allowed them to manage quality of care and ensure people received the right level of support. We spoke with staff about the training they received in using the new system. Staff told us, "At first it was hard, but now it is so easy and so much better."

Staff were well supported by the registered manager. We saw examples of where the registered manager had provided staff with support following serious incidents and discussed any lessons that had been learnt.

One staff member told us, "Any issues and problems are dealt with as a group."

The service worked in partnership with other organisations in the local community, including a primary school and religious groups. The service maintained a longstanding involvement with a charity which involved younger people working as part of the national citizen service. The charity group spent time painting the garden furniture and other garden features to support the ongoing development of the dementia friendly environment.

Quality monitoring systems were in place which supported the continuous improvement of the service. The registered manager carried out internal audits which included reviewing infection control, mealtimes, falls and medication. Any issues arising from the audits were captured in single action plan, held and progressed by the registered manager. We saw that action had been taken to improve staff supervision, fire training and maintenance of the building.

We saw analysis of incidents and accidents was undertaken and improvements had been made as a result of thorough investigation. One incident involving two people who used the service, highlighted the lack of awareness staff had about a person's life history and significance of their previous experiences. As a result, the person's care plan was updated and the assessment process was changed to include similar information for people in the future.

The registered manager understood their responsibilities relating to being registered with the Care Quality Commission and they reported significant events to us as they are required to do so by law.