

Sunrise Senior Living Limited

# Sunrise Operations of Banstead

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Sunrise Banstead Operations Limited is a residential care home. The home is registered to provide accommodation and personal care for up to 97 people. The home is divided into two 'neighbourhoods', assisted living and reminiscence. Reminiscence provides care to people with dementia. The assisted living provided care and support to people who may have mobility and some health needs. At the time of our inspection there were 91 people living in the home.

The home was run by a registered manager, who was present on the day of the inspection. 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 and associated Regulations about how the service is run.

People's human rights could have been affected because the requirements of the Mental Capacity Act were not always followed. Some mental capacity assessments and best interest decisions had occurred where people lacked capacity to make decisions about their care.

Where people's liberty may be restricted to keep them safe, the provider had not always followed the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure the person's rights were protected. DoLS applications had not been made for two people who had their freedom restricted. Since the inspection, the registered manager has confirmed that the applications have been completed. We have made a recommendation.

People were protected from avoidable harm. Staff received training in safeguarding adults and were able to demonstrate that they knew the procedures to follow should they have any concerns.

There were sufficient staff to keep people safe. There were recruitment practises in place to ensure that staff were safe to work with people. There were sufficient staff numbers deployed to meet people's needs.

People's medicines were administered, stored and disposed of safely. Staff were trained in the safe administration of medicines and kept relevant and accurate records.

Staff had written information about risks to people and how to manage these. Risk assessments were in place for a variety of tasks such as personal care, use of equipment and some health needs and they were updated frequently. The registered manager ensured that actions had been taken after incidents and accidents occurred.

People had sufficient to eat and drink. People were offered a choice of what they would like to eat and drink. For those people that needed it, weights were monitored on a regular basis to ensure that people remained healthy.

People were supported to maintain their health and well-being. People had regular access to health care professionals.

Staff were trained and had sufficient skills and knowledge to support people effectively. There was a training programme in place to ensure staff could meet people's needs. Staff received regular supervision.

People were well cared for and positive relationships had been established between people and staff. Staff interacted with people in a kind and caring manner.

People, relatives and health professionals were involved in planning people's care. People's choices and views were respected by staff. Staff and the management knew people's choices and preferences. People's privacy and dignity was respected.

People received a personalised service. Care plans contained sufficient detail for staff to support people effectively. We have made a recommendation about detailing people's life histories. People were supported to maintain their independence.

There were range activities in place which people enjoyed. Activities included drives out on the minibus, sewing groups, tea dances, reminiscence and physical exercise.

The home listened to people's, relatives and staff views. There was a complaints procedure in place. The registered manager had responded to complaints in line with the provider's policy.

The management promoted an open and person centred culture. Staff told us they felt supported by the manager. People and their relatives told us they felt that the management was approachable and responsive.

There were robust procedures in place to monitor, evaluate and improve the quality of care provided. Staff were motivated and aware of their responsibilities. The manager understood the requirements of CQC and sent in appropriate notifications.

## 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.

Risks to people were identified and managed appropriately. Staff were aware of individual risks and how to keep people safe.

Staff understood and recognised what abuse was and knew how to report it if this was required.

There were enough staff to meet the needs of people. All staff underwent complete recruitment checks to make sure that they were suitable before they started work.

Medicines were administered, stored and disposed of safely.

### Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Some people's human rights may have been affected. Some Mental Capacity assessments and best interest decisions had occurred. In two cases they had not. Improvements could be made to ensure that applications are submitted to the local authority where people were deprived of their liberty.

People enjoyed the food. People had choice of food and drink. People's weight, food and fluid intake were monitored when needed.

Staff had the knowledge and skills to support people. Staff received supervision.

Staff supported people to attend healthcare and social care appointments to maintain their health and wellbeing.

### Is the service caring?

Good ●

The service was caring.

People were well cared for. They were treated with care and kindness. People's dignity and privacy was respected.

Staff interacted with people in a respectful, caring and positive

way.

People, relatives and appropriate health professionals were involved in their plan of care.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were reviewed regularly. Care needs were assessed prior to admission. Improvements could be made in capturing people's life histories.

There was a range of activities on offer, which people told us they enjoyed.

People and their relatives told us they felt listened to. Complaints had been responded to in line with the providers' policy.

### Is the service well-led?

Good ●

The service was well led.

There were robust systems in place to monitor and improve the quality of care provided.

The registered manager promoted an open and positive culture.

People, relatives and staff said that they felt supported and that the management were approachable. People and staff were asked to feedback their views about the home.

# Sunrise Operations of Banstead

## **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 9 November 2016 and was unannounced. It was conducted by four inspectors and two experts by experience (Ex by Ex). An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed all the information we held about the provider. This included information sent to us by the provider in the form of notifications and safeguarding adult referrals made to the local authority. A notification is information about important events which the provider is required to tell us about by law. We contacted the local authority quality assurance and safeguarding team to ask them for their views on the service and if they had any concerns, no concerns were raised.

Before the inspection, the registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information was reviewed to see if we would need to focus on any particular areas of the home.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with 21 people, two relatives, 12 staff members and the registered manager.

We spent time observing care and support provided throughout the day of inspection, at lunch time and in the communal areas. We reviewed a variety of documents which included ten people's care plans, risk assessments and 32 people's medicine administration records (MAR). We also reviewed four weeks of duty

rotas, some health and safety and quality assurance records and six staff recruitment records. We also looked at a range of the provider's policy documents. We asked the registered manager to send us some additional information following our visit, which they did.

We last inspected the service on 30 July 2013 and no concerns were identified.

# Is the service safe?

## Our findings

People told us that they felt safe living in the home. One person said "I'm quite happy and very safe here." Another said "It's good here, I do feel safe" and "I can walk around the building as I please." Another person said "I do feel safe as there is always someone around."

People were protected from avoidable harm because staff had a good understanding of what types of abuse there were, how to identify abuse and who to report it to. One staff member said "If a person is in danger I would let my manager know, because people's wellbeing needs to be protected. We can raise anonymously using the whistleblowing procedures if I was not happy with the manager's actions." Staff told us that they had training in safeguarding and this was confirmed by checking the training records. One staff member said "We have safeguarding training about every six months and we have policies about this as well."

Staff knew that there were telephone numbers of the local safeguarding team and CQC to contact if required. Safeguarding information was displayed in the staff office as well as on the noticeboards for people. The registered manager had notified us when safeguarding concerns were identified and ensured that plans were in place to reduce the risks of harm to people.

There was a whistleblowing policy and safeguarding policy in place with contact details of CQC. The safeguarding policy contained out of date information and was not based on current law.

There were enough staff to meet people's needs. People and their relatives told us there were enough staff to keep people safe. One person said "Yes, I believe there are enough staff, they respond quickly." Staff were observed to be available when people needed assistance. Call bell audits confirmed that the majority of call bells were answered within five minutes. When outside this time, the registered manager follows up and established why staff took longer and acted to rectify this.

The registered manager told us that staff were deployed in the two different sections of the home and they used a dependency tool to assess people's needs to ensure correct staffing levels. Both 'neighbourhoods' were supported by 12 staff providing care in the morning and eight staff in the afternoon, with five staff supporting people at night. The rotas and our observations on the day confirmed that these staffing levels were consistently maintained. A member of staff said, "In most instances I would say yes there are enough staff." We saw that people did not wait for care or support when it was required and staff were always available in communal areas. Call bells were answered within five minutes. The registered manager monitored call bell logs frequently to ensure that staff responded promptly.

The registered manager told us that there were housekeeping, catering and activity staff and volunteers, leaving care staff dedicated to supporting people. These staff were present on the day.

Staff were recruited safely. There were robust systems in place to ensure that staff employed were recruited safely. Appropriate checks were carried out to help ensure only suitable staff were employed to work at the home. Staff files included a recent photograph, written references and a Disclosure and Barring Service



(DBS) check. The DBS checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people.

Medicines were administered to people safely. One person said "Yes, I am on medication and I get it when I expect it." Another said "We are given our medication and they watch us take it." We observed medicines being given to people; it was done in a dignified way and with the persons consent. Each person had a medication administration record (MAR) chart which stated what medicines they had been prescribed and when they should be taken. The staff ensured that they explained to the person why they were having that medicine. Staff did not sign the MAR until the person had taken the tablet which is in line with best practice. We reviewed people's MAR and their blister packs. They were without gaps which confirmed that people received their medicines as prescribed.

There were guidelines in place for people who were prescribed 'as required' (PRN) medicines such as some pain relief and creams. This enabled staff to know how and what signs the staff should look out for as to when to administer the medicine.

Some people chose to administer their medicines themselves. Staff had ensured that there were safe storage facilities for people and assistance with ordering and disposing of medicines should people need it. Staff completed risk assessments to ensure that people were safe to administer their own medicines.

Medicines were stored, ordered and disposed of safely. The home followed the providers' medicines procedures. Only staff trained as competent to administer medicines did so and they had annual competency assessments to ensure that their skills were current.

Risks to people were managed to ensure that their freedom was protected and people were safe. Staff had individualised guidance so they could provide support to people when they needed it to reduce the risk of harm to themselves or others. Staff were able to describe individual risks to people and how to address these to keep people safe. We could see from people's plans that people were involved in their risk assessments. Care plans contained risk assessments in relation to bathing, falls, mobility, nutrition and pressure areas. Risk assessments were reviewed frequently and as required.

The manager had oversight of incidents and accidents, which meant that trends and actions were taken to keep people safe. Accidents and incidents were recorded. There was detailed information about the accident, any witnesses, injuries and treatment people received. From the notifications we received we noted that the number of falls had recently increased. The registered manager told us that they had bought in a physiotherapist to talk with people and staff about falls prevention. Staff now actively checked people's footwear, ensured that they had their pendant alarm on them and supported them to and from the lift. The registered manager confirmed that this had reduced the number of falls that had occurred. The registered manager told us that there was a monthly analysis of falls and accidents. This reviewed the action taken and action required to minimise the risks of falls and accidents occurring. This was confirmed by records seen.

People would be kept safe in the event of an emergency and their care needs would be met. The registered manager told us the service had a plan in place should events stop the running of the service. The plan detailed what staff should do and where people could stay if an emergency occurred. People had personal evacuation and emergency plans (PEEPs) which told staff how to support people in an emergency. Staff confirmed to us what actions they would take in an emergency to keep people safe.

## Is the service effective?

### Our findings

People's human rights were not always protected as the registered manager had not ensured that the requirements of the Mental Capacity Act were followed. 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.

Some mental capacity assessments had been completed for people who lacked capacity to make decisions regarding their care. Mental capacity assessments had been completed for decisions such as medicines, or accepting care. People told us that staff asked for people's consent before providing care. We saw staff ask people before providing care throughout the day.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Some people's freedom had been restricted to keep them safe. Two people lacked capacity to make a decision about their care and two people needed one to one support from staff to keep them safe. The registered manager had not ensured that a mental capacity or best interest decision had occurred. Furthermore, the registered manager had not made the necessary DoLS applications to ensure that those people's liberty was being deprived in the least restrictive way possible. We asked the registered manager to complete the mental capacity assessments and DoLS applications which they confirmed they had done after the inspection.

We recommend that the registered manager reviews the homes process regarding the requirements of the Mental Capacity Act 2005.

People were supported to have a healthy and balanced diet. People told us that the food was good and there was a good choice. One person said "The food's good. There is a varied menu." Another said "There is a nice variety of meals and good quality."

The mealtime was calm and sociable, with people and staff chatting about their day, with soft music playing in the background. The menu was displayed and included the main meal of the day, together with the alternatives on offer including a vegetarian option. People had a choice of drinks and meals. People were offered choices by staff who took care to ensure the person's best understanding of the choice. Staff sat at the table to encourage people to eat if required. When people needed support to eat their meal, staff supported people with dignity and care.

People who had special dietary needs, had those needs met. We saw a list in the kitchen of people's dietary requirements. The chef and staff were able to identify those people who were on specialised diets such as pureed or dairy free. Hot and cold drinks were available to people throughout the day, including fresh fruit and snacks. People could help themselves. People had jugs of drink in their rooms. One person said "There

is always water in my room".

People were involved with preparing snacks and drinks. The registered manager told us there was a re-design underway in one part of the home. We saw that the kitchen had been re-designed to be in the centre of that part of the home and had been opened out so that people could use it. The registered manager told us that this was to encourage people to get involved more with food, to promote people to eat and drink themselves and to aid their nutrition. Staff confirmed that people washed up and helped themselves to more food and drinks. We saw people use the kitchen and washed up a few things and got themselves snacks.

For some people who were at risk of malnutrition, their weights had increased. People had access and choice around their food, particularly at breakfast. A new dining scheme was being started in order to give greater choice to people. The registered manager explained, "This includes having cereals out on display so that people can see and choose rather than just being given porridge as a known preference."

For people who were at risk of malnutrition and dehydration, there was a system in place for the nutrition and hydration champion to monitor people's food and fluid intake.. This information was reviewed weekly. People were weighed monthly and they were monitored to ensure people's weights remained stable. When necessary meals were fortified and/or people's GP's were informed.

People were supported to maintain their health and wellbeing. A person said "A local GP visits, but if we are unwell, he will be called in." When there was an identified need, people had access to a range of health professionals such a dietician, district nurses, physiotherapist and optician. One health professional told us "Staff are good, they call us when appropriate. Staff know people's needs." They went on to say that staff were always prepared and took action when things were needed to be done to keep people well. We found evidence that advice and guidance given by these professionals was followed and documented. One person told us about the exercises that they had been given by a physiotherapist and staff encouraged them to continue doing them.

The registered manager told us that people had a well being check every month which focused on health. This information feed into a meeting held every week to discuss people's wellbeing and health and to ensure that actions are completed, such as referral to a physiotherapist as a result of a fall. A health professional said "They always put the needs of the person first."

People told us that they thought that the staff were well trained. Staff also said that they received training that helped equip them with the knowledge to care for people effectively. One member of staff said, "I've done lots of training including DoLS (Deprivation of Liberty Safe guards), moving and handling, fire, health and safety. Residents have risk assessments so have done risk assessment training. We can also recommend other training if we want to do it." Records confirmed that staff had training in dementia, the values of the organisation and moving and handling training amongst others.

The registered manager had identified that staff understanding of the needs of supporting people with dementia needed to be enhanced. She went on to say that new training is due to be introduced for all staff, dementia pathway training, which is a three day course. This would improve staff knowledge and understanding of caring for people with dementia.

People were supported by staff who were encouraged to develop their skills and knowledge. The registered manager ensured that staff had regular supervision which looked at their individual training and

development needs. Staff told us that they received sufficient support to fulfil their roles and responsibilities. One said, "If I have concerns I can talk to my line manager. When we do supervision every three to six months we discuss things what I'm not happy about. We also have an appraisal where we discuss feedback from residents and families." Records confirmed that staff were received regular supervision.

## Is the service caring?

### Our findings

People and their relatives told us that staff were kind and caring. One person said "The staff are very good, kind people." And other said "Almost all the staff are very good, helpful and caring" and "I look on the staff as friends."

Staff had developed positive and caring relationships with people. Companionable, relaxed relationships were evident during the day of our inspection. Staff were kind and wanted to help people. For example, one person who was struggling to hear our questions, the staff member adjusted their hearing aid and checked with them that it was working okay. The staff member told us which side we should sit on so the person could hear us better.

There was a family atmosphere, with staff chatting and interacting well with people. Staff stopped and talked with people, asking how they were and what they were doing with their day. We saw staff using humour and touch when engaging with people. When a person became distressed, a staff member went over and spoke with the person calmly and respectfully. They asked them what was wrong; they listened to what they had to say and reassured the person. A person said "Most staff are kind and sensitive" and another person said "The staff are respectful and do treat us with dignity."

People were supported to make decisions about their care. Information was displayed throughout the building that informed people of events and activities. People were seen reading this and then making decisions about the activities they wished to participate in. One person told us, "It's our choice if we go out or not." another person told us about the residents and dining committees that they were on in the home. They explained, "The staff really try to do what we want them to do." We saw people being offered choices throughout the day from drinks, food and activities. One person was also offered to attend the staff meeting that was being held.

Staff knew people's likes and dislikes. One person said "They're kind because they know me." Peoples care plans included information about their support needs, their preferences and likes and dislikes. For example, one person's plan stated, "I prefer to wear trousers and jumper or tops but I do wear skirts occasionally." This person was seen to be wearing clothes that reflected their care plan and they confirmed their wishes were respected by staff. A staff member told us about people's bed time routines and bathing preferences, we looked in their care plans and this information was confirmed. The staff member said "We ask them if they want a shower or bath, their preferences. Also give choice about what time to get up and if they would like to have breakfast in the dining room or in bed. It's about giving options and choices."

People were supported by staff to maintain their independence. Peoples care plans detailed what the person could do for themselves and what support they actually needed. One person's care plan stated "I am able to choose my own clothes appropriate for the weather conditions and I am able to dress independently." A person told us "They lay out your clothes. Help you get ready for bed and check that you have been to the toilet."

People's dignity and respect was maintained by staff. One person told us "They are respectful, like knocking on my door before coming in." Throughout the day staff supported people to be assisted with their personal care. Staff discreetly prompted and supported people with this. We observed staff knocking on people's bedroom doors before entering. A member of staff explained, "It's important to knock on doors and wait for them to say come in before entering. Make sure doors are closed when giving personal care. If I have to have another member of staff with me I check that the resident is happy with this and explain why, for example if they are new and shadowing me."

People were well dressed and their appearance was maintained by staff. People wore appropriate clothes that fitted and nicely combed and styled hair which demonstrated staff had taken time to assist people with their personal care needs.

People's bedrooms were individualised. People could bring in their own furniture and personal items as they wished. A relative told us "They have made her room as close to home as possible." People had a choice of rooms that included rooms with individual bathrooms and lounge areas. One person told us, "I like my own suite and having a separate bedroom. I feel very lucky having all my own things around me." People told us that their rooms were clean and tidy. One person said "The Home is always very clean and they do our rooms and bathrooms every day."

Relatives and people told us that there were no restrictions on visiting their loved ones. One person said "There are no restrictions to family visits." Relatives told us that staff were kind and caring towards them when they visited. We saw relatives arrive throughout the day, staff and the management interacted with relatives politely and professionally.

## Is the service responsive?

### Our findings

People told us that they were involved in their care. One person said "We are aware of our care plans." A relative confirmed that they were aware that their loved one had a care plan in place.

People had care plans in place for areas that included communication, mood and behaviour, socialisation, memory and cognition and safety. This gave staff information about how to care and support people. Care plans were reviewed on a monthly basis and people were involved in six monthly reviews of their care. Assessments were completed prior to people moving in, which included obtaining people's medical history.

Some care plans had a life story in place, whilst some others did not. A section called 'My life story' gave staff information about people who were important to the person, their past memories, hobbies and interests, and preferences. They also included information about people's current preferences in relation to daily routines, which included times of rising and retiring and bathing. Staff confirmed that the information within these helped them to understand the whole person before they lived with dementia. Therefore with information missing for some people, there was a risk that staff would not always be able to offer holistic support to a person. The registered manager told us that they would review this and where appropriate gather information to put people's life stories together.

The care people received was personalised. A health professional told us that a person required end of life care and was due to be moved to a nursing home, but wanted to remain in the home. They went on to say that the care was "outstanding" and the staff managed the person very well, considering the level of needs that they had.

People were listened too. People told us that they would feel confident to raise concerns or to make a complaint. One person said, "I suppose I would go to the manager and if she did not help I would find out who to ring to take higher. But I'm perfectly satisfied. Staff try to put things right that are upsetting you."

The home had a complaints policy in place which detailed how a complaint should be responded too. Where complaints had been received the registered manager had responded in line with the providers' complaints policy. There was a record of action taken and if the complainant was happy with the response. Staff were able to explain how they supported people to raise concerns. One said, "In the dining room we have a book. People can say if they are not happy with the service. They are made aware of the complaints procedures." They went on to say they would discuss any complaints with their line manager.

Compliments had been received from people and their relatives. A number of relatives thanked the staff and management for the kindness and caring that they had shown to them and their loved ones. One person thanked the chef and staff for the birthday cake and birthday tea that had been laid on for them.

The registered manager had other opportunities in place to listen to people and their relatives. She told us that there was a dining committee that meets monthly. People and the head chef attended, food choices were the main topic for discussion. There was a residents committee meeting that was held monthly,

representatives chosen by the people that lived at the home attended. Items such as the recent refurbishment and laundry were discussed. One person stated "They do hold meetings for residents." There is also an activities committee meeting held monthly. Minutes of these meetings confirmed that they were held. There was also a monthly newsletter for people, which told people about what activities and trips out there were and information regarding the committees.

People told us that they were happy with the activities on offer. One person said "The activities programme is varied and there is enough of a choice to entertain me. Another said "The entertainments are very good. There's flower arranging on Friday, cookery on Thursday. I do the poetry one too, I like poetry."

There was a varied activity programme in place, ranging from drives out in the minibus, sewing groups, tea dances, reminiscence and physical exercise. On the day we saw that there was a tea-dance in the morning, a card playing group, a sewing group, reminiscence and an afternoon tea. These sessions were well attended.

The registered manager told us that they were introducing an activities programme called 'live with purpose'. She told us that these were activities to meet the mind, body and spirit and to "Capture and encourage people." She went on to say that staff were having training in this and the programme was being introduced.



## Is the service well-led?

### Our findings

People and relatives told us that the home was well led. One person said "Overall this place is definitely run well." Another said "I do feel this place is well managed." People told us that the management were approachable. One person said "The manager is very nice" and "All the senior staff are approachable." Another said "The management do listen to what residents have to say."

There were systems in place to monitor, evaluate and improve the quality of care provided. The registered manager told us that there were monthly clinical governance meetings, this reviewed and tracked any incidents and accidents, including people who have had falls, people who are at risk of malnutrition or infection. The meeting minutes also reviewed if supervision and training was up to date for staff. There were weekly call bell audits; this looked at how long staff took to answer the bell when a person called for assistance. We saw from the tracker, if a staff member took over five minutes, the registered manager would investigate why this was and put actions in place to minimise the risk of it occurring again.

The registered manager completed monthly health and safety audits which was discussed at the monthly heads of department meetings and the quarterly health and safety meetings. The registered manager told us that this was to ensure that actions were taken and progress was reviewed. Frequent checks on medicines administration were completed and actions required are on the development plan. The registered manager had put a development plan in place with who was responsible for the improvement and a date the action had been completed by. One action to be completed was that there was a limited snack selection for people; the registered manager has signed this off as completed.

Staff told us that they felt supported and that the management was approachable. A member of staff said, "The manager is approachable. I feel comfortable around her and I don't feel scared to say things to her." Another said "I feel supported by the manager." The registered manager said "I love my job and I am proud of the things that we deliver."

Staff told us that they were involved in the running of the home. Staff said that there were regular team meetings, these occurred every eight weeks. Minutes of the meetings confirmed that discussions included improvement, response times for call bells, training and the environment. There was a monthly staff newsletter which contained information on training, recruitment and thank you's.

Staff said that they were recognised for the work that they did. One explained, "We have regular staff meetings. We celebrate staff achievements, prizes are given and someone is awarded employee of the month. It's nice to be recognised for achievements." There was also an employee of the month.

Staff are nominated for external awards. For example, the dining service co-ordinator had been a finalist in the national association of care catering two years in a row. The activity co-ordinator also won a regional award and runner up in a national award. They were for developing the activities programme and designing activities to encourage people to eat.

There were opportunities for people and staff to feedback in to the home. There was an annual staff survey; the registered manager told us that 100% of staff responded. The majority of staff felt supported, however there was 13% of staff who felt that they didn't have the right support or skills to do the job. The registered manager told us that they used individual supervisions and training to address this. The registered manager told us that an annual feedback questionnaire had been sent out recently to people and their relatives and results were due in the next month. People confirmed that a questionnaire had been sent out; one person said "We do get questionnaires from time to time."

Staff at the home worked closely with the local community to ensure that people who were living with dementia received the right support. The registered manager told us that they had started to train and support staff who work in shops and cafes in the local town to become 'dementia friends'. The registered manager told us that they had trained the local police and fire station staff also as a dementia friend. A dementia friend is a person who learns a more about what it's like to be a person living with dementia.

The registered manager had completed the provider information return (PIR) on time and what was stated in the return was reflected on the day of our inspection. For example the quality audits and clinical governance meetings had been happening. It also noted areas of improvement such as staff to receive further training in supporting people with dementia. The registered manager confirmed with us that training in supporting people with dementia was being rolled out and due to start Spring 2017.

The registered manager promoted an open and positive culture. We saw staff on the day talk to the registered manager and ask questions, she responded and guided staff. She understood her responsibilities as a registered manager and the requirements under CQC. When required notifications were sent in to CQC.