

Owen & Owen Retirement Developments Ltd

Westcliffe Care Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We carried out an unannounced inspection of the service on 1 September 2015.

Westcliffe Care Home provides care and support for up to 19 older adults with a variety of needs.

At the time of our inspection there were 17 people using the service.

Westcliffe Care Home is required to have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

‘registered persons’. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of the inspection a registered manager was in post.

At our last inspection in November 2013 we found the provider was in breach of one Regulation of the Health and Social Care Act 2008. This was in relation to the management of medicines. The provider sent us

Summary of findings

an action plan detailing what action they would take to become compliant with this Regulation. At this inspection we found the provider had made the required improvements.

At this inspection people told us that staff provided a safe service and risks were managed appropriately. Staff were aware of the safeguarding procedures and had received appropriate training. There were safe management and administration of medicines processes. Safe recruitment practices meant as far as possible only people suitable to work for the service were employed.

Accidents and incidents were recorded and appropriate action was taken to reduce further risks. Risk plans were in place for people's needs that were regularly monitored and reviewed. Additionally, the environment and equipment had safety checks in place.

People told us that there were sufficient staff to meet their needs. Additionally they said staff had time to spend with them and requests for assistance were met in a timely manner. People's dependency needs were reviewed on a regular basis and staffing levels amended to meet people's changing needs.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. This is legislation that protects people who are unable to make specific decisions about their care and treatment. It ensures best interest decisions are made correctly and a person's liberty and freedom is not unlawfully restricted. People's rights were protected because staff were aware of their responsibilities and had adhered to this legislation.

People told us that they received sufficient to eat and drink. They were positive about the choice, quality and quantity of food and drinks available. People received appropriate support to eat and drink and independence was promoted.

Relatives and people that used the service said that care staff were knowledgeable about their needs. Additionally, they told us that support to access healthcare services to maintain their health was provided. People's healthcare needs had been assessed and were regularly monitored.

Staff were appropriately supported. This consisted of formal and informal meetings to discuss and review their learning and development needs. Staff additionally received an induction and ongoing training.

People and relatives we spoke with were positive about the care and approach of staff. We found the staff were caring, compassionate and knowledgeable about people's needs. People's preferences, routines and what was important to them had been assessed. Support was provided to enable people to pursue their interests and hobbies.

The provider supported people to be actively involved in the development and review of the care and support they received. This included regular discussions with people and formal meetings.

People told us they knew how to make a complaint and information was available for people with this information. Confidentiality was maintained and there were no restrictions on visitors.

The provider had checks in place that monitored the quality and safety of the service. This included enabling people and their relatives and representatives, to give feedback about their experience of the service.

Some people at the service were living with dementia. The provider supported staff to access training and resources in dementia care that ensured best practice and person centred care was provided.

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

There were systems in place that ensured staff knew what action to take if they had concerns of a safeguarding nature.

Risks to people and the environment had been assessed and planned for. These were monitored and reviewed regularly. People received their medicines safely.

The provider operated safe recruitment practices to ensure suitable people were employed to work at the service. There were sufficient staff available to meet people's needs safely.

Good



Is the service effective?

The service was effective

The Mental capacity Act 2005 and Deprivation of Liberty Safeguards were understood by staff. Assessments had been appropriately completed.

People were supported to access external healthcare professionals when needed. The provider ensured people maintained a healthy and nutritious diet.

Staff received the training and support they needed to meet people's needs.

Good



Is the service caring?

The service was caring

People were supported by staff who were caring and supportive. Staff were given the information they needed to understand the people who used the service.

People were given opportunities to express their opinion and felt respected and supported to do so.

There were no restrictions on friends and relatives visiting their family.

Good



Is the service responsive?

The service was responsive

People's care was individual to their needs and staff supported people to pursue their hobbies and interests.

People were supported to contribute to their assessment and involved in reviews about the service they received.

People knew how to make a complaint and had information readily available to them.

Good



Is the service well-led?

The service was well-led

The provider had systems and processes that monitored the quality and safety of the service.

Good



Summary of findings

People, relatives and staff were encouraged to contribute to decisions to improve and develop the service.

Staff understood the values and aims of the service. The provider was aware of their regulatory responsibilities.

Westcliffe Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 1 September 2015 and was unannounced.

Before the inspection, we asked the provider to complete 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 information the provider had

sent us including statutory notifications. These are made for serious incidents which the provider must inform us about. We also contacted the local authority, the GP and the district nursing team for their feedback.

The inspection team consisted of two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the inspection we spoke with nine people that used the service and two relatives for their feedback. We spoke with the registered manager, two team leaders, a senior care worker and the cook. We looked at all or parts of the care records of three people that used the service along with other records relevant to the running of the service. This included policies and procedures and information about staff training. We also looked at the provider's quality assurance systems.

Is the service safe?

Our findings

At our last inspection we found that the provider was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were some shortfalls in the management of medicines.

At this inspection we found action had been taken to improve the administration and management of medicines.

People told us they received their medicines safely and on time. One person told us what their medicines were for and that they received them at the right time. This person said, "Staff make sure I take them." Relatives we spoke with confirmed they had no concerns about how medicines were administered and managed.

The registered manager and staff told us of the improvements that had been made to how medicines were managed. This included training and support from the pharmacist.

We observed some people receive their lunchtime medicines. The senior member of staff had a red tabard on to indicate they were not to be disturbed. However, we observed they engaged in conversations with other staff and visitors. Whilst we observed people received their medicines safely there was the potential for error due to a lack of concentration by the member of staff.

Medicines were stored safely and management systems to monitor and check the safe management of medicines were in place and effective. People had medication profiles which detailed each person's medicines and the reason it was prescribed, side effects and important details about how the person liked to receive their medicines from staff.

We saw there were no plans in place about how people's PRN medicines should be given. These are medicines that are given when needed, for example for pain, illness or anxiety. Staff told us that they did not have formal guidance but said they knew people so well they were able to assess whether the person was experiencing pain. Records showed that staff recorded when PRN was given but not the reason why it was administered. The monitoring of PRN is important to check if this medicine is effective or if a

further review of medicine requirements is necessary. We discussed this with the registered manager who agreed to complete individual PRN protocols immediately and ensure the recording of PRN medicine was correct.

The provider had procedures in place to inform staff of how to protect people from abuse and avoidable harm. People told us they felt safe and confident that if they had concerns about their safety they could raise this with the staff. One person said, "No-one causes trouble if they did we would call one of the staff who would come quickly."

Relatives we spoke with also made positive comments about people's safety. One relative said, "That's partly why we like it, safety is good."

Staff demonstrated they understood the different kinds of abuse and how to protect people from avoidable harm, including how to report any suspected abuse. They said they had received training on how to protect people and that there was a safeguarding policy and procedure available. One staff member said, "We've received training and we're clear about what action to take if we have any concerns."

Records confirmed staff had received appropriate training and the safeguarding policy and procedure was available and clear for staff to follow.

Risks were assessed and management plans were put in place where risks were identified. This included risks to people that used the service and the environment.

People told us that they were confident risks were managed well. One person told us about the support they required from staff with their mobility. They made positive comments and said, "Staff help me to move and get about." Relatives confirmed that risks to their family member were assessed and managed. One relative told us about how their family member had experienced a fall and said staff had taken appropriate action.

Staff we spoke with told us that any risks to people and or the environment were assessed and planned for. They told us this information was available to them which provided guidance of the action required to manage and reduce known risks. One staff member said, "We check the safety of the environment daily and have regular fire drills."

We observed how staff were attentive and responsive to safety issues. We saw staff supported people to move about safely. One staff member walked by the side of a

Is the service safe?

person promoting their independence and talking with them. We noted they observed and checked the person's balance as they moved. Additionally, staff ensured the physical environment was safe from hazards. Unused equipment such as walking frames were kept by the person but in a safe position.

Staff were aware of the reporting process for any accidents and incidents. We found incidents were recorded which explained what had occurred and the action taken to reduce further risks to the person. For example, we saw where there were concerns about falls the registered manager had contacted the GP and the falls clinic for an assessment of the person's needs. The provider had plans in place to direct staff on the action to take in the event of any unexpected emergency. This included personal evacuation plans used in the event of an emergency.

There was sufficient staff deployed appropriately to meet people's individual needs and keep them safe. People told us that they thought there were sufficient staff available to meet their needs and that requests for assistance were met. One person said, "I don't usually have to wait." Another person told us that staff had time to sit and talk to them, and in response about the call bell being answered replied, "There's no long waits."

A relative told us that they thought there was, on the whole, enough staff. They said, "Staff look a bit pushed, very occasionally at weekends." They confirmed that they knew most of the staff and at times agency staff were used but this was not a problem in their opinion.

Staff we spoke with did not raise any concerns about the staffing levels provided. They felt they were sufficient in meeting people's needs and keeping people safe. One staff member said, "I have no concerns, we sometimes use agency staff on odd occasions." Another told us, "We have enough staff, mornings are busy but we have more time in the afternoons to spend with people which we do."

We saw the staff roster matched the staffing levels provided. We saw that people's needs were met in a timely manner. The registered manager told us how they reviewed people's dependency needs on a regular basis and that staffing levels were flexible dependent on the needs of people.

Safe recruitment procedures were followed. Staff employed at the service had relevant pre-employment checks before they commenced work to check on their suitability to work with people. This included checks on criminal records, references, employment history and proof of ID.

Is the service effective?

Our findings

People were supported by staff that had received appropriate training and support to do their jobs and meet people's needs.

People told us that they found staff were knowledgeable and competent in meeting their needs. One person said, "I get what I need." Another person told us, "I'm happy and comfortable here and the staff know how to help me."

Relatives were positive that staff had the right skills and experience in meeting their family member's needs. One relative told us, "They [staff] know residents well."

Staff we spoke with were clear about their role and responsibilities and demonstrated they were knowledgeable and understood how to provide effective care and support. Staff told us they found the training opportunities to be sufficient and appropriate. This included internal and external training and distance learning. The registered manager told us that they monitored staff's training requirements and discussed training needs with staff in one to one supervision meetings. Additionally, staff said that they received opportunities to discuss and review their practice with their line manager which they found helpful. A team leader told us that they had been enrolled on a team leaders and mentoring diploma in social care to support them to do their job. This showed how the provider supported staff in their individual roles.

The provider had an induction programme for new staff that included the Skills for Care Certificate. This is a recognised workforce development body for adult social care in England. The certificate is a set of standards that health and social care workers are expected to adhere to in their daily working life. This told us that staff received a detailed induction programme that promoted good practice and was supportive to staff.

From the sample of staff development files we looked at we found the provider ensured staff received training opportunities to keep their skills and knowledge up to date. The provider's staff training matrix, supervision, appraisal plan and staff training certificates viewed, confirmed staff were appropriately supported.

People's human rights were protected because staff were aware of the Mental Capacity Act 2005 (MCA) and The Deprivation of Liberty Safeguards (DoLS). Staff had received training and they had access to a policy and procedure that provided them with the information they needed to know.

People told us that staff involved them in discussions and decisions about how they wanted to receive their care. This included being asked their consent before care and support was provided. One person said, "They [staff] ask my permission." Another person told us, "I get on with all of them [staff]; they explain things and ask before they do anything to help me." Relatives we spoke with said consent was given by their family member but they were involved in discussions and decisions.

The MCA protects people who do not have mental capacity to make a specific decision themselves about their care and treatment. Staff showed an understanding of the principles of this legislation and gave examples of how people's human rights were protected. For example, one staff member said, "We support people to make informed decisions by giving choices and explaining things."

From the sample of care files we looked at we saw what action the provider had taken that protected people's human rights. For example, the admission assessment recorded if a person had lasting power of attorney. These showed if another person had legal authorisation to act on their behalf about decisions relating to their care and welfare. Where people lacked mental capacity to make specific decisions about their care and support, appropriate assessments and best interest decisions had been made and recorded. This showed how the decision was made, who was involved and that least restrictive practice had been considered.

The Deprivation of Liberty Safeguards (DoLS) are part of the MCA and aim to protect people where their liberty or freedom to undertake specific activities is restricted. Where concerns had been identified about a person's liberty, we saw the registered manager had taken correct action. For example applications to the supervisory body responsible for assessing and granting authorisations to restrict a person of their liberty had been made.

People were supported to eat and drink and maintain a balanced diet based on their needs and preferences. People made positive comments about the food choices including the quality and quantity of what was available. All

Is the service effective?

people spoken with confirmed they had a choice of time of when they ate. One person told us, "I get everything I want and served when I want it." Another person told us, "The food is quite reasonable." Relatives we spoke with were positive that their family member received sufficient to eat and drink.

Staff we spoke with showed a good understanding of people's nutritional needs and preferences. Records we looked at identified whether people were at nutritional risk. Whilst there was no one who had particular needs associated with their nutrition, staff gave examples of the action that would be taken if concerns were identified. This included monitoring of people's food and fluid intake and a referral to healthcare professionals such as a dietician or the GP if required.

We observed the lunchtime meal. We saw the meal was freshly prepared, nutritious and nicely presented. People had been supported to make a choice of food and drink and were provided with appropriate support to eat their meal whilst remaining as independent as possible. This included specifically adapted cutlery and the support from staff. We noted that a variety of flavoured drinks were offered and a choice of hot drinks were available during the day.

Specific dietary and nutritional needs in relation to people's healthcare needs or cultural or religious needs were assessed and included in people's plans of care. These needs were known by staff including kitchen staff.

We found food stocks were appropriate for people's individual needs. People were supported to maintain good health and have access to healthcare services. People told us and relatives agreed that people were supported with their healthcare needs.

Staff told us that people's healthcare needs were known by staff and monitored for changes.

We spoke with the GP and district nurse. They told us they visited the service weekly. They were positive about how staff cared for people's healthcare needs. This included following any recommendations they made.

From the sample of care records we looked at we found people's healthcare needs had been assessed and planned for and were monitored for changes. We observed the afternoon staff handover. Staff discussed each person and how they had been. Any key messages were written up on a whiteboard in the office. This showed us how staff ensured people's daily needs were known by all staff.

Is the service caring?

Our findings

People were supported by staff that showed they were compassionate, kind, caring and treated people with dignity and respect.

People spoke positively about the care and approach of staff. They described staff as caring with one person saying, “Nothing is too much trouble.” Relatives were also positive about how their family member was cared for. A relative said, “Staff are amazingly patient.” Additionally this relative told us that they had never felt the need to consider an alternative care home. Another relative said, “Definitely staff are caring.”

The GP and district nurse gave positive feedback about how staff cared for people that used the service. This included how staff treated people with respect and provided holistic care. Additionally, they described the end of life care people received by Westcliffe Care Home as compassionate and caring.

The staff we spoke with showed a good awareness of people’s needs and spoke about people in a compassionate and caring manner. One staff member said, “It’s home from home, I treat people how I would want my family member to be treated.” Another told us, “I love my job. It’s people’s home and we’re here to enhance it. If we can make people smile we’ve done a good job.”

We observed how staff supported people during our visit. We saw how positive caring relationships had been developed with people who used the service. For example, we saw the registered manager supported a person in the garden; they were collecting runner beans. A gardening club had been set up for those people that had an interest in gardening. Staff told us how they spent time chatting with people and this time was often used to reminisce with the person about their life. We saw staff sitting and talking with people. Staff were unhurried and their approach showed people that they mattered.

We saw how staff were attentive to people’s comfort needs. We saw how a person was given a cushion by a member of staff. They asked the person if they were comfortable and adjusted the cushion until they were. We saw another member of staff sitting with a person engaged in a conversation about grandchildren attending infant school.

The person was seen to be relaxed and enjoying the conversation and asked questions. We saw how a staff member supported a person with their meal who was visually impaired; they supported the person by explaining what the food was and where it was positioned on their plate.

From the sample of care records we looked we found information about people’s needs, routines and preferences were recorded in a caring and sensitive manner. This was a good reminder to staff about the provider’s expectation that dignity and respect for people was fundamental.

People were supported to express their views and be actively involved in making decisions about their care and support.

People told us and relatives confirmed that people were given the opportunity to be involved in expressing their views about how they received their care and support. One person said, “I’m cared for in a way that matters to me.”

Staff we spoke with told us how they supported people to express their choices in the way they wished to be cared for. One staff member said, “We review people’s care plans monthly and involve the person with this. We sit and talk and involve relatives.”

During our observations of the interaction between staff with people that used the service, we saw how staff involved people in discussions and how choices and independence were promoted. For example, people were involved in making decisions about where they sat, what they ate and drank and how they spent their time.

People could not recall if they had plans of care that advised staff of important information they needed to know about them. However, from the sample of care records we looked at, we found information that showed people and their relatives had participated in discussions about the care that was provided.

Information about independent advocacy support was available. This meant should people have required additional support or advice, the provider had made this information available to them.

People received care and support that respected their privacy and dignity and where independence was encouraged.

Is the service caring?

People told us how staff respected their privacy and dignity by knocking on their door and waiting for a response before entering. They said personal care was provided in a manner that was sensitive and respectful and their dignity maintained.

Staff we spoke with told us how they valued people's privacy, dignity and respect. One staff member told us some people's appearance was important to them. They said how they supported some of the ladies to wear their

jewellery, make up and perfume. Additionally, staff said how they promoted people's independence by encouraging people to assist with domestic jobs such as laying the table for meals, wiping the tables and dusting.

The importance of confidentiality was understood and respected by staff. One staff member told us, "We're clear about respecting confidentiality; we don't discuss personal information about people in communal areas and what happens at work remains at work." Confidential information was stored safely.

Is the service responsive?

Our findings

People received care and support that was person centred to their individual needs, preferences and routines.

People told us that staff supported them to live the lifestyle they wished and that their routines, preferences and what was important to them were known and understood by staff. One person told us, "I can get up and go to bed when I want to, I'm supported with activities that I like, I'm involved in the gardening club." A person had drinks served in her own mug which they showed us. Relatives were positive about how their family member was supported to be active with interests and hobbies that were important to them.

Staff gave examples that showed they were aware of and supported people with their chosen routines and preferences. One staff member told us, "We ask people about their hobbies and look at ways of how we can support people to carry on with these. Also anything they did at home we try and encourage them to do here." Another said, "We have developed links with the local community and have volunteers who visit which people enjoy."

We saw examples that person centred care was provided. People's individual needs and preferences in relation to their religious and spiritual needs had been considered and met. For example, the local Anglican and Catholic church provided spiritual care for people that requested this support. Staff gave examples of how some people chose to attend a weekly place of worship and how others received this support at Westcliffe Care Home.

From the sample of care records we looked at, people's routines and preferences had been assessed with regard to their preferred time to get up and go to bed. Additionally, how and when they wished to bathe. We saw how a person who had a urinary catheter that they disliked was supported by staff to have it removed. This showed how staff had been responsive and the person had a good outcome.

People that used the service and their relative or representative were invited to attend meetings with the registered manager to discuss the care and support

provided. Care records confirmed people were invited to attend review meetings. This enabled people and their relatives to have a formal opportunity to be involved in an assessment and review of the care and support provided.

On the day of our visit there was a visiting hairdresser. Some people chose to have their hair styled and appeared relaxed and that they enjoyed this activity. There were a number of national newspapers available for people which we saw people reading. We also saw that a laptop internet and Skype facilities were available for people to use. This enabled people to keep in contact with friends and relatives.

People told us how they were supported to pursue their interests and hobbies. Some people told us how they liked gardening and that they were supported to maintain these hobbies. Raised flower beds had been developed and positioned outside the conservatory enabling easy access and a good view from inside. One person told us they spent their time reading and that they enjoyed participating in some of the games.

We spoke with the activities coordinator. They told us of the weekly activities available for people to participate in. They told us that these were based on people's requests and known likes such as people's interests and hobbies. They were supported by volunteers that visited the home weekly. Westcliffe Care Home also participated in community activities such as the village fete and was involved in fundraising events. This included knitting for a neonatal unit. We also noted that a link magazine was available for people that provided information about activities in the local community. This enabled people to be aware of what was happening and gave a sense of involvement with their surroundings.

During our visit we saw that people participated in a quiz and other people listened to music reflecting back to post and pre-war. People looked relaxed and as if they were enjoying this time.

A member of staff told us that one part of the lounge was used by people that disliked the television, and in the other, light music was played which people were selective in what they listened to.

Throughout the service we saw on display items of memorabilia. These included information to support people living with dementia such as what the day and date was and the food choices were also on display. We spoke

Is the service responsive?

with some people in their rooms and saw they had been personalised. To support some people living with dementia their room had a photograph of them and information about their history, interests and preferred name. The registered manager said this was to support staff to engage in meaningful conversations with the person.

Some staff had attended specific training in dementia care called Dementia Care Matters. This is a leading UK organisation inspiring culture change in dementia care. The activity coordinator that had attended this one year training course said how beneficial they had found it to be. As part of this training the Butterfly Approach had been adopted by all staff as an effective way of supporting people with dementia. This approach encourages staff to spend a small amount of time with people turning boredom, lethargy, sleeping and staring into space into positive social interactions for people. We observed staff practiced this approach with people and saw the positive outcome this had on people.

The provider enabled people to share their experiences, concerns and complaints and acted upon information shared.

People told us that they would not hesitate to raise any concerns or make a complaint if necessary. One person told us they would choose who to approach depending on the reason. A relative said they would speak with the registered manager or owner.

Staff we spoke with were aware of the complaints procedure and what their role and responsibility was in responding to concerns or complaints. The activity coordinator told us how they had what they described as well-being meetings with people once a week. This was a time where they sat with people individually to check out how the person was feeling. If any concerns were identified this was shared with the care staff and registered manager.

We saw the provider had a complaints procedure that was on display for people, relatives and visitors. Complaints received were recorded with the action taken to respond and resolve the complaint. The provider had received no complaints since our last inspection. We saw the provider had received compliments from relatives and friends of people that used the service praising the staff for the care and support provided to their loved ones.

Is the service well-led?

Our findings

The service prompted a positive culture that was person centred, inclusive and open.

People told us that they knew who the registered manager was and that they regularly saw the owner who they referred to by name. Relatives said that they saw a lot of the registered manager and owner of the service around the home. Additionally they said that they saw them talking with people that used the service and made themselves available for people and staff.

Staff had a clear understanding of the vision and values of the service. One staff member said, “We give good quality care, I get a lot of job satisfaction. I feel I’m giving something back to people.” Another told us, “There are clear expectations of us and we understand that. It’s people’s home and we treat people with the upmost respect.”

The service showed good management and leadership.

People that used the service and relatives we spoke with were positive about the service. One person described the service as, “It’s very good. It just is, I can’t find any fault.”

Staff said they felt valued and able to raise any issues, concerns or suggestions. Staff knew about the whistle blowing policy and said they would use it if necessary. Staff told us about the various communication systems used such as handover meetings, the use of written records and meetings where information was shared. Additionally, they said that the owner of the service was available as was the registered manager. They said the registered manager supported the staff by assisting with providing care and support.

We saw during our visit that the registered manager supported the staff team and interacted with people that used the service, including visitors. They were seen to actively provide care and talk to people showing that they knew people well. They had a caring and supportive approach and ensured they provided time and space for people and staff.

The service had been awarded the Dementia Quality Mark by the local authority. This is awarded to care homes that have shown that they provide a high standard of care to

people with dementia. To gain this award the service had to meet a range of standards that demonstrated their commitment and person centred approach to care and support.

Registered persons are required to notify CQC of certain changes, events or incidents at the service. Records showed that since our last inspection the provider had notified CQC of changes, events or incidents as required.

The service had quality assurance systems in place that monitored quality and safety. People we spoke with, including relatives, told us that they received opportunities to feedback their experiences about the service. This included participating in a survey and attending a meeting twice a year. In addition there were suggestion boxes available to share information. The registered manager also said that they and the owner, who was at the service daily, had an open door approach for people, relatives and staff.

We saw a copy of a survey sent out by the provider to people that used the service and relatives and representatives in May 2015. We noted that positive feedback was received and some people had made requests. These included a change of when tea was served, one person requested their bed was changed from a double to a single and another person wanted the tap changed in their room. We saw these requests for changes had been met.

Staff meetings were held twice a year and in addition other meetings with particular staff happened more frequently, such as team leader and senior staff meetings and meetings with night staff, domestic and kitchen staff. We looked at the meeting records and saw discussions about the standards of care the provider expected and the action required of how these were to be met.

The provider had systems in place to monitor the quality and safety of the service. These included various audits for example in the management of medicines, care records and accidents and incidents. People’s individual accidents and incidents were monitored and appropriate action had been taken. However, the registered manager had not got a system in place that analysed all accidents and incidents that would have provided information on any themes, patterns and trends. We discussed this with the registered manager; they said they would develop a system that would enable them to have this oversight.

Is the service well-led?

We identified that some issues with areas of the environment such as a carpet in the bathroom and a shower room that had limited space. The registered manager told us that these concerns had already been identified and were in the refurbishment plan. We saw records that showed a monthly environment audit was undertaken. Where improvements were identified we saw records that confirmed the maintenance person had completed these tasks. Where people had been assessed as requiring specific equipment we saw this was provided.

The provider had signed up to the Social Care Commitment with the Skills for Care. This meant they had made a promise to support its work force and had made a commitment to put care values into practice. This showed the provider strived to provide a service that was person centred and supportive to its staff.