

# Cornwall Care Limited

## Redannick

### 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?

Outstanding 

Is the service well-led?

Good 

#### Overall summary

Redannick is a care home which provides care and support for up to 40 older people. On the day of this inspection there were 37 people living at the service.

There was a registered manager in post who was responsible for the day-to-day running of the home. 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.

We carried out this unannounced inspection on 8 June 2015. We last inspected this service in July 2014. At that inspection we found the service was meeting the requirements of the regulations.

The atmosphere at the service was welcoming, calm and friendly. The service provided accommodation and communal areas for people on ground floor level. The doors to people's rooms, bathrooms and toilets were identified by pictures that aided recognition and provided orientation for people living with dementia.

People were well cared for. Staff were kind and respectful when supporting people. One family told us; "I have no

# Summary of findings

concerns about anything at the home.” Staff told us; “Everyone is safe, there is no danger, nothing that can harm them.” Staff were aware of the different types of abuse and were clear on how they would raise any concerns they had with the management of the service, and with outside agencies if appropriate. One staff member told us ‘I can raise a safeguarding if I have any concerns.”

There were sufficient numbers of care staff to support the needs of the people living at the service. The service had robust recruitment processes in place to ensure new staff were safe to work with older people. Families told us; “I do not have any unfavourable comments to make, they (staff) are always very helpful and never dismissive of my enquiries, even when I ring at their busy times,” “I am quite happy, no issues” and “Excellent they (staff) look after (the person) well.”

People received their prescribed medicines in a safe and timely manner. However the cold storage of medicines was of concern. This was due to high temperatures having been recorded in the medicine fridge and the safe storage of medicines could not be ensured. This was considered to be due to a faulty thermometer that was not able to be re-set each day and was reading the maximum temperature ever reached. The registered manager purchased a new thermometer for the medicine fridge after the inspection and we were told this was reading between 2 and 8 degrees centigrade each day. This helped ensure medicines were safely stored in the fridge.

Staff working at the home understood the needs of people they supported. Staff received training and support which enabled them to be effective in their care and support of people in the home. The care plans at the service contained information to direct and inform staff regarding the needs of each person, and how they wished their care to be provided. Staff were aware of people’s preferences and choices. People were treated with kindness and their privacy and dignity were mostly respected at all times. However, one member of staff did speak to us about a person’s medical condition in a corridor outside their open room. This did not respect their privacy.

People were supported to have a varied diet. People told us they enjoyed the food. The service had commenced a project to increase the amount of fresh fruit and fluids taken by people. Fruit smoothies and milk shakes were offered to everyone in the afternoons and were proving popular with people.

People received care that was individualised and responsive to their needs. The registered manager had made improvements to the service as a response to people, families, healthcare professionals and staff comments. The service had raised money to obtain their own minibus which opened up opportunities for people who lived at the service to access the local community regularly. A staff room had been created to provide a space for staff to relax during breaks. New communication processes between visiting healthcare professionals and the service staff had been implemented.

Volunteers visited people at the service to support them with activities as well as fund raising and organising and running events such as Easter, Christmas and birthday parties. The service provided the opportunity for a person with a learning disability to visit the service to enable people to have their nails painted. There was a varied programme of relevant and meaningful activities at the service.

The registered manager rewarded staff who ‘went the extra mile’ spontaneously rewarded staff in the form of chocolates or bottles of wine. Staff told us; “The manager is nice and always friendly” and “The manager is a brilliant manager.”

The service had good relationships with other external healthcare professionals who ensured effective care delivery for people whenever they needed or wanted it. Families and staff felt they could raise any concerns or issues they may have with the manager who was approachable. People felt their views and experiences were listened to.

# 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 told us they felt safe at the service. Staff were aware how to raise any concerns they may have both in and outside the service.

Risks to individuals living at the service were identified and managed.

There were sufficient numbers of staff to meet people's needs.

Good



### Is the service effective?

The service was effective. New staff received an induction and support from experienced staff before working alone.

Where people did not have the capacity to make decisions for themselves, the service acted in accordance with the legal requirements.

Staff were knowledgeable about how to meet individual's needs.

Good



### Is the service caring?

The service was caring. People were supported by staff who were caring and kind and mostly respected people's privacy and dignity.

People, their families and staff told us they felt their views were listened to and acted upon.

Staff respected people's wishes and provided care and support in line with their wishes.

Good



### Is the service responsive?

The service was responsive. The registered manager had responded to people, families, healthcare professionals and staff comments and made changes to the service.

Activities both inside and outside in the community were creative, relevant and meaningful to people. Volunteers visited the service to provide additional activities.

People, their families and visitors were confident they could raise any concerns and that the issue would be addressed appropriately

Outstanding



### Is the service well-led?

The service was well-led. The registered manager supported staff and was approachable.

The service sought the views and experiences of people, their families and the staff in order to continually improve the service provided.

The service was well-maintained and equipment was regularly checked to ensure it was safe to use.

Good



# Redannick

## 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 checked 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.

We visited Redannick on 8 June 2015. The inspection was carried out by two inspectors.

Before visiting the service we reviewed previous inspection reports, the information we held about the service and notifications of incidents. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with the registered manager, the deputy manager, 5 staff, and two people. Following the inspection we spoke with three families of people who lived at the service and three visiting healthcare professionals.

We looked around the service and observed care and support being provided by staff. We looked at three people's records of care. We looked at five staff files and records in relation to the running of the service.

# Is the service safe?

## Our findings

People and their families were positive in their comments about living at Redannick, one family member told us. “I have no concerns about anything at the home.” Staff told us; “Everyone is safe, there is no danger, nothing that can harm them.” Staff were aware of the different types of abuse and were clear on how they would raise any concerns they had with the management of the service, and with outside agencies if appropriate. One staff member told us ‘I can raise a safeguarding if I have any concerns.’

We looked at the Safeguarding policy and found it to contain accurate information about the various types of abuse, and the process for raising concerns both in and outside of the service. From the staff training records we could see staff had undertaken safeguarding training. The manager told us updates of training were scheduled to take place over the coming weeks for appropriate staff. This was confirmed by an advert on the staff noticeboard requesting staff to sign up for a safeguarding training session due to take place later in June 2015. The service kept money for use by people living at the service for items such as toiletries, hairdressing or clothing. There was a maximum amount of money held over which it was banked until required by the individual. The registered manager told us they were the person who signed for any money into and out of the service’s safe countersigned by the administrator. Balances of individual’s money were checked weekly by the administrator and monthly by the registered manager for audit purposes, there were no discrepancies.

We looked at the care records for people who lived at the service. They contained detailed risk assessments which were specific to the care needs of the person. For example, there was clear guidance that directed staff on how many people and what equipment was required to move a person safely. People who had been assessed as being at risk from loss of weight had this monitored regularly and some people were provided with supplements to their meals to help increase their intake.

Accidents and incidents that took place in the service were recorded by staff in people’s records. Such events were audited by the manager. The registered manager told us of an example where one person began to fall frequently and the service requested a review of their healthcare by the GP. It was discovered this person had a low blood pressure

which could have contributed to their falling, and this had been addressed. This meant that when any patterns or trends were recognised, they were addressed and this helped ensure re-occurrence was reduced.

The service had a safe recruitment process. All new staff had been thoroughly checked to help ensure they were suitable to work with older people who may be vulnerable. The service was experiencing a temporary shortage of staff at the time of this inspection, as three staff members were unwell. The service had access to a pool of bank staff who could be used to cover short notice absence of staff. The service was actively recruiting one person to work the night shift at the time of this inspection. There was one new member of staff on induction on the day of this inspection, and we were told a further new member of staff was due to start next week.

The care staff worked three shifts. On the day of this inspection there were six staff on the morning shift from 8 am to 3 pm, then six staff came on for the afternoon shift from 3pm to 9pm, with some staff staying till 10pm to handover to the night staff. The night shift was worked by three care staff, with a further senior carer on call, from 10pm to 8am. Families felt staff were able to meet people’s needs at the service. A visiting healthcare professional told us; “We have seen the complexity of the people who live there (Redannick) increase but their funding for staffing levels have not increased, but they manage well.” Staff told us they felt there were enough staff to meet people’s needs; “People are looked after well,” “In general everyone is fine,” “We are a good team,” “I love it here, I can’t say a bad word about it everyone is really nice” and “A lot of time to sit and talk, I love that.”

We looked at the arrangements in place for the administration and recording of medicines at the service. It was clear from the medicine records that people had received their prescribed medicines at the appropriate times. There were no gaps in the records. Some people had been prescribed creams. These had been dated upon opening, this helped ensure staff were informed when the cream would expire and was no longer safe to use. However, the records completed by staff in people’s rooms, when the creams had been applied, did contain some gaps. This meant it was not always possible to confirm if the cream had been applied as prescribed. People had access to homely remedies, such as cough medicine or headache tablets, as required. The GP had signed an

## Is the service safe?

agreement in people's files which supported staff to be able to offer such remedies to people as needed. Staff who administered medicines had attended training on the safe administration of medicines.

We checked the systems and processes in place for the management of medicines that required stricter controls. These medicines require additional secure storage and recording systems by law. The amount of these medicines documented in the records agreed with what was actually held at the service. However, some items, which had been returned to the pharmacy as no longer required, were still showing a balance held by the service. We checked the returns book to see if these items had been returned to the pharmacy and found they had. It was concluded this was an administrative error. The deputy manager told us this would be addressed immediately. There had been a recent medicine error at the service. A person experienced a 24 hour delay in a pain relieving patch being replaced. Following immediate appropriate action taken by the service to address the issue and ensure the GP had reviewed the person, the service implemented a new process for such patches. The service recognised the error had occurred due to the miscalculation of the days in each month, for example 31 days in May not 30 as had been shown on the records. A new process in place has helped ensure this error should not re-occur.

Some medicines used by the service required cold storage. The fridge, used by the service for this purpose, had records over many weeks showing the maximum temperature reached in the fridge was 21 degrees centigrade. The daily recordings for this fridge showed the current temperature as 2 -3 degree centigrade, with a minimum temperature of 2 -3 degree centigrade, over many weeks. The safe cold storage of medicines should be between 2 and 8 degrees centigrade. This meant the service could not be confident that the medicines within the fridge had been stored appropriately at all times. We discussed this with the registered manager who told us they believed it was a fault with the thermometer, as it was not cancelling previously reached temperatures each day when it was re-set. The registered manager showed us a pharmacy audit which had been undertaken two weeks before this inspection. This audit had highlighted the temperature concern with the fridge and the registered manager ordered a new fridge thermometer. After the inspection the service sent us an email confirming the new thermometer was now in place. The registered manager confirmed the fridge was now reading between 2 and 8 degrees centigrade each day.

# Is the service effective?

## Our findings

Some people living at the service were not always able to communicate their views and experiences to us due to their healthcare needs. One person told us; “I am very happy here, the food is good.” Following the inspection we spoke with three people’s relatives to gather their opinions of the service. We were told; “I do not have any unfavourable comments to make, they (staff) are always very helpful and never dismissive of my enquiries, even when I ring at their busy times,” “I am quite happy, no issues” and “Excellent they (staff) look after (the person) well.”

During the inspection we observed staff were available to support people with their needs. Some staff comments heard included; “Would you like a cup of tea, where would you like to sit?” and “Here let me give you a little table for you to put your tea on.” One person was seen to walk around the home most of the time during the inspection. We heard staff offer them drinks and biscuits each time they passed by. Staff were heard asking the person if they would like to join in an activity.

Some people had a personalised picture on their bedroom door and the door to the toilets and bathrooms had large pictures of a toilet or bath upon the door. This helped people who required orientation to their surroundings recognise specific rooms. People’s bedrooms contained personal pictures and ornaments which helped the service to have a familiar feel for people who lived there.

Staff told us they had good access to a variety of training to support them in their roles. We saw the training records held by the registered manager which provided an overview of all the subjects attended by each member of staff. Regular updates were arranged for staff as required. A visiting healthcare professional told us; “There is a lot of education going on” and “They have had a very complex person there recently and they have called us appropriately if needed.” The registered manager had held staff meetings recently with each staff group to discuss staff training needs as well as other issues such as recruitment and plans for future improvements of the service.

From staff files we saw there was an induction programme and support provided for all new staff. An awareness of the new Care Certificate was seen from the records held at the service with new staff commencing this process when

joining. New staff shadowed experienced staff until they felt confident to work alone. Staff confirmed they received supervision regularly and that it was beneficial to them. One member of staff told us; “(the registered manager) always has her door open, really supportive,” “The manager is firm but fair, she is as good as gold” and “We are working well together.” Staff confirmed they received appraisals with the registered manager. Appraisals are an effective process whereby the manager can spend protected time with staff to give them feedback on their performance throughout the year and identify training or career progression.

People were asked for their consent prior to care being provided. Care plans had been signed by the person, or their representatives, to show their agreement with the content. Staff had received training in the Mental Capacity Act 2005 (MCA) and staff demonstrated a good knowledge of the MCA and told us how they cared for each individual. Staff were aware of the related Deprivation of Liberty Safeguards (DoLS). Staff were aware of people’s rights to make decisions for themselves and told us of situations where they had facilitated people’s wishes and choices where possible. For example, what time people wished to go to bed at night or get up in the morning and when people wished to go outside or take part in an activity. Staff told us; “There are three or four who like to sit up with us at night watching films” and “There are a lot of ‘early birds’, about six are up before 6.30am, they like to get up early.”

The MCA provides the legal framework to assess people’s capacity to make specific decisions, at a specific time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The service considered the impact of any restrictions put in place for people that might need to be authorised under the DoLS. The legislation regarding DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. A provider must seek authorisation to restrict a person for the purposes of care and treatment. Following a court ruling in 2014 the criteria for when someone maybe considered to be deprived of their liberty had changed. The provider had taken the most recent criteria into account when assessing if people might be deprived of their liberty. Applications had been made to the DoLS team for authorisation of potentially restrictive care plans in line



## Is the service effective?

with the legislative requirements. However, the provider had not updated the DoLS policy to reflect the change in the criteria, and although the registered manager and staff were aware of the changes there was not a policy for them to refer to. The registered manager told us that this was being worked upon and should be provided to the service shortly.

The manager had a clear understanding of the MCA and knew how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

There was evidence of capacity assessments and best interest meetings having taken place to support specific decision making for some people. The service had a copy of the Code of Practice for the MCA available for staff to access if required.

The service had a white board to prompt people about the day and date as well as the meals available to them on the day. The registered manager told us there was a new menu board due to arrive at the service which would show the meals in a pictorial way. This showed the service was supporting the needs of some people who had difficulty with making choices for themselves. There was a choice of food available to people at every meal and dietary requirements for people with specific needs, such as diabetic, were catered for. People were asked for their meal preference each morning and they told us they enjoyed the food. We observed lunch being served in one of the dining areas. The tables were laid with tablecloths and napkins and people were offered drinks once seated. Staff served people their meals, some staff supported people to eat their meals if required. The service had commenced a project to increase the amount of fluids and fresh fruit taken by people who lived at the service. Smoothies and

milk shakes were being made freshly and then offered throughout each afternoon and were proving popular with people. The kitchen staff showed us the regular checks which were recorded in accordance with 'Better Food Better Business' procedures. All equipment in the kitchen was in good working order and the service had a five star food rating.

We toured the building during this inspection. Some people's bedrooms were in need of redecoration and replacement of furniture. One person's room showed the result of water leaking from the roof through their ceiling. The registered manager told us this person was due to move to another room so that their room could be repaired and redecorated. The sink units in five people's bedrooms had been replaced as part of a planned programme of modernisation. Some corridors and communal areas had carpets which had recently been replaced and other areas were mostly in good condition. The service had a secure garden which provided seating for people to sit outside. The registered manager told us the garden had not been attended to for a while but was now having attention.

We attended the staff handover meeting held by the morning staff to advise the afternoon shift of any information that required to be shared about the people at the service. Staff spoke knowledgeably about each person and their present needs.

Care records evidenced the on-going involvement of community healthcare professionals. People were able to access their GP and the district nursing service as needed. Families told us they were confident the service would access healthcare support as needed and had experienced being informed by staff when a GP or district nurse had been asked to see their family member. Staff told us; "We have good rapport with the district nurses."



# Is the service caring?

## Our findings

People told us they felt they were cared for at Redannick. One person told us; “They are kind staff, I am staying in bed today.” Families told us; “(the person) is seeing the district nurses every day and we are always shown her care plan” and “(the person) is very well cared for, she is always very clean and the staff are caring.” Visiting healthcare professionals told us; “We have no concerns, they manage pressure area care well” and “They (staff) carry out any advice we give them well.”

Most staff were respectful and protected people’s privacy and dignity. However, during our tour of the service one member of staff spoke with us openly about the person’s health condition and history whilst standing outside of the person’s open room in a corridor. This was not respectful and did not protect the person’s privacy.

Staff were heard speaking calmly and quietly to people before providing them with support. Staff assisted people in a sensitive and reassuring manner throughout the inspection. People were dressed in clean clothing and appeared well cared for. Some women wore jewellery and had their nails painted.

Staff were clear about the backgrounds of the people who lived at the service and knew their individual preferences

regarding how they wished their care to be provided. One member of staff was caring for a person who required all their care to be provided for them in bed. This person was living with dementia and was not able to clearly express themselves. The member of staff was able to tell us how staff knew when the person needed something or did not want something. The approach used was the advice seen in the person’s care plan. This meant that staff were aware of individual’s needs and were able to provide a consistent approach at all times when providing care for this person.

During the inspection one person was agitated and repeatedly asking for assistance. Staff responded in a calm and patient manner acknowledging their concerns and offering support in a practical way addressing the person’s specific anxieties. This meant staff were knowledgeable in how to meet the needs of people who were living with dementia and had developed skill in this area of care. We saw people moving freely around the home spending time where they chose to. Staff were available to support people to move to different areas of the home as they wished.

The manager held relatives and friends meetings to offer the opportunity to families to be more involved in the running of the service. Families told us they felt this was positive and they found it beneficial.



# Is the service responsive?

## Our findings

People who wished to move in to the service had their needs assessed to ensure they were able to meet their needs and expectations. The manager and staff were knowledgeable about people's needs. Care plans were individualised and gave clear details about each person's specific needs and how they liked to be supported. Care plans were reviewed regularly. People, and their families, if appropriate, were involved in reviews and signed an agreement to the content of their care plans.

The care files were informative, easy to follow and accurately reflected the needs of the people we spoke with and observed. Staff told us; "The care plans say a lot about them (people living at the service)." Care staff wrote informative daily notes about how people had spent their time as well as recording the care that had been provided for them. People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the service. Staff were able to tell us detailed information about people's backgrounds and life history from information gathered from families and friends. This helped ensure staff were able to have relevant and meaningful conversations with people according to their interests and backgrounds. Care was individualised and specific to each person. One file stated; "(the person) enjoys music in their room." We visited the person in their room and the radio was playing music throughout the inspection.

The district nursing service visited people at the service regularly to provide nursing care. Recently the service had implemented a communication book for use by the district nurses to improve information sharing between them and the staff and management of the service. The district nurses told us this had been successful in ensuring accurate information was recorded and shared between the service staff and the visiting healthcare professionals.

Another visiting healthcare professional told us; "They are very dedicated staff, they try to keep people at the home and not move them on to nursing if they possibly can, they provide good care."

One person had returned to the service from hospital with a pressure sore. It had proved challenging for the staff and visiting healthcare professionals to encourage the person to protect the area with pressure relieving equipment such

a special footwear and foam wedges. The staff worked closely with the district nurses to relieve the pressure on the vulnerable area, encouraging the person to be active during the day was proving successful. The service had kept a time line of events and were using this as a learning tool for future cases. The service had been successful in improving people's mobility by requesting a physiotherapist to visit to treat people who, for example, had returned from a hospital admission and were less mobile than before. The registered manager told us: "We never give up on anyone if we believe we can help them improve we do it, as this means they get to stay with us and not have to go to a nursing home."

Some people needed to be re-positioned regularly as they were unable to move themselves in bed without assistance. Care plans stated when and how these people should be moved. We found staff had completed records in people's rooms to demonstrate they had been moved appropriately and in a timely manner.

People were supported to maintain contact with friends and family. Visitors were made welcome and were able to visit at any time. Staff were seen greeting visitors throughout the inspection and chatting knowledgeably to them about their family member. One person had come to live at the service as they wished to live with their partner who needed to live at the service to have their needs met. This meant the service was responsive to the emotional needs of people and helped ensure close relationships were continued.

The service had responded to comments made by people and their families and friends about improving the access to the local community for people who lived at the service. The service, along with the families and friends of Redannick had worked hard to raise the money required to acquire their own minibuss. This minibuss was now in constant use, providing convenient transport for people to any medical appointments and also providing regular social trips out to places of interest. On the day of this inspection two groups of people who lived at the service, were taken to two different parts of the local area that interested them. Some people told us they liked to go out for a coffee or to their bank. Other people at the service had been supported to vote at the recent election. The service was committed to continuing to raise the money required each year to continue this valued resource. People spoke positively about the minibuss and the options it opened for



## Is the service responsive?

people. Families told us; “The manager holds meetings with us regularly they are very useful” and “The registered manager is very good.” Several members of staff had been supported to drive the minibus ensuring maximum use at all times.

Activities were seen provided during this inspection. There was a varied planned programme available to people according to their interests. People from the community were invited in to the service, such as clergy from the local church, the local city town band and Pet – a – pet visited regularly with a variety of animals for people to enjoy. Some people enjoyed domestic activities and were supported to help staff with laying tables, folding napkins and dusting. Another person had a woodworking background and there were plans for them to spend some time with a new member of staff who had responsibility for maintenance of the service. The registered manager told us; “They would be provided with some wood and tools and given the opportunity to use their skills.” Staff were heard encouraging people to join them in activity; “Shall we go up to the table to have a game?” Staff told us; “(the person) like to go to church each week, and one person likes to go shopping, another writes us a list.”

The registered manager had encouraged volunteers to come in to visit people at the service. For example, a person who was undertaking a course in nail painting visited people at the service regularly to paint their nails for them. This person had a learning disability themselves and was supported to visit by their own care support workers. This supported the person to practice their skills in nail painting and continue their college course in this area. Further volunteers supported the service in other ways, for example, to help raise the much needed funds to run the minibus. The volunteers obtained items the service could auction or raffle from local businesses such as vouchers for meals in restaurants. They also helped run stalls and celebration parties at Easter, Christmas and on the occasion of people’s birthdays.

People and families were supported with information on how to raise any concerns they may have and were provided with details of the complaints procedure when they arrived at the service. Families told us any concerns raised were quickly dealt with by the registered manager.

# Is the service well-led?

## Our findings

The registered manager had worked in the service for many years as a carer, then as a deputy manager. They had been appointed registered manager several months prior to this inspection. There was a management structure at the service which provided clear lines of responsibility and accountability. The registered manager had overall responsibility for the home, supported by the deputy manager and the provider. A senior carer worked on each shift to provide support to the care staff.

The registered manager received good support from senior managers and accessed any information required on specific issues from colleague registered managers of other nearby services, that were part of the group of homes owned by the provider. However, the manager had not received any formal supervision from the provider since coming into post several months before. The registered manager told us: "There used to be external coaches but not now." The provider passed relevant information on legislation changes and best practice to the registered manager to inform the practice at the home. There were quarterly health and safety meetings, which informed constant improvement of the service provided, and the registered managers of the Cornwall services met regularly for a formal meeting which was chaired by a senior manager.

The registered manager supported the staff and had responded to staff requests for a staff room they could use during their breaks. The registered manager told us: "The job can be quite stressful sometimes and the staff needed somewhere to go to relax." A room that was previously used for another purpose had been converted for use by the staff. The registered manager responded with appreciation to staff 'who go the extra mile' and individual staff were rewarded and presented with chocolates or bottles of wine spontaneously to acknowledge their work.

Staff were well motivated and there were a number of people who had worked at the service for many years. Staff

told us they enjoyed their work and commented: "The manager is nice and always friendly" and "The manager is a brilliant manager." Staff told us they felt well supported and listened to by the registered manager. Staff attended regular meetings with the registered manager to discuss all aspects of the running of the service.

The manager was seen to be approachable by both people, their families and staff. The registered manager told us: "I like to be able to reassure everyone where possible, and my door is always open." It was important to the staff and management that people who lived at the service were supported to be as independent as possible and lived their life as they chose. The registered manager worked alongside the care staff as required to gain a clear picture of people's individual needs and monitor dependency and workloads for staff.

The maintenance of the building was kept under regular review. Any defects were reported and addressed. At the time of this inspection the service had recently appointed a new member of staff who had responsibility for the overview of the maintenance of the building and was also able to provide care to people who lived at the service. The service appeared clean throughout, however, there were some renovation required to the fabric of some areas of the service. There was a programme of refurbishment on going at the time of this inspection. The service was mostly odour free throughout the inspection.

The service was constantly striving to improve the service it provided. We were told there had been a survey of people's views of the food provided at the service and this informed them what foods were most enjoyed by people and informed the menus provided.

Management carried out regular audits on different aspects of the running of the service which reviewed the quality of the service provided to people. This was part of the services continued commitment to driving improvement and efficiency.