Songbird Hearing Limited

Charing Court Residential 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?	**Requires improvement**
Is the service well-led?	**Good**

Overall summary

This inspection took place on 15 and 16 September 2015 and was unannounced.

The service is registered to provide accommodation and care for up to 33 people. There were 31 people living at Charing Court Residential Home during our inspection. People cared for were all older people; some of whom were living with dementia and some who could show behaviours which may challenge themselves and others. People were living with a range of care needs, including diabetes, Parkinson's and heart conditions. Many people needed support with all of their personal care, and some with eating, drinking and mobility needs. Other people were more independent and needed less support from staff.

Charing Court Residential Home is a large domestic-style house; which has been extended to provide extra accommodation. People's bedrooms were provided over two floors, with a passenger lift in-between. There were two lounges available to people; one of which was known as the 'Quiet lounge'. There was also a dining room on the

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ground floor. There was an enclosed patio/garden area to the side of the building. Charing Court was situated in a quiet residential street just outside the semi-rural village of Charing.

The service had a registered manager in post at the time of our visit. 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.

There were not always sufficient or meaningful activities available to stimulate people. People sat and slept or watched television for long periods during the inspection. The people we spoke with said that they would like different opportunities and more choice. The registered manager and staff told us that it was difficult to motivate people to engage with the activities on offer. The service did not have a designated activities coordinator and arrangements were made by care staff.

We have made a recommendation about the provision of activities.

People felt safe living in the service and said that they could speak to staff about any worries. Assessments had been made about physical and environmental risks to people and actions had been taken to minimise these. Staff knew how to recognise and report abuse and incidents and accidents were managed appropriately to avoid recurrences.

There were enough staff on duty to attend to people's needs, and proper pre-employment checks had taken place to ensure that staff were suitable for their roles.

Medicines had been managed appropriately and equipment had been serviced on a regular basis to ensure that it remained safe for use.

Staff received a wide variety of training to help them in their roles. Many of the staff had achieved a National Vocational Qualification (NVQ), which is a work based qualification that recognises the skills and knowledge a person needs to do a job. Staff had supervisions and appraisals to make sure they were performing to the required standard and to identify developmental needs.

People's rights had been protected by assessments made under the Mental Capacity Act (MCA).

Staff understood about restraint and applications had been made to deprive people of their liberty when this was necessary.

People said they enjoyed the meals provided by the service and those who required support to eat and drink received it. Where people had lost weight or were at risk of poor nutrition, they were referred to the dietician. Staff followed professional advice to ensure that people received adequate food and hydration for their needs.

Healthcare needs had been assessed and addressed. People had regular appointments with GPs, opticians, dentists, chiropodists and podiatrists to help them maintain their health and well-being.

Staff treated people with empathy and compassion; while respecting their privacy and dignity. Each person had a keyworker assigned to them to give individual and focused support. Staff knew people well and remembered the things that were important to them so that they received person-centred care.

People had been involved in their care planning where possible and care plans recorded the ways in which they liked their support to be given. Bedrooms were personalised and people's preferences were respected. Independence was encouraged so that people were able to help themselves for as long as possible.

Relatives and people knew how to complain if they wished to and were given the opportunity to voice their views about the service at resident meetings. This meant they could engage with the service and influence changes.

People told us that the registered manager was, "Very visible" in the service and that they felt able to approach her at any time. Staff felt that there was a culture or openness and honesty in the service and said that they enjoyed working there. This created a comfortable and relaxed environment for people to live in.

Systems were in place to assess and monitor the quality and safety of the service. This was achieved by the effective use of auditing and through encouraging

Summary of findings

feedback from people, relatives and staff. Actions had taken place as a direct result of this feedback; including the provision of a new wet room because people said they preferred taking showers to bathing.

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.

People felt safe and staff knew how to recognise and report abuse.

Assessments had been made to minimise personal and environmental risks to people.

There were enough staff deployed to meet people's needs.

Good

Is the service effective?
The service was effective.

People's rights had been protected by proper use of the Mental Capacity Act.

Staff had received training and supervision to help them provide effective care.

People enjoyed nutritious and varied meals and were supported to eat them.

Good

Is the service caring?
The service was caring.

Staff delivered care and support with compassion and consideration.

People were treated with respect and their dignity was protected.

Staff encouraged people to be independent when they were able.

Good

Is the service responsive?
The service was not always responsive.

Activities on offer did not always meet people's need for stimulation.

People and relatives knew how to make complaints or raise concerns.

People were given opportunities to air their views and the service acted upon them where possible.

Requires improvement

Is the service well-led?
The service was well-led.

Systems were in place to assess the quality and safety of the service.

Staff said there was a good atmosphere and open culture in the service and that the registered manager was supportive.

Staff were aware of their responsibilities to share any concerns about the service.

Good

Charing Court Residential 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 15 and 16 September 2015 and was unannounced. The inspection was carried out by one inspector 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. The expert by experience had personal experience of caring for people living with dementia.

Before our inspection we reviewed the information we held about the home, including previous inspection reports. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We met and spoke with twelve people who lived at Charing Court Residential Home and observed their care, including the lunchtime meal, medicines administration and activities. We spoke with four people's relatives. As some people had difficulties in verbal communication, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We inspected the home, including the laundry, bathrooms and some people's bedrooms. We spoke with six of the care workers, the cook, the registered manager and deputy manager.

We 'pathway tracked' six of the people living at the home. This is when we looked at people's care documentation in depth, obtained their views on how they found living at the home where possible and made observations of the support they were given. This allowed us to capture information about a sample of people receiving care. We also looked at care records for two other people.

During the inspection we reviewed other records. These included four staff training and supervision records, three staff recruitment records, medicines records, risk assessments, accidents and incident records, quality audits and policies and procedures.

Good

Is the service safe?

Our findings

People told us that they felt safe living in the service. One person said, "I feel safe knowing I can call staff and they will come to the room quickly. I can leave my bedroom door open and feel safe to sit and listen to my radio; knowing that company is close at hand if I need it". A relative commented, "I never have a moment's worry about Mum. There's always staff around and I'm completely satisfied that she's safe here".

Staff knew how to recognise different forms of abuse and were confident in how to report it. They told us that they knew people very well and could pick up on any changes in their moods or behaviour; which might be a sign that the person was troubled. We observed staff checking to see whether one person was in pain because they had been quieter than usual. Staff had received up to date safeguarding training to help them understand how to protect the people in their care. One staff member explained that the service rarely used agency staff and that the continuity of, "Seeing the same staff faces each day" helped to make people feel secure. People we spoke with agreed that knowing staff well, meant they felt they could confide in them.

There was a calm and peaceful atmosphere throughout the service and we noticed that people appeared relaxed and comfortable around staff. One person said that they trusted staff and could "Say anything to them at all". A relative told us that they visited at varying times and always received the same friendly welcome; which put them at ease about their loved one's safety. A signing-in book was in use in the reception area; to maintain a record of visitors to the home. The minutes of a staff meeting showed that staff had been reminded to check the identity of anyone they did not recognise. This was designed to protect people using the service and we observed that staff carefully checked ID badges and asked visitors to sign in and out.

Assessments had been made about any physical or environmental risks to people's safety. Where people were prone to falls, referrals had been made to specialist teams for advice and support. Some people had been provided with mobility aids such as walking frames and these were made available and placed within reach. People who had been assessed as likely to develop pressure areas were using pressure-relieving cushions or had their feet raised; and were referred to the district nurse when necessary.

Other people showed behaviour that could be challenging and local mental health professionals had been involved in assessing their care needs. Staff showed us the guidance in people's care plans, which had been received from the mental health team. They explained how they followed advice by, "Offering people reassurance and a private space to talk and calm down if they get upset". Risks to people had been appropriately assessed and actions had been taken to minimise the impact on their health and safety.

Accidents and incidents were managed in a way which protected people from the likelihood of recurrences. Staff had completed detailed incident reports and the registered manager had recorded her actions in every case. For example; staff reported that a person had shown unusual aggression. The registered manager had investigated and suspected that a urine infection may have caused the change in behaviour. A sample was sent to the GP, an infection was confirmed and antibiotics prescribed. The care plan prompted staff to ensure that this person drank plenty of fluids and that they were monitored for any early signs of infection.

There were enough staff deployed to meet people's needs; and call bells and requests for assistance were met promptly during the inspection. There were five care staff on duty during the day and three staff overnight. Two of the day staff were seniors on each shift. Rotas showed that staffing levels were consistent in the month prior to the inspection. We observed that staff had time to sit and chat with people or read magazine articles out to them. People said that staff were unhurried and helped them at their own pace. One person told us "I'm not rushed to move when I use the toilet or move around. Staff guide me but don't make me move too quickly". The service had undertaken proper pre-employment checks for all staff. This helped to ensure that suitable staff were taken on and that people's safety had been considered in the recruitment process.

Medicines were stored, administered and recorded appropriately and the service had developed detailed audit tools to check that there were no shortfalls which might compromise safety. People's photos were used on medicines administration records so that staff could identify the correct person to receive their medicines. Any

Good

Is the service safe?

known allergies were recorded on people's medicines files and within their care plans. This reduced the risk of people being given medicines which had previously caused adverse reactions and which could be unsafe for them.

Regular fire alarm testing had been carried out and fire exits were clearly signposted. Staff had received fire safety training and were able to correctly describe evacuation routes .People had individual emergency evacuation plans in place which took account of their mobility and any equipment needed to help them. The service had a formal strategy to ensure people received safe and continuous care in case of staff sickness or adverse weather conditions which might prevent them from travelling to work.

Equipment such as hoists and special baths had been regularly examined by external contractors to make sure that they remained safe to use. The passenger lift had been routinely serviced and the gas supply to the premises had been regularly safety checked. A maintenance man was employed to carry out any running repairs. Staff recorded jobs which needed attention into a book and the maintenance man had signed to show when each was completed. Staff told us that the maintenance man was "Brilliant" and repairs were dealt with quickly and competently. The registered manager carried out health and safety checks across the service to quickly identify any potential hazards. The actions taken to remedy any risks had been recorded and showed that there were adequate systems in place to maintain the safety of the premises for people, staff and visitors.

Good

Is the service effective?

Our findings

One person said "The staff are really good at what they do and the manager is often present to offer advice". A relative told us "The staff are knowledgeable, friendly and accessible and I have every faith in them".

Staff gave us positive feedback about the training available to them in the service. One staff member told us how they were continuously encouraged to develop their skills and we saw that the service was piloting an end of life care training course for the local Clinical Commissioning Group (CCG). Many of the staff had gained their National Vocational Qualification in health and social care and said they had been supported by the service in doing so.

The registered manager maintained a chart to show the courses completed by staff and those which were planned. Staff had undertaken a wide range of training including diabetes care, adult protection, dementia awareness and risk assessing. Staff were able to describe how they put this learning into practice in the service. For example; one staff member told us how they had learned that people living with diabetes needed regular foot and eye care as well as blood sugar monitoring. New courses booked for later in the year covered consent, anxiety and care and confidentiality. Staff had received training which helped them to deliver effective care to people.

Newly-recruited staff undertook a detailed 'Skills for Care' induction programme which was followed by at least one month of job-shadowing. These are the common induction standards that people working in adult social care need to meet before they can safely work unsupervised. Staff told us that they were not pressured to complete the induction quickly and were allowed to take learning at their own pace to ensure they were ready to deliver care safely and effectively to people. The registered manager told us that she was working with two other local care homes to jointly introduce the new Care Certificate. The Care Certificate is an agreed set of standards that health and social care staff follow in their daily working life. Staff had regular supervisions and appraisals to check their competency and identify developmental needs. This meant that any shortfalls in knowledge or training could be picked up promptly and addressed so that people continued to receive appropriate standards of care.

We checked to see whether people's rights had been protected by assessments under the Mental Capacity Act 2005 (MCA). The Mental Capacity Act is to protect people who lack mental capacity, and maximise their ability to make decisions or participate in decision-making. Individual capacity assessments had been made where there was a reason to question people's ability to make certain decisions for themselves. Where it had been deemed that they lacked capacity to do so, best interest meetings had been held. Records showed that people, relatives, GPs and other professionals had been involved in the decision-making process.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Whilst no-one living at the home was currently subject to a DoLS authorisation, the registered manager had made a number of applications; which were awaiting decisions. Staff understood what was meant by restraint and knew that the service had a specific policy about this in place.

Formal consent to care and treatment had been signed by people who were able to agree to it and we observed that staff routinely gained verbal consent when they were supporting people with their care needs; for example " Can I help you to the lunch table?".

People told us that the meals provided to them were "Fantastic". One person said, "I have a good amount of food and drink and meals are tasty. I sometimes have too much offered, but I never go hungry here". A relative said, "The cook here really knows what she's doing: The meals on offer are second to none".

Hot and cold drinks were provided at intervals during the day; and jugs of water were available all the time. Staff helped people to drink from beakers if needed and made sure that people could reach and hold their cups and saucers. Lunchtimes were sociable occasions and most people ate in the dining room. There was a choice of meals available and these were advertised on a notice board. The cook visited each person in the morning to ask which choice they would like. We observed the cook patiently explaining what was on offer and suggesting other alternatives if people preferred them. People were supported to make meal choices and to eat food they enjoyed.

Good

Is the service effective?

The cook maintained a list of people's special dietary needs and knew which people needed a low sugar diet and those who had softened or pureed meals to help make swallowing easier .One person's care plan highlighted that they were vegetarian and we saw that they were provided with meat-free sausages for their lunch. The meals seen during the inspection appeared appetising and plentiful which encouraged people to eat well.

On one of the days of our inspection, the cook told us that she was considering changing the lunchtime dessert from cheesecake to apple sponge and custard; because the weather had become colder. She explained that she felt a hot pudding would be a better option for people, given the change in temperature. The cook told people individually about her idea to change the dessert and all agreed that they would prefer the hot pudding. People's preferences had been taken into account and the cook had been thoughtful in suggesting the change.

Assessments had been made about people's risk of poor nutritional intake. Where people had difficulty in swallowing or had lost weight, they had been promptly referred for professional advice from dieticians and speech and language therapists. Some people needed support to eat their meals and designated staff took time to help them. They provided gentle encouragement and explained what was being presented to them in each spoonful. Food and fluid diaries were in use to record how much some people had eaten and drunk. These had been regularly completed with full details about people's intake. This meant that the service had comprehensive information to enable them to monitor people's nutrition and to feedback to professionals.

People's healthcare needs had been addressed by the service. They had regular appointments with opticians, dentists and chiropodists. GPs had been called when there were concerns about people's health and one person told us, "They do look after me and will call the doctor out to me if they think I need to see him". The service worked in partnership with a range of professionals to ensure that people's healthcare needs were met. For example; community matrons were involved in the care of people prone to urine or chest infections and people living with diabetes had input from a specialist nurse and a visiting podiatrist. Two relatives told us that they had seen marked improvements in their loved ones' health since they started living in the service. The service worked with other professionals to promote people's health and well-being.

Good

Is the service caring?

Our findings

People told us that the service was caring. One person said, "You only ever have to ask and they'll do anything for you. They never say no". Another person commented, "I feel I can talk to the staff and they will do what is needed. I'm able to ask them questions and they're guided by me and sometimes I guide them. That's what it's like. We all get along and understand each other which is how it should be".

Staff were gentle and considerate when supporting the people in their care. They quickly recognised when people needed assistance and provided help in a respectful way. For example; staff noticed when people's spectacles needed cleaning and immediately gave the lenses a thorough polish so that people could enjoy reading their newspapers. If people appeared to be chilly, staff brought blankets to cover their legs and took time to tuck these around them and check they were comfortable.

Staff demonstrated that they knew people as individuals and went out of their way to please them. A staff member engaged in light-hearted banter with one person who was sitting in the lounge. The person roared with laughter and said, "Oh you do know how I love a joke". A relative told us, "It's the little things they remember and do-like making sure Dad always has a clean handkerchief". Another person commented that staff were always willing to post letters for them and that they knew which daily paper they took.

People were supported to see relatives and friends, and staff said that visitors could come at any reasonable time .Relatives told us that they always felt welcome and one person said, "I'm able to see my family and maybe go out with them for something to eat. They're able to visit me here whenever they like".

People were each assigned a designated staff member called a 'key worker'. The key worker's name was displayed on a notice inside people's bedrooms. When one person's key worker came on duty they immediately went to find the person they were allocated to. The faces of both the person and the key worker lit up and they had an animated chat and a catch-up together. Another key worker told us how they had discovered that a person had enjoyed knitting when they were younger. The key worker took it upon themself to buy knitting needles and wool for the person and spent part of their day off sourcing a particular pattern for them. The key worker system meant that staff got to know people well; allowing them to forge meaningful working relationships with them.

People were involved where possible in their care planning and had completed questionnaires to help the service assess the impact of some risks to them. For example; people had provided information for use in personal emergency evacuation plans about the assistance they felt they would need in such a situation. Staff encouraged people to be independent while still providing support to them. One person told us, "I need help to move around and if I was more physically able I would help more. I trust staff to prompt me but not to take over how I do things". Staff said that they tried to motivate people to complete small tasks like washing their own hands and faces if possible. They said that this gave people a sense of achievement and respected their right to be independent.

Staff protected people's privacy and dignity throughout the inspection. Staff were discrete when asking people if they needed to use the toilet and made sure they were covered up when being moved by hoisting equipment. One person told us, "Of course I'd rather not need any assistance with washing, but the staff do it in way which respects me". We observed a person refusing to wear a protective apron at lunchtime and that staff respected their wishes.

Staff showed that they understood the best ways to communicate with different people. Some people were living with dementia and staff gave them reassurance and provided distraction when people became agitated or upset. Care plans contained guidance to staff about how each person communicated and this information was followed in practice so that people were supported to interact. Staff provided pain relief to a person who was showing non-verbal signs of discomfort; after asking the person to point to the place that was hurting. Advocacy services were publicised in the service and staff said they would assist people to access them if required.

Staff told us that it was important to them that people felt at home in the service. A recent survey conducted by the provider asked people whether they felt that staff treated them as equals. The response to this was overwhelmingly positive and one person said, "They're like family to me".

Requires improvement

Is the service responsive?

Our findings

One person told us, "I get up when I'm ready and go to bed when I like. Staff will sit with me if I'm up late: They know my routine". Another person said, "It would be good to have more trips out. I might not choose to go but it would at least give me the choice".

People's needs in relation to activities and stimulation had not always been met. During the two days of the inspection people spent much of their time sitting in lounge areas; either sleeping or watching the television. A hairdresser visited and styled some people's hair and we observed a lively seated exercise session. However, there was little day-to-day meaningful activity to provide stimulation. The registered manager explained that it was difficult to motivate many people to become involved in the activities on offer. Bingo, quizzes and crafts had been organised but the registered manager said that few people wanted to take part. Visits from musicians tended to be more popular but some people did not enjoy these. One person told us, "I do wish there were wider opportunities to do different things". Another person said, "We don't really do much by way of activities here" and a further person remarked, "They're not really my cup of tea".

People and their relatives' views of activities had been sought in a very recent survey; which the registered manager had not yet analysed. Comments included that activities were not regular enough and that there was "A lack of stimulation"; while others were satisfied with the offering. Staff said that they felt there could be more activities available but confirmed that people often declined to be involved. The service did not have a designated activities coordinator but a member of care staff was responsible for organising them. Records made in an activities folder were scant and showed that bowls, a quiz, a film and skittles had been offered in the two weeks prior to the inspection. Between five and eight people had taken part in these activities.

Care files held information about people's life histories and staff knew about these and how they affected people's current choices .For example; one person had worked for many years in a job where they spent their days alone. This person now chose to stay in their bedroom rather than socialise with other people. We met and spoke with this person who confirmed that they had become used to their own company in the past and now preferred to be alone.

Some people chose to keep pet budgerigars which they said they found comforting and made them feel, "At home". Staff described how they supported people to make choices if they found it difficult to make decisions, for example by showing them plated meals or different clothes to enable them to make their selection. This meant that each person was given the opportunity to express their individual preferences in a way that suited them.

People's bedrooms had been personalised to their own taste and staff had produced signs for bedroom doors with pictures that reflected people's interests. Information about people's needs and preferences was held in documents entitled "Your individual care plan". People's involvement had been sought in the preparation of this where possible and the plans detailed how they liked to receive their care and support. Some people liked to stay up late and staff told us how they would often watch a film or chat with people until they felt ready to go to bed. Religious and spiritual needs were noted in care plans and people told us about the church services held in the service for those who wished to attend. Care plans had been regularly reviewed and updated to record any changes to care needs or wishes; which ensured people received the correct support.

Staff communicated effectively with each other and other services to make sure people received the right care and support. Handover sheets were prepared and discussed by staff between shifts. These documented any known risks to people and actions for staff to take. For example; one person was noted to have a sore patch of skin and the handover instruction was that they should be repositioned every two hours. The turn chart in this person's bedroom had been fully completed to show two-hourly repositioning. Staff also used a communication book to ensure that important messages were passed between shifts. This reminded staff that people had appointments with dentists or chiropodists and recorded any falls or sore skin which required attention. The service had produced a communication tool for use when people were admitted to hospital. This recorded risks to people, their current medication and information about whether they had any capacity impairment. This meant that hospital staff would have a summary of the person's needs and abilities; to enable them to assess them appropriately.

The service displayed its complaints procedure in the reception area. People told us that they would know how

Requires improvement

Is the service responsive?

to complain if they needed to. One person said, "I wouldn't hesitate to complain to the staff or manager if I wanted, but I've never had any cause to". A relative told us that they had never had reason to complain but, "Would speak to the manager and I know she'd sort it out". The registered manager said that she encouraged people and relatives to report any minor dissatisfaction to her immediately so that the issue could be resolved quickly. For example; one relative had mentioned that the card inserts on staff name badges were unreadable due to wear and tear. The registered manager showed us new badges that had been ordered; which had embossed staff names to avoid this happening in future. A staff photo board was also in production so that visitors could "Put a face to a name". People and relatives' views were listened to and acted upon. Written complaints had been recorded and responded to within the timescales set out in the service's protocol. Checks were made to ensure that the complainant was satisfied with the response to their concerns.

People were able to freely share their views and these were taken seriously by the service.

Resident meetings were held to provide people with an opportunity to air their views about the service. Minutes of these meetings showed that people had engaged with the process and voiced their opinions. One person had raised that they preferred custard to ice cream and another that they liked omelettes rather than fish at lunch. The minutes recorded that this information had been passed to the cook for future reference.

We recommend that the provider seeks advice and guidance from a reputable source; in relation to the provision of suitable and meaningful activities for older people, including people living with dementia.

Good

Is the service well-led?

Our findings

People and relatives told us that they felt the service was well-led. One person said, "I see the manager often around the home. She's easy to talk to and I can tell her what I want and how I feel. I also feel they're open with me here and talk in a way which is respectful and honest". A relative commented, "The manager is very visible and runs a tight ship here".

The registered manager was supported in the running of the service by a deputy; who generally acted in a supernumerary capacity. This meant that they were not expected to take part in care delivery so could concentrate on managerial duties. We heard how a decision had been made to have two senior staff on duty during the day, based on the level of support that people required. The service had a policy in place about meeting needs; in which it was acknowledged that it was the provider's responsibility to ensure that staff numbers and skills were matched to people's needs. The provider took accountability for decisions effecting the safety and effectiveness of the service.

Staff told us that they were happy and fulfilled working in the service and that they felt supported by both the registered manager and her deputy. They described robust leadership which was receptive to staff input. One staff member told us that if they needed any equipment they only had to ask the registered manager and she would provide it promptly. Staff described a "Good, friendly working atmosphere" and "Great teamwork". The registered manager explained that she always wore a uniform as she liked people to feel they could approach her as "One of the team".

Staff commented that the training available to them was especially varied. One staff member said, "I feel valued; this is why I work here. We have access to loads of training and NVQs. I learn a lot as well as feeling supported". The registered manager explained that she personally attended every training course before sending staff; to ensure the material was suitable and that she had the same information as her staff team. This meant that the registered manager kept her own knowledge up-to-date while checking that all training would be beneficial to staff.

The registered manager told us how the service kept abreast of good practice guidelines. She and the deputy attended local care home forums run by the CCG and subscribed to the Social Care Institute for Excellence. She said that this enabled them to learn about new developments and pass the information on to staff working in the service. We saw that posters from recent community health campaigns about pressure wounds had been displayed in the staff room. Current guidance about hydration and identifying a fever had also been made available by the registered manager and deputy. Staff said that they found this information and feedback useful and that they felt well-informed and competent in their roles.

There were systems in place to measure the quality and safety of the service. Regular audits were carried out to identify any shortfalls. A detailed medicines auditing tool had been designed by the registered and deputy managers to minimise the possibility of any administration or recording errors going unchecked. Medicines were audited weekly and this process had been effective in highlighting areas for improvement. For example: the contents of the medicines trolley had been found to be untidy and this had been put right following the audit. Other auditing looked at falls, cleanliness of the service and incidents and accidents. The registered manager and deputy carried out spot-checks and competency checks to ensure that staff were performing to good standards. These methods enabled the registered manager to have oversight of the service and to remedy any risks which might affect people's health, safety and well-being.

People and their relatives were invited to give feedback about the service at meetings and in a survey. We saw that comments were treated as an opportunity to improve. For example; some people had said that they preferred to take showers rather than baths and as a result the provider had invested in an accessible wet room.

Staff understood their responsibilities to share any concerns about the care provided at the service. They described a culture where they felt able to speak out if they were worried about quality or safety. The service had a whistle blowing policy in place which was accessible to staff and reminded them of their duty to report any suspected abuse or poor practice. Staff meetings provided an opportunity to express views and discuss concerns and for the registered manager and deputy to feedback on any areas for improvement. Meeting minutes showed that staff had given opinions about aspects of the service, and feedback had been provided about the findings of a

Good

Is the service well-led?

medicines audit. The service had an up-to-date disciplinary policy and the registered manager had acted appropriately and effectively in following this procedure. This showed that action was taken when necessary to maintain the quality of the service.

The service published its aims and objectives within a statement of purpose. This was displayed in the reception area. Staff broadly understood the vision of the service and said, “We offer the very best care that we can” and “It’s our job to keep people safe, happy and well-cared for”.