Oatleigh Care Ltd

Oatleigh Care Ltd

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 8 September 2015 and was unannounced.

Oatleigh Care Ltd provides residential care and support for up to 42 older people, many of whom are living with dementia. Nursing care was not being provided at the time of this inspection and CQC are currently considering the provider's registration for this regulated activity.

It is one of three locations at the same address owned by the provider. The service is located in the Oatleigh building and is situated on the second, third and fourth floors also known as 'Covent Garden', 'Downing Street' and 'Edwards Square'. Some services and facilities such as activities, kitchen and laundry arrangements are shared between the locations as a community. Oatleigh Care Ltd has its own staff and operates independently, under the overall supervision and management control of the provider.

The home had a registered manager who was also one of the registered providers. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection in October 2014, we asked the provider to take action to make improvements to the systems in place, and records kept, to monitor the quality of the service and to ensure that medicines were being managed safely. These actions had been completed.

People using the service said they felt safe and that staff treated them well. There were procedures in place to recognise and respond to abuse and staff had been trained in how to follow these. The provider's recruitment procedures helped ensure that people were protected from unsafe care.

There were enough staff on duty day and night to make sure people's needs were met in a safe and timely way. Staffing was managed flexibly so that people received their care when they needed and wanted it.

People's nutritional and dietary requirements were assessed and monitored. For people assessed as being at risk of not getting the food and fluids they needed to keep them well, records were kept documenting their food and fluid intake.

People received effective care and support because the staff were trained to meet their needs. Staff understood their roles and responsibilities and were supported to maintain and develop their knowledge and skills through regular management supervision.

A Namaste Care programme commenced in March 2015 designed to improve the quality of life for people with advanced dementia. Namaste sessions include hand and foot massage and sensory stimulation and were available to people living at Oatleigh Care Ltd along with other activities taking place in the community seven days a week.

All areas of the home were clean and well maintained creating a comfortable environment for people. Each person had a single room which was appropriately furnished and homely. The standards of décor and personalisation by people supported this.

The provider acted in accordance with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. This provides a legal framework to help ensure people's rights are protected. Staff understood people's rights to make choices about their care and support and their responsibilities where people lacked capacity to consent or make decisions.

Improvements had been made following our inspection in October 2014 to ensure medicines were stored, administered, recorded and disposed of safely. Staff were trained in the safe administration of medicines and kept records that were accurate.

Arrangements were in place for people and relatives to share their views or raise complaints. The provider listened and acted upon their feedback. The provider obtained the views of people using the service and their relatives or representatives and there were systems to regularly monitor the quality of the service provided at Oatleigh Care Ltd.

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?

Good

The service was safe. People told us that they felt safe and well looked after. Staff had been trained to recognise and respond to abuse and they followed appropriate procedures.

Recruitment processes were robust and appropriate pre-employment checks had been completed to help ensure people's safety. The provider ensured there were enough staff on duty to meet the needs of people living at Oatleigh Care Ltd.

Improvements had been made since our inspection in October 2014. People received their medicines as prescribed and medicines were stored and managed safely.

Is the service effective?

Good

The service was effective. Staff were provided with training and support that gave them the skills to care for people effectively.

People were protected from the risk of poor nutrition and hydration because their needs around eating and drinking were monitored and reviewed.

People received the support and care they needed to maintain their health and wellbeing. They had access to appropriate health care professionals when required.

Is the service caring?

Good

The service was caring. People told us that staff were kind and caring and we observed the staff treating people with dignity and respect.

People were supported to make choices about their care and support on a daily basis.

Is the service responsive?

Good

The service was responsive. People's needs were assessed prior to admission and reviewed regularly so that they received the care they needed.

Improvements had been made since our inspection of October 2014 to ensure that care plans contained sufficient detailed guidance about people's range of needs and how staff could meet these needs.

There was a variety of activities for people to get involved in if they so wished, including a specialised care programme for people living with the advanced stages of dementia.

Is the service well-led?

Good

The service was well-led. Staff told us the management were supportive and they worked well as a team.

Quality assurance processes had improved since our inspection in October 2014. The quality of care was regularly monitored by the provider and timely action was taken to make improvements when necessary.

Oatleigh Care Ltd

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.

Prior to our inspection we reviewed the information we held about the service. This included any safeguarding alerts and outcomes, complaints, previous inspection reports and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

This inspection took place on 8 September 2015 and was unannounced.

The inspection was carried out by two inspectors, a specialist advisor with expertise in care for older people 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.

We spoke with nine people who used the service and two visitors. Due to their needs, some people living at Oatleigh Care Ltd were unable to share their views. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We also spoke with the registered providers, a deputy manager and nine members of care staff. We observed care and support in communal areas, spoke with people in private and looked at the care records for eight people. We reviewed how medicines were managed and the records relating to this. We checked four staff recruitment files and the records kept for staff allocation, training and supervision. We looked around the premises and at records for the management of the service including quality assurance audits, action plans and health and safety records.

After our inspection visit we received written feedback from six relatives and two care professionals. The provider also sent us the most recent quality assurance report, a copy of the recruitment policy, Statement of Purpose for Oatleigh Care Ltd and other documentation relating to the management of the service.

Good

Is the service safe?

Our findings

At our last inspection in October 2014, we found we some errors with the recording and administration systems for the management of medicines.

During this inspection we found that the provider had taken satisfactory steps to ensure that the arrangements for the management of people's medicines were safe. We observed two staff administering medicines to people at the specified time. Staff told us this was usual practice as per the provider's medicine policy. The medicines were not signed for on the Medicine Administration Record (MAR) until the staff had seen that each person had taken the medicine. One person told us, "The staff give me pain relief when my legs hurt."

Staff followed individualised profiles which explained how people needed to be assisted with their medicines. Care plans included protocols for when and how emergency medicines should be given or those to be administered on an as required basis. Where people were prescribed such medicines, there was clear information for staff about the circumstances when these medicines were to be used.

Medicine administration records (MARs) checked on all three floors showed that people were receiving their medicines as prescribed. The records were up to date and there were no gaps in the signatures for administration. Allergy information was clearly recorded. Alongside the MAR, each person had a list of what the medicines were for and potential side-effects. There was also information about how people liked to take their medicines and whether they need prompting. Where people were prescribed medicines covertly, an appropriate mental capacity assessment had been carried out and authorised by the GP.

Records confirmed staff had received training in the safe handling of medicines. Medicines, including those requiring refrigeration were securely and appropriately stored in a designated locked room. Relevant temperatures were monitored and recorded daily to make sure that medicines were stored at the correct temperature.

There was a system for checking all prescribed medicines and records for their receipt and disposal. A designated member of staff had responsibility for the auditing of medicines every month. This helped ensure there was accountability for any errors and that records could be audited by the provider to determine whether people received their medicines as prescribed. The supplying pharmacist had also completed a full medicines audit and the manager had addressed their recommendations.

People felt safe and well cared for. One person told us, "It's all very nice, I am happy here." Another person said, "Everything is ok, the staff are polite to me."

One relative commented, "I have never seen anything that would worry me with any of the residents." Another relative told us, "They genuinely care for the residents and they make both the residents and visiting families feel relaxed and at home on many levels."

Staff had a good understanding of how they kept people safe within the service. They knew about the different types of abuse they might encounter, situations where people's safety may be at risk and how to report any concerns. The staff understood the roles of local authorities in protecting people and their duty to respond to allegations of abuse. All the staff we spoke to told us they had attended training in safeguarding adults and would feel comfortable reporting any concerns to their managers in line with procedures. Staff also told us they would escalate their concerns if they felt they had not been dealt with appropriately, this included the service managers and the local authority. They told us, "I am 100% confident that my manager would react to any concerns but I would report directly to the local authority if necessary" and "I would always say something and I would take it further if I felt nothing was being done."

Risk assessments formed part of the person's agreed care plan and identified the hazards that people may face and the support they needed to receive from staff to prevent or appropriately manage these risks They covered areas such as nutrition, pressure area care, mobility, continence and behaviour that may challenge. One person had poor mobility and remained mainly in their chair during the day. There was detailed guidance for staff on how to encourage the person to change position regularly together with guides for using a hoist and wheelchair. Staff showed an understanding of the risks people faced. One staff member told us about one person who liked to maintain their independence when walking but tired easily, they told us how they would accompany them on their travels and be ready to support them when necessary. Another explained

Good

Is the service safe?

how people could feel anxious if they needed to use the toilet so they checked on people regularly to see if they needed any assistance and this helped reduce the risk of falls.

Relatives gave positive feedback about the staff saying that they knew people well and were skilled in working with behaviour that required a response. Examples of this were seen during our inspection. One person became angry with one staff member and they withdrew. Another staff member then went to talk with the person and gave them the reassurance they needed. Staff spoken with told us that they had developed this way of working with the person and we saw their care plan reflected this approach.

People were kept safe in a well maintained environment that was clean and decorated to comfortable standards. Dedicated staff were employed to clean the communal areas, bedrooms and bathrooms. A relative told us, "The whole environment is always very clean." Another relative commented, "The place is always clean and never smells." The provider employed its own maintenance staff to carry out any required work or repairs. Health and safety checks were routinely carried out at the premises. The equipment was regularly checked for safety and essential servicing was undertaken at the frequencies required.

There were arrangements in place to deal with foreseeable emergencies and staff told us on call support was always available through the manager or senior staff. Staff were trained in first aid to deal with medical emergencies and appropriate arrangements were in place for fire safety. Following our October 2014 inspection, improvements had been made to ensure that personal emergency evacuation plans (PEEPs) were available and fire alarm systems and equipment were regularly serviced.

Recruitment checks were carried out before people could work in the home. Each staff file had a checklist to show that the necessary identity and recruitment checks had been completed. These included proof of identification, references, qualifications, employment history and criminal records checks.

One person using the service said, "Nice carers, I think there are enough staff." Another person commented, "They are friendly, enough around, very good." One person however commented that carers could sometimes be "Rushed off their feet." Feedback from relatives was that there were enough staff on duty when they visited. One relative told us, "I have on many occasions observed, perhaps just when walking through the building, or when waiting for the lift, many instances when a carer or perhaps the activities leader have been fully engaging with the residents."

Staff told us that there was enough of them to meet people's needs. Their comments included, "Of course we have enough staff", "We have enough but if we are busy we can get help from other floors" and "I love it here because I have more time to spend with people."

Throughout our visit people received support when they requested or needed it. We observed staff spending time sitting with people, talking and engaging in activities. Staff allocation records showed that people received appropriate staff support and this was planned flexibly. Staff felt that the staffing on each floor was sufficient and told us that numbers were increased or adjusted appropriately according to people's changing needs. For example, a member of staff now joined the night staff at 6.30am to assist people who wanted to get up earlier in the morning. The provider employed separate domestic, kitchen, laundry and maintenance staff.

Good

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills they needed to carry out their role. One relative spoke of the "Well trained caring staff" and another referred to "experienced staff who seem conscious of their needs."

Staff told us they had received enough training to care for people and meet their needs. They said, "All our training is updated regularly", "A trainer comes in or we go to the [local authority] they do a lot a training", "I have done a lot of training, they always sign me up for a course if it would benefit me or a resident" and "There is constant training and learning, they always pick up on things you are doing wrong and show you ways to improve, to give better care." Our discussions with staff showed they had knowledge and awareness about people's needs and how to support them. For example, one staff member explained how one person was at risk of infection. They told us about the signs they needed to look out for so they could act quickly if they thought that person was unwell.

The provider had a training and development programme for staff that included a structured induction and mandatory learning for all new staff. We saw evidence that the provider had implemented the Care Certificate as part of their induction training for all new staff. This is a set of standards that have been developed for support workers to demonstrate that they have gained the knowledge, skills and attitudes needed to provide high quality and compassionate care and support. It covers 15 topics that are common to all health and social care settings and became effective from 1 April 2015.

An electronic training and development plan was used to monitor training provision for the staff team and identify any gaps. This was up to date and all staff had completed refresher training in key areas. Staff shared examples of recent training courses relevant to their roles and the needs of people they supported. For example, staff had undertaken a course in Namaste care via St Christopher's Hospice. Namaste is a programme of care designed to improve the quality of life for people living with advanced dementia.

Staff confirmed they were supported by their line managers through monthly staff meetings, one to one supervision meetings and annual appraisals. We saw records to support this.

The manager and staff had appropriate knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This is legislation that protects people who are not able to consent to care and support and ensures that people are not unlawfully restricted of their freedom or liberty. 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.

Staff were aware of the legal requirements and how this applied in practice. For example, they understood the importance of respecting people's choices and their right to refuse. Guidance was available to staff about the MCA and DoLS. The manager had assessed where a person may be deprived of their liberty. We saw applications and emails showing that the manager had been in contact with the local authority DoLS team.

Care plans explained about when people could not give consent and what actions were needed to protect and maintain their rights. Relatives and representatives were involved in decision making processes where individuals lacked capacity. Records showed these decisions were reviewed regularly.

People using the service told us they enjoyed the food provided to them and were supported to have sufficient amounts to eat and drink. People's comments included, "The food is fine, they know I don't eat butter", "The meals are quite nice" and "Lovely." One person said, "We pick out what we want, we have a choice. I had chicken for lunch, not the chicken curry." A relative told us that they saw staff helping people make a choice for lunch by showing them the menu saying "little touches that make a difference."

We observed staff offering people drinks throughout the day. During lunchtime staff were kind and attentive and supported people when they needed assistance. The atmosphere was relaxed although quiet. People were offered a choice and alternatives; one person was unsure what they wanted to eat so a staff member patiently showed them a picture menu of the choices available. Another person had salad with their meal instead of vegetables. Another person had sausages as an alternative to the main meals on offer. Staff explained that, if a person changed their mind, they could phone the kitchen or tell the cook and alternatives would always be provided. While we were there the cook came to the dining room to make sure everyone was happy with their meals.

Good

Is the service effective?

People with special dietary requirements were catered for, for example, some people were served soft or pureed food, and the food was presented well and looked appetising. When people were experiencing weight loss they had their meals fortified with higher calorific food. Catering staff spoken to were aware of people's individual needs, for example, who required soft and diabetic diets and pureed foods. The Chef told us they visited each person using the service following admission to ascertain their likes and dislikes. Care profiles kept in people's rooms included this information, for example, where one person disliked spicy food.

Care records included nutritional assessments and individual care plans were in place to help make sure of people's nutritional wellbeing. We saw that individual food and fluid intake was being monitored where necessary.

People were supported to keep well and had access to the health care services they needed. One person told us, "The nurse comes to see me because I am diabetic to give me my insulin." Details of visits from healthcare professionals including the GP and the district nurse was recorded so staff had access to the information. Other professionals such as mental health teams were involved in people's care if this met an identified need. There were hospital transfer information records to make sure that all professionals were aware of people's individual needs in the event of an admission. Discussions with staff showed they recognised when people became unwell and took appropriate action such as requesting a visit from the GP or making a referral to other healthcare professionals involved in the person's care.

Good

Is the service caring?

Our findings

One person told us, "The staff are fine, they are always polite…they always chat to me". People using the service praised the staff for the care they gave. Other comments included "Staff are all beautiful", "Just like one family, friendly atmosphere", "Carers lovely" and "It's nice and friendly. If I want anything I just ring the bell."

One relative said, "The staff there do not just give the level of care that is expected of them, they genuinely care for the residents and they make both the residents and visiting families feel relaxed and at home on many levels." Another relative commented, "[The person] is well looked after and happy because of the kindness of the carers." A third relative told us, "I have nothing but praise for the level of care and attention that we have witnessed at Oatleigh."

Staff spoke about people in a caring way, they told us, "I try to make a person feel good, as if you would like to look after your parents", "Caring for someone is very rewarding, if you are able to give something back…I do [one person's] hair and make-up and it makes them feel comfortable" and "I really like working here, I like talking to the residents and their feedback, when they smile and through their gestures." We saw staff using touch to reassure and comfort people and they always spoke to people at eye level by sitting or kneeling beside them.

A questionnaire was used to capture background and life story information when someone first came to stay at Oatleigh Care Ltd. This information was used to inform individual life stories and person centred profiles made available in people's rooms that staff could use to engage positively with people. We saw the information included early life experiences, jobs, family and significant events in more recent years. Also included was the food and drink the person enjoyed along with important personal care information such as their preference for baths or showers.

People's care plans included information about how people preferred to be supported with their personal care. For example, what time people preferred to get up in the morning and go to bed at night and whether they preferred a shower or a bath. Staff knew people well and were able to tell us about people's individual needs, preferences and personalities. One member of staff told us how they had received guidance from the mental health team on what to do when one person was unhappy. We heard how people liked to spend their time, what they liked to talk about and what they liked to eat. Peoples care records were person centred. They contained details of peoples history, people that were important to them, now and in the past, details about their working lives and likes and dislikes, this included food, activities and they type of clothes choices people made. We noted these details were also in each person's room and easily accessible.

Some people who used the service had Do Not Attempt Resuscitation (DNAR) agreements in place. These are decisions made in relation to whether people who are very ill and unwell would want to be resuscitated or would benefit from being resuscitated, if they stopped breathing. Staff were aware of who these people were. The forms had been completed correctly in consultation with the person, doctors, and family, where appropriate. This ensured that people's wishes would be carried out as requested.

Staff respected people's privacy and dignity and described the ways in which they did this. Staff told us they would knock on doors before entering, cover people appropriately when giving personal care and ensure doors, windows or curtains were closed if necessary. Staff explained how people chose what they wanted to eat or wanted to wear and if they wanted to take part in any activities, and respected the choice people made. We saw examples where staff respected people's choices, for example, to have their meal later in the day.

People were encouraged to bring items into the home to personalise their rooms. We found bedrooms were decorated and furnished as they liked with items of personal value on display, such as photographs, memorabilia and other possessions that were important to them and represented their interests. A relative told us about how their family member was able to display all their photos and cards and to use their preferred sheets and pillow cases.

Good

Is the service responsive?

Our findings

At our inspection of October 2014, we found that care plans were not always sufficiently detailed to act as an accurate guide to staff. At this inspection we found that improvements had been made to ensure that care plans contained sufficient detailed guidance about people's range of needs and how staff could meet these needs.

Before people moved into the home they had an assessment of their needs, completed with relatives and health professionals supporting the process where possible. The assessments took account of a range of needs relating to physical health and care and activities of daily living. The assessment was used to develop a support care plan that was based on people's individual needs.

Records about people's care were held electronically and in paper format. We looked at the system and saw that the care plans were consistently reviewed on a monthly basis. A copy of the electronic care plan was then printed for the person's file so that staff had up-to-date information on the care and support individuals required.

The care plans were personal to each individual and provided staff with accurate information about their needs. For example, how they liked their care to be given and their background history. All the staff we spoke with told us they looked at people's care records to find out important information and this helped them support people as individuals. One staff member told us, "I was given the time to read "[name of person's] care plan, I am their keyworker. I found out they used to live independently before coming here, they have a risk of falling and they need help with meals…I know what to look for when they are unwell." Other care plans seen included

Staff were clear about the importance of daily handovers. Notes about people's immediate care were recorded in their daily care notes and a communication book noted events such as GP visits, care reviews or hospital appointments. Staff told us, "At handover we are told about any changes in people" and "At handover we cover each resident, it's very important…we are told if we need to do extra observations, or more fluid, if people have not eaten or if they have a sore we need to monitor." One example was seen where a person's needs were increasing and this had been communicated to staff in handovers and the communication book. Appropriate referrals had been made to external health professionals and staff had informed the person's family.

One person told us, "Sometimes I go downstairs [for activities] they will take me down if I want to…when the weather is nice they take me down to the garden." Some people told us they would welcome more activities outside of the home. Their comments included, "I would like to go on outings" and "I would like to have an outing once a week."

Namaste sessions took place twice a day in different parts of the community. Namaste Care was designed to improve the quality of life for people with advanced dementia and had commenced in March 2015. Staff told us how it had made a positive difference to people's well-being. For example, one person's appetite had increased and they were eating more. Another member of staff told us they were given the time to engage with people saying, "When managers walk in they like to see us talking with people…laughing with them."

Activities also took place seven days a week with sessions taking place in the Angel lounge on the ground floor including puzzles and games, conversation games and chair based exercises. People living in Oatleigh care Ltd were able to access these sessions along with others living on other floors of the community. Namaste 'club' sessions were held as part of the activities schedule focusing on meeting the physical and social needs of people with less advanced dementia by trying to engage people in daily meaningful activities. A computer was available for use with specialised software to help engage people living with dementia and we observed staff using this with a person using the service during our visit. Weekly term time classical music recitals by visiting students took place for people living in the community along with film shows, sing-alongs and birthday parties for people using the service.

People were able to maintain relationships with people that matter to them. One relative told us, "I know I can go in there at any time of the day and am made to feel welcome."

A complaints procedure was made available in each person's room. One person said, "I would complain if I was unhappy but I have had no reason to." Another person told us there were "No problems." A relative told us, "I have only

Good

Is the service responsive?

ever felt positive about what I have seen. I have never felt the need to complain, and I am sure if I did, I would be listened to." Another relative said, "The management have been quick to respond to any requests or suggestions that I have made."

Good

Is the service well-led?

Our findings

At our inspection of October 2014, we found that quality assurance systems in place were not always effective at identifying potential risks to people. Internal medicines audits undertaken did not identify what had been audited in any detail and there were no actions recorded as needed.

We found improvements had been made with a number of audits being used to assess how well the service was running. Checks covered a number of areas including people's care plans, staffing, safeguarding, complaints, accidents and incidents and health and safety. The audits enabled the provider to have an overview of the service and identify any themes or trends. The staff team had designated duties to carry out other in-house audits on medicines and health and safety practice such as fire safety, food storage and infection control. We saw checks were consistently completed and within the required timescales.

The atmosphere in the home was open and welcoming. The registered manager had a detailed knowledge of the people using the service and knew them well. During our visit, senior managers engaged with people, visitors and staff throughout the day. Their regular presence and availability was confirmed by comments from people using the service and their relatives.

A person using the service told us, "Everything is alright; we are doing quite well, not perfect but not bad." One relative said, "I think the owners of the home take an active role in the running of the home and genuinely care about the quality of life for all the residents. This in turn filters through to the staff that work exceptionally hard at providing the care." Another relative said, "When, regrettably, care homes get bad publicity because of their standard of care, this is so often caused by bad management and poor staff morale. Many would do well to learn from the ethos of Oatleigh."

A care professional who had involvement with the service told us they were impressed by the attitude of management and care workers to enhancing the quality of life of people using the service.

Staff had clear lines of accountability for their role and responsibilities and the service had a clear management structure. In addition, there were management arrangements in place for other departments within the home such as administration, kitchen and domestic staff. There was always a senior member of staff on duty to ensure people received the care and support they needed and staff were able to seek advice and guidance.

Staff were positive about the management of Oatleigh Care Ltd. They told us they felt supported and could go to them if they had any problems. Comments included, "The managers are good, I feel supported" ,"The manager is warm, welcoming and really understanding" , "The managers listen, they are pretty good like that" and " I can just knock on the door any time , they listen…we can discuss problems and get a solution." One team leader explained they had regular meetings where they reported to the manager. They told us, "He is really supportive and help us with any issues we have, we talk over problems and find a solution…he always asks us what we can do better."

Staff told us they felt they worked well as a team they told us, "It's a lovely home, the teamwork is good", "The work can be hard but we have a good team that support and help each other" and "The staff have a good relationship with one another."

Staff told us there were regular handover meetings at shift change overs and they had monthly meetings with management. Staff said they found these meetings useful in keeping them up to date with information about people's needs and how to care for people. Similarly, regular meetings kept them informed about organisational issues and developments. At the most recent meeting, topics included the staff keyworker system, housekeeping, laundry and an update on the fire emergency procedure. There were also separate meetings for night staff. In the most recent meeting staff discussed using Namaste to help people sleep if they became upset or anxious.

People were encouraged to express their views and opinions of the service by taking part in surveys, regular meetings and through daily discussions with staff and management. Relatives confirmed they were given questionnaires to comment and they also received a monthly newsletter to keep them informed about activities and developments in the service.

The provider had achieved accreditation from external agencies. This included investors in people award for people management in 2014.

Good

Is the service well-led?

All accidents and incidents which occurred in the home were recorded and analysed. This enabled the service to identify any patterns or trends in accidents. It also gave an indication of where people's general health and mobility was improving or deteriorating.

Registered persons are required by law to notify CQC of certain changes, events or incidents at the service. Our records showed that since our last inspection the registered provider had notified us appropriately of any reportable events.