South Gloucestershire Council

Alexandra Way Residential Care Home

Inspection report

3 Alexandra Way
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27 January 2016

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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

Summary of findings

Overall summary

This inspection took place on 26 and 27 January 2016 and was unannounced. There were no concerns at the last inspection of May 2013. Alexandra Way provides accommodation for up to 43 older people. At the time of our visit there were 31 people living at the service.

There was 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.

People were very happy living at "Alex Way" and we received positive comments about their views and experiences throughout our visits. People told us they felt safe because the staff were "caring and enjoyed what they did". The registered manager listened to people and staff to ensure there were enough staff to meet people's needs. They demonstrated their responsibilities in recognising changing circumstances within the service and used a risk based approach to help ensure that staffing levels and skill mix was effective.

The home had been in a pilot project for 18 months which was funded by the NHS. A number of beds (referred to as pathway beds or enablement beds) were used for people referred by community health services. This was to prevent potential hospital admissions or for rehabilitation purposes after hospital care where people were not ready/fit to go home. A community occupational therapist had been deployed at the home for two and half days per week. Part of their role was to train and support staff in areas that would help rehabilitate people so that they had the skills and support with a view to going home. This included promoting independence in daily living skills, improving mobility and wellbeing and identifying and assessment for basic equipment needs.

The registered manager and staff told us how they had enjoyed being part of the pilot. It had been "gratifying to help people get back on their feet and enable them to go home". In addition staff felt it had enhanced their skills which in turn had a positive impact on those people who permanently lived at the home. The occupational therapist had enjoyed working alongside staff at Alex Way and felt the pilot had improved confidence and knowledge for future practice in rehabilitation and promoting independence.

Staff had the knowledge and skills they needed to carry out their roles effectively. They enjoyed attending training sessions and sharing what they had learnt with colleagues. The provider supported staff and the registered manager at all times.

People and their relatives told us staff were caring, kind and they "couldn't fault them". Staff had a good awareness of individuals' needs and treated people in a warm and respectful manner. It was very clear at the staff meeting we attended that all staff were truly committed to the people they supported. The registered manager and staff were knowledgeable about people's lives before they started using the service.

Every effort was made to enhance this knowledge so that their life experiences remained meaningful.

People received appropriate care and support because there were effective systems in place to assess, plan, implement, monitor and evaluate people's needs. People were involved throughout these processes. This ensured their needs were clearly identified and the support they received was meaningful and personalised. Regular monitoring and reviews meant that referrals had been made to appropriate health and social care professionals and where necessary care and support had been changed to accurately reflect people's needs. People experienced a lifestyle which met their individual expectations, capacity and preferences.

Staff involved in this inspection demonstrated a genuine passion for the roles they performed and individual responsibilities. It was important to them that those living at the service were "happy and felt special". Staff embraced new initiatives with the support of the registered manager and colleagues. They continued to look at the needs of people who used the service and ways to improve these so that people felt able to make positive changes.

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 had received training in safeguarding so they would recognise abuse and know what to do if they had any concerns.

People received care from staff who took steps to protect them from unnecessary harm. Risks had been appropriately assessed and staff had been provided with clear guidance on the management of identified risks.

There were enough skilled, experienced staff on duty to support people safely.

People were protected through the homes recruitment procedures. These procedures helped ensure staff were suitable to work with vulnerable people.

People were protected against the risks associated with unsafe use and management of medicines.

Is the service effective?

Good

The service was effective.

People received good standards of care from staff who understood their needs and preferences. Staff were encouraged and keen to learn new skills and increase their knowledge and understanding

People made decisions and choices about their care. Staff were confident when supporting people unable to make choices themselves, to make decisions in their best interests in line with the Mental Capacity Act 2005.

People had access to a healthy diet which promoted their health and well-being, taking into account their nutritional requirements and personal preferences.

The service recognised the importance of seeking advice from community health and social care professionals so that people's

health and wellbeing was promoted and protected.

Is the service caring?

Good

The service was caring.

The provider, registered manager and staff were fully committed to providing people with the best possible care.

Staff were passionate about enhancing people's lives and promoting their well-being.

Staff treated people with dignity, respect and compassion.

People were supported to maintain relationships that were important to them.

Is the service responsive?

Good

The service was responsive.

Staff identified how people wished to be supported so that it was meaningful and personalised.

People were encouraged to pursue personal interests and hobbies and to access activities in the service and community.

People were listened to and staff supported them if they had any concerns or were unhappy.

Is the service well-led?

Good

The service was well-led.

The vision and values of the home were embedded in the way care and support was provided to people. Feedback was encouraged and improvements made to the service when needed.

People benefitted from staff who felt supported and were motivated to learn and develop, embracing the culture of the home to "be the best" they could.

The managers strove to maintain, sustain and further improve the experiences of people living in the home through quality assurance processes.

Alexandra Way Residential 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

This service was previously inspected on 31 May 2013. At that time we found there were no breaches in regulations. This inspection took place on 26 and 27 January 2016 and was unannounced. One adult social care inspector carried out this inspection.

Prior to the inspection we looked at information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

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 planned to make. We reviewed the information included in the PIR and used it to assist in our planning of the inspection.

We contacted four health and social care professionals, including a community nurse, GP, occupational therapist and social worker. We were provided with a range of positive feedback.

During our visit we met and spoke with seven people living at the home and two relatives. We spent time with the registered manager, duty managers and spoke with eight staff. We observed people at lunch time and later in the day when they were enjoying a visiting entertainer. We looked at four people's care records, together with other records relating to their care and the running of the service. This included five staff employment records, policies and procedures, audits and quality assurance reports.

Good

Is the service safe?

Our findings

We asked people if they felt safe and if they were treated well by staff. Comments included, "I feel very safe, the staff take care of us all", "The staff are confident and know what they are doing, this reassures me" and, "I find it particularly reassuring at night, just knowing they are there". People had locked facilities in their rooms to keep their personal belongings safe and they were given the option to have a key to their rooms.

Staff understood what constituted abuse and the processes to follow in order to safeguard people in their care. Policies and procedures were available and staff were required to sign to say they had read and understood the information. Staff confirmed they attended safeguarding training updates and this was a good way to refresh their knowledge and understanding. The registered manager and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse. Agencies they notified included the local authority, CQC and the police.

The registered manager and staff encouraged people to live as independently as possible and recognised this could expose people to some degree of risk. People were supported to take risks balancing their safety and their health care needs. One member of staff spoke with us about supporting people to regain certain skills so that it was safe to go back home. This included improving mobility and re-learning cooking skills.

Staff spoke with us about specific risks relating to people's health and well-being and how to respond to these, this included risks associated with weight loss, maintaining skin integrity and difficulty with swallowing and potential choking risks. People's records provided staff with detailed information about these risks and the action staff should take to reduce these.

People who had physical disabilities required specialist equipment to help keep them safe. Equipment was risk assessed and staff received training on how to use the equipment to reduce the risks to people who used them. This included, pressure relieving mattresses, profiling beds, specialist seating, ceiling and mobile hoists and equipment to help people shower and bathe safely. Equipment was checked by the maintenance person and maintained by an outside contractor where necessary.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Written accident and incident documentation contained a good level of detail including the lead up to events, what had happened and what action had been taken. Any injuries sustained were recorded on body maps and monitored for healing. There was evidence of learning from incidents that took place and appropriate changes were implemented. Staff identified any trends to help ensure further reoccurrences were prevented. We saw an example where a person was at risk of increased falls, the staff had checked for infection, reviewed the environment, and made a referral to the falls clinic for assessment.

People confirmed there were sufficient numbers of staff on duty. Comments included, "Look around you, everywhere you look you can see staff", "There are always plenty, we never have to wait too long for anything" and, "I think they are very generous, someone is always able to assist you even when you go out". People were able to request support by using a call bell system in their rooms and communal areas of the

home. During the inspection the atmosphere was calm and staff did not appear to be rushed, they responded promptly to people's requests for support.

The staffing levels did not alter if occupancy reduced. If people's needs increased in the short term due to illness or in the longer term due to end of life care, the staffing levels were increased. Staff escorts were also provided for people when attending appointments for health check-ups and treatments and when someone wanted to go out socially.

The registered manager ensured there was a suitable skill mix and experience during each shift.
For all routine shifts there were six care staff on duty each morning, five in the afternoon and three waking care staff on duty overnight. Additional support was provided by two catering staff and two domestic staff. Extra staff were also rostered to provide activities and escorts on a daily basis.

The registered manager and duty managers were supernumerary on each shift and were readily available to offer support, guidance and hands on help should carers need assistance. The managers also covered vacant shifts rather than use agency staff. This was because it promoted continuity of care, kept them up to date with people's needs and helped update/refresh their skills and knowledge.

Staff files evidenced that safe recruitment procedures were followed at all times. Appropriate pre-employment checks had been completed and written references were validated. Disclosure and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people.

Policies, procedures, records and practices demonstrated medicines were managed safely. There had been no significant errors involving medicines in the last 12 months. Staff completed safe medicine administration training before they were able to support people with their medicines and this was confirmed by those staff members we spoke with. Staff were observed on all medication rounds until they felt confident and competent to do this alone. The registered manager also completed practical competency reviews with all staff to ensure best practice was being followed.

Good

Is the service effective?

Our findings

People told us they felt they were in, "good hands, staff were confident and they knew what they were doing". The registered manager believed that investing in training for staff made them feel valued and empowered them to want to extend their skills, knowledge and in some cases their roles. Staff agreed with this and comments included, "I love learning, there are good opportunities working here", "Training has enabled us to look at the bigger picture, roles are more meaningful and less about carrying out tasks" and, "The training makes you look at the way you do things and whether you can improve in those areas".

Training and development opportunities were tailored to individual staff requirements. Staff felt encouraged and supported to increase their skills and gain professional qualifications. There was an expectation that all staff would undertake a diploma in health and social care at level two or three (formerly called a National Vocational Qualification).

In addition to mandatory courses, staff accessed additional topics to help them understand the conditions and illnesses of the people they cared for people. This included dementia awareness, Huntington's, Parkinson's, sensory impairments and diabetes. Fact sheets were also available in peoples care records explaining things such as poor digestion, these provided staff with information about signs, symptoms and treatments available.

New staff had an induction programme to complete when they started working for the service. The programme consisted of 15 modules to be completed within three months and was in line with the new Care Certificate that was introduced for all care providers on 1st April 2015. A mentor system was also in place where all new staff were linked with and shadowed by a senior staff member during shifts. This was to assist with continued training throughout the induction process.

Staff felt they were supported on a daily basis by the registered manager, duty managers and other colleagues. Additional support/supervision was provided on an individual basis and these were formally recorded. Supervisions supported staff to discuss what was going well and where things could improve, they discussed individuals they cared for and any professional development and training they would like to explore. Everyone enjoyed group meetings as an additional support network, where they shared their knowledge, ideas, views and experiences. The registered manager and duty managers conducted practical observation sessions to help staff to develop their practical skills, for example, medicine rounds and catheter care.

All staff had received training in the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for those acting on behalf of people who lack capacity to make their own decisions. The DoLS provide a legal framework that allows a person who lacks capacity to be deprived of their liberty if done in the least restrictive way and it is in their best interests to do so.

Staff understood its principles and how to implement this within the service. One staff member we spoke

with explained their understanding for those people who did not have mental capacity and how to support best interest decisions. This included those decisions that would require a discussion with family, and possibly other significant people, for example health and social care professionals.

People's legal rights were respected and restrictions were kept to a minimum using the least restrictive option. Where applications had been authorised to restrict people of their liberty under the DoLS it was to keep them safe from possible harm. There was a clear account about why referrals had been made and how a person had been supported through the process and by whom. This included GP's, best interest assessors and or independent advocates. There were systems in place to alert staff as to when DoLS would expire and need to be re-applied for.

There were no restrictive practices and daily routines were flexible and centred around personal choices and preferences. People were moving freely around their home, socialising together and with staff and visitors. They chose to spend time in the lounges, various seating areas, the dining room and their own rooms. They engaged with various activities throughout the home including visiting the homes hair salon. Those people who had capacity were able to leave the home independently to visit local shops, cafes or see family and friends. Other people were also able to do this but required support to keep them safe from any potential risks and subsequent harm.

People told us they liked the food, they never felt hungry and they made choices about what they had to eat. Comments included, "Lunch was lovely today", "I cannot fault the food, it's all very delicious", "I think on the whole the quality of food is very good and it is fresh". People were asked following each mealtime if they had enjoyed their food. Menus reflected seasonal trends and meals that people had chosen were traditional favourites. The cook told us they had recently completed a nutritional course where topics included effective menu planning healthy eating and fortifying foods. They said it had been, "very helpful" and "one of the best courses they had attended".

People received a healthy nutritious diet and staff supported people when they needed to gain or lose weight. In addition to the routine drinks and snack rounds, fresh self-serve cold drinks were available throughout the day and kitchenettes enabled people to help themselves to hot beverages, snacks and fruit. Mealtimes were flexible wherever possible and people were supported if they wished to receive meals in their rooms. The large dining room was popular with people and they enjoyed the social atmosphere of dining together. Staff on duty also joined people at mealtimes and everyone thought this was a "good thing". One person said, "It's a nice touch and adds to that family feel". Where people required assistance, this was provided in a peaceful, calm, respectful way, at their own pace, sitting at the same level, with clothes protected where requested.

The service used a five step screening tool to determine if people were at risk of malnutrition or obesity. The tool provided management guidelines to assist with developing a care plan for those at risk. Plans provided specific detail about the level of support people required at mealtimes and independence was encouraged wherever possible. People's input and output was recorded if required so that any poor intake would be identified and monitored. Weights were taken monthly but this would increase if people were considered at risk. The registered manager gave us examples of when referrals had been made to specialist advisors when required. This included speech and language therapy when swallow was compromised and GP's and dieticians when there were concerns regarding people's food intake and weights.

All staff recognised the importance of seeking expert advice from community health and social care professionals so that people's health and wellbeing was promoted and protected. The home ensured that everyone had prompt and effective access to primary care including, preventative screening and

vaccinations, routine checks, GP call outs and access to emergency services. People were supported to register with GP's and dentists of their own choice. The home worked in partnership with the hospital discharge community social workers, community nurses and hospice palliative care nurses. Opticians and dentists were accessed to provide regular check-ups and treatment where necessary.

Communication systems were in place to help promote effective discussions between staff so that they were aware of any changes for people in their care. This included daily handovers, staff meetings and written daily records. Keyworkers wrote a monthly account with the people they supported. These accounts also provided a good level of detail for all staff to read, they told a story and informed staff about what had happened during the month.

Good

Is the service caring?

Our findings

People were complimentary about staff. Comments included, "They are all lovely, I get on with all of them, we even swap reading books", and "They cheer me up and make me feel special". Staff morale was positive and they were enthusiastic about the service they provided as a team. Comments included, "People are important to us, we want them to feel happy and cared about", "I am proud of what we do, I don't feel like I am coming to work, I'm coming to their home to support them however they want me to" and, "I am constantly thinking of ways about how we can enhance their experience here".

Health care professionals spoke with us about their views on the home, the staff and the service people received. They told us, "If you're asking me if I would be happy for my relative to live here the answer is yes" and, " I am new to the care home setting, I was pleased to see how lovely Alex Way is. The staff are very caring and committed".

We were introduced to people throughout our visits and they welcomed us to their home. People were relaxed, comfortable and confident in their home. They were happy to speak with us and share their experiences. People felt they were "at home" and it was a "nice place to live". Comments included, "I have not been here long but the care has been very good, I am very pleased", "It was the best thing for me I have no regrets" and, "It's peaceful, my room is my own personal space, my sanctuary".

Staff were mindful and sensitive to the emotional anxieties people could feel when moving to the home and they wanted to make the experience a positive one. One staff member told us, "A lot of us can truly empathise with how people will feel and the circumstances leading up to their admission. The key is to listen to people, building their confidence and our relationship with them". They explained how it was important to give people time and recognise that they will feel a "great sense of loss".

Two people spoke with us about "coming to terms" with moving into a care home setting and how difficult it can be to adjust. It was "distressing leaving their home" and a, "strange experience at first". One person told us their family had found the home for them and they had described it as a happy home. They were "grateful" and said, "My family made the right choice, I got better and stronger and it was all thanks to the staff and the care". Another person said, "I needn't have worried, it's all been plain sailing since day one thanks to the staff and how they made me feel. They even gave me a keyworker who could speak my first language".

One member of staff spoke with us about the keyworker role and how this enhanced a personalised approach. They were descriptive about the people they supported and their knowledge of people's needs both physically and emotionally was good. They told us what made people happy or sad and how staff considered physical signs that would tell them how a person was feeling. They said, "It's important we use all of our skills to recognise certain behaviours and body language. This plays an important part when someone is unhappy or something is worrying them".

Throughout our visits staff supported people with kindness and compassion. Their approach to people was

respectful and patient. It was evident that over time staff had fostered positive relationships with people that were based on trust and individuality. They provided us with a good level of detail about people's lives prior to moving in. This included family support and existing relationships. Every effort was made to enhance this knowledge so that their life experiences were meaningful and relationships remained important.

One way the staff liked to keep families and friends connected and involved was by producing a quarterly newsletter especially for those who were unable to visit regularly. The newsletter provided information about significant events, future plans for the coming months, arranged trips and activities and welcome wishes for new "residents" and staff. Invites were sent to everyone so they could join in any celebrations or events at the home.

Visitors were welcome any time with the consent from the person they were visiting. People saw family and friends in the privacy of their own rooms in addition to small quiet lounges throughout the home used family gatherings. People and their guests had access to kitchenette facilities to prepare drinks and snacks. Relatives told us, "I enjoy coming here, it's very pleasant and I am always made to feel welcome" and "Mum loves to see the grandchildren and they love coming here, it feels very much like home here and the staff are great".

The registered manager said they were proud of the staff and their approach towards people, staff "always made time for people and had good listening skills". Staff had attended Dignity in Care workshops and we saw various examples where dignity and respect was promoted. When offering support staff spoke politely and made efforts to ensure they were at the person's eye level. They discreetly offered to help people with sensitive needs for example assistance at mealtimes and when using toilet facilities.

People were smartly dressed and looked well cared for. It was evident people were supported with personal grooming and staff had sustained those things that were important to them prior to moving in to the home. This included preferred style of clothes that were clean and ironed, shaving, manicures, and foot spas, helping people to fasten their jewellery and weekly visits to the homes salon.

Good

Is the service responsive?

Our findings

Throughout our inspection we saw people being cared for and supported in accordance with their individual wishes. People told us they were "happy and more than satisfied" with the care and support they received. Comments included, "I'm happy here, I am supported to be as independent as possible", "The staff are great and seem genuinely interested in me" and, "This is a lovely place and the staff know everything about me and what I like. They look after you well".

The registered manager and duty managers completed a thorough assessment for those people who were considering moving into the service. In addition to the individual, every effort was made to ensure significant people were also part of the assessment. This included family, hospital staff, GP's and social workers. The information gathered was detailed and supported the registered manager and prospective "resident" to make a decision as to whether the service was suitable and their needs could be met. Information from other assessments for example hospital social workers, were also considered.

The homes approach to care was empowering, person centred and holistic. The care plans were informative and interesting. They reflected that people had been fully involved in developing their plans and people confirmed this. The registered manager and staff knew people well and were able to explain people's individual likes and preferences in relation to the way they were provided with care and support.

The plans captured people's needs with regards to their health and social wellbeing. They were prescriptive to help ensure that people's choices were respected over a 24 hour period, seven days per week. People had taken time to provide details about preferred daily routines and what level of assistance they required. Fact files provided information about personal preferences, likes and dislikes, what helped them relax, kept them happy and things that were important to them. Important things included keeping well, having company, wearing certain styles of clothing and colours.

Preferred night time routines had been considered and records reflected that people had thought about what would make them happy and feel safe. This covered aspects such as providing drinks, closing bedroom doors, whether people preferred a light on and how many times they wanted to be checked by staff during the night. During one morning handover we heard a staff member inform the group that a person had told them the previous evening they would be "having a lie in and didn't want to be disturbed". This request was respected.

Annual care reviews helped ensure people continued to receive support that was responsive. Other key people were invited to contribute to the reviews and included family members, advocates, key workers and social workers where relevant. People were encouraged and supported to attend their meetings, equally staff respected when on some occasions people chose not to take part. In addition to this care plans were monitored and evaluated every month by staff to help ensure they were up to date with current needs.

People's changing needs were responded to quickly and appropriately. Staff recognised when people were unwell and reported any concerns to the person in charge. On two occasions we overheard the registered

manager request a GP and district nurse visit because two people required medical attention that day.

During our visit call bells were being activated by people requesting assistance. People told us the call system worked well and staff promptly attended to their needs. People had access to call bell facilities when in the communal areas of the home. People we spoke with told us that staff were available to respond to any requests. One person told us, "Staff are always on hand to help, I very rarely have to wait for anything".

People were offered a range of activities and these were displayed on noticeboards. There was a varied choice including arts and crafts, games, reminiscence, cooking and planting. Throughout the home there were bright, busy displays, photographs, memorabilia and artefacts. People and staff told us these gave "great pleasure and were perfect for creating conversations and sharing experiences and memories". Some displays which had been made by people with support from staff were tactile and different coloured wools, material and buttons had been used. Trips had been enjoyed by larger groups, although people did enjoy more frequent local trips in smaller groups or on a one to one.

Entertainers and other visitors provided activity for people. One person who previously worked at the home was qualified to provide gentle hand, arm and neck massage and people looked forward to this weekly visit. We saw people enjoying a regular favourite entertainer who provided a show that involved singing, a quiz, reminiscence and magic. The show included audience participation and people and staff were thoroughly enjoying themselves, the attendance evidenced how popular the show was.

The service supported and promoted raising the profile of the home and being part of the local community. The registered manager told us about plans to join and contribute to the street party for The Queens 90th birthday in May this year. Local school children and church members visited the home either to perform or to spend time with people individually. Some preferred to visit church and attend services.

The service had a complaints and comments policy in place. People and their families were given a copy of the complaints procedure and policy on admission. People who required assistance to make a comment or complaint were supported by staff. People said they were able to raise any concerns and were confident their concerns would be acted on. One person told us, "I am always asked if everything is ok and whether I need anything".

The registered manager and staff encouraged people to express any concerns or anxieties and these were dealt promptly. They felt that this approach prevented concerns that people had raised, escalating to formal complaints and relieved any anxiety that people may be feeling. They also spent time around the home and saw people every day to see how they were. This approach had helped form relationships with people where they felt confident to express their views. It was evident when we were accompanied around the home that the registered manager knew people well and they were comfortable and relaxed in her company.

Small things that had worried people or made them unhappy were documented in the daily records and gave clear accounts of any concerns raised, how they were dealt with and communicated to staff. This information was also shared with staff in shift handovers.

Good

Is the service well-led?

Our findings

People were complimentary about the registered manager and the commitment they showed within their roles and responsibilities. Comments included, "I know the manager she always pops in to see me throughout the day, I like that", "All the managers are very good and join in" and, "The staff always seem motivated and happy at work, that's the sign of a good leader".

Staff also spoke highly of the registered manager and duty managers and said they felt "valued and appreciated" Comments included, "Every year there have been significant changes to the home and the quality of the service we provide", "The manager and seniors are very approachable and I can talk to them at any time" and, "Investing in people and staff contributes to high morale, good communication and team work".

The registered manager demonstrated effective leadership skills within their role. Their knowledge and enthusiasm of the service, the people in their care and all staff members was evident. They were proud of the service and wanted it to be a positive experience and place for everyone. One staff member told us, "The manager motivates you to see change as a challenge and not as a barrier".

The registered manager was knowledgeable about the people in their care, the policies and procedures of the service and they were confident to share with us their views, aims and objectives. They shared new initiatives and "plans for the future" in the PIR and we spoke with them about this during our visit. They wanted to continue to enhance the existing personalised approach of the service. They had a clear view on how this would be achieved and what it meant for people and staff.

The PIR told us, "Managers aim to support staff and lead in an open transparent way, leading by example. The management team (registered manager and duties managers) had daily contact and interaction with staff and routinely observed practice, addressing any concerns or celebrating success. The PIR stated, "We acknowledge and praise good ideas and put them into practice, as a team we always think ahead". One member of staff told us about new initiatives for "broadening taste buds, increasing nutrient value in food and drinks and having fun when promoting choices". The staff member brought in their smoothie making machine, people chose different fruits and food ingredients and experimented with different shakes. It was a "big hit" as a result the registered manager had placed an order for a professional smoothie maker so that smoothies could be made on a daily basis.

The ethos of the service was to have, "regular discussions around challenges, achievements, concerns and risks, openly sharing thoughts to give a balanced approach to decisions. Staff acknowledged and shared information about where improvements could be made, providing opportunity for reflection and to prevent reoccurrence". Staff meetings were a way to facilitate this and attendance was good. The minutes provided details about what was discussed and information of any action that was required. It was evident staff spoke freely and were encouraged to influence change.

In addition to meetings, monthly audits were carried out in the service including health and safety,

environment, care documentation, staffing levels, training, staff supervision and medication. Action plans were developed with any improvements/changes that were required. We saw one example where audits had improved safe practice during medicine rounds. Staff agreed medicine rounds were compromised and potentially put people at risk. This was because people who lived in the home and visitors sometimes interrupted the round by asking a question or required assistance. It was suggested and agreed that staff conducting the rounds would wear a red tabard during the round. People were informed that when these were being worn the staff needed to concentrate and they should ask other members of staff for assistance.

The service monitored and assessed the quality of services by individually meeting with people once a month. People preferred this personalised approach rather than filling out surveys. The topics changed monthly to encompass a wide range of "things that matter". This included, safety, choice, environment, health, complaints, consent, respect and dignity and food. People were supported to tell staff what was going well, whether any improvements could be made and staff welcomed suggestions.

Provider visits took place every month to conduct quality assurance reviews. The audits were based on the CQC Key Lines of Enquiry. We looked at the recorded visits for October, November and December 2015. They evidenced that the provider had spoken with people living at the home, staff and visitors. They had looked at records, and conducted observations and spot checks. At the end of each visit they feedback to the manager and provided any recommendations for improvements.