Leyton Healthcare (No 15) Limited

Ashlea Court

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 02 December 2014 and was unannounced. We visited again on 03 December 2014 and this visit was announced.

Ashlea Court is a 40 bed care home. The service provides personal and nursing care to older people with mental health and general care needs, some of whom are living with dementia. The service is set in its own grounds. There were 18 people accommodated at the time of the inspection.

The home had a registered manager in place. 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.

We examined the recruitment records and found that the registered manager was careful to recruit staff in a safe way. They made sure they were interviewed, that their work history was known about, that they had two good references that were relevant to their work and that DBS

Summary of findings

checks were done. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children.

We spoke to staff and asked them what they knew and what they would do about abuse. They told us the signs and symptoms of abuse and that they would report any such concerns to the registered manager, or social worker or report it to the local authority adult safeguarding team. They had received suitable training in regard to keeping adults safe.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards exist to ensure people are only deprived of their rights if it is within their best interests. The registered manager understood the home's responsibilities under the Mental Capacity Act 2005 (MCA). We saw that the registered manager had made the relevant referrals to the local authority and was waiting for a response from them.

The home undertook careful assessments of people's needs. People had clear concise and full plans relating to their care and needs. There was good evidence that people participated in the development of their care plans. Their views were sought about their care and the home they lived in. People spoke of their quality of life whilst living at the home. One person told us, "The trouble here is you don't want for anything". Another told us, "Although I want to go home I wouldn't change anything here."

Staffing levels were good and we saw that people's needs were met promptly. We spoke to the manager about how they determined staffing levels. We were told they explored people's needs and adjusted the staffing levels in accordance with the complexity and dependency of people who lived there.

We saw staff treated people in a friendly way that supported their privacy and dignity whilst offering them choices when meeting their needs. We saw people enjoyed the care and interactions with staff. People said, "The carers are kind and helpful", and "I get attention if I need it, and if you need a GP they get one quickly." Other people commented that the support they received in relation to their health needs was good. One person told us, "I feel all of my health needs are met, the staff are kind and helpful."

We saw careful monitoring of the service and good systems in place to make sure people were safe. Staff had good levels of training and were supported and guided about how to meet people's needs.

There were systems in place to ensure the environment people lived in was clean, comfortable and safe.

People were encouraged to live healthy lifestyles. There was a range of stimulating activities on offer that people liked and they had a say on what was provided. We saw people were encouraged to eat well. When there were difficulties, they received the support they needed.

Staff received guidance from other professionals about how best to support people. We saw this guidance was included in care plans and we saw staff put that guidance into practice. For example where a person had been assessed by the speech and language therapy team for their ability to swallow and they determined that person should only get pureed food and staff should assist them, we saw that is what happened. In other cases we saw guidance given by a dietitian about people who were in danger of dehydration or poor diet, that the home should monitor and encourage good fluid intake and that the person received fortified food. Records and observations showed that this happened.

Records showed what people liked to eat. The staff and the cooks tried to meet people's needs. People said they enjoyed the food they had. We saw the registered manager was careful to ensure the home met people's needs. They checked that good assessments and plans were in place and that staff adhered to them through regular support and guidance.

The registered manager and provider had good systems to check on things in the home. They made sure assessments and plans were up dated when needed, they made sure people were doing their jobs. For example, keeping a hygienic environment, talking to people as they should and making sure people were kept at the centre of the care the home provided.

We saw very good records that showed peoples life histories. People and staff felt those were important as

Summary of findings

they helped staff understand people's needs ensured that staff knew what people liked and importantly for the staff. One staff member said, "We have good histories of people here, when you read them you feel as if you get to know the person rather than just a client, it gives you something to connect with them"

Relatives spoke highly of the care people received. One relative told us, "The care is really good, I and [my relative] feel a part of the process at meeting [my relatives] needs", and they had "Absolutely no complaint to make".

The Provider and the registered manager had good systems in place to check that the home was suitable for meeting people's needs and that people's needs were being met.

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. The manager was careful to recruit staff safely.

There were systems in place to keep the environment safe and clean.

People's rights were protected by the manager ensuring the home adhered to the requirements of the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005.

The home paid good attention to medicines and they were well managed.

There were enough staff on duty to meet people's needs

Is the service effective?

Good

The service was effective. When we spoke to staff the said they felt they had enough support and training to do their jobs well.

We saw evidence that staff received guidance regularly about how to do their work and meet people's needs.

The home was good at ensuring people's health needs were met.

Records showed what people liked to eat and we saw the cooks and staff took care to try to meet those needs.

We saw that staff worked well with other professionals, we saw evidence that they were careful to monitor health needs and take action if needed.

This included careful attention to people's hydration and nutritional intake with suitable monitoring and recording of people's diet.

The environment was set out to help people stay orientated and find their way around.

Is the service caring?

Good

The service was caring. We saw staff act in caring ways by the spoke with people, and the way they were attentive and responsive to requests.

People felt the staff were caring. People commented that they got attention when they wanted it or needed it.

We saw staff modify the way they spoke so that they could communicate in ways people understood them

We staff routinely ask people about what they wanted, whether this was about food, care or something to do. Staff were friendly helpful and polite.

Is the service responsive?

Good

The service was responsive. Care plans and risk assessments were kept up to date.

There were a range of activities on offer and people had say about what they wanted.

Summary of findings

The home undertook careful assessments and generated plans about people's needs and how to keep them safe.

The manager had systems in place to ensure people's opinions about the service were sought and how the home dealt with any complaints. These systems recorded the outcomes of those suggestions and complaints and how they were resolved.

Is the service well-led?

Good

The service was well led. The registered manager was experienced, and staff felt they were listened to.

There were good systems in place to make sure staff did their jobs well. Staff told us they were supported and guided.

The atmosphere in the home was positive. We saw positive and friendly interactions between staff and people. Staff were attentive to people's needs.

The provider had systems in place to check that the registered manager was running the home well.

Ashlea Court

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 2 December 2014 and was unannounced. We visited again on 3 December 2014 and this visit was announced. The inspection was completed by one adult social care inspector.

During this inspection we carried out observations using 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 reviewed a Provider Information Return (PIR) as part of this inspection. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed other information we held about the home, including any notifications we had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale.

We also contacted the local authority safeguarding team, commissioners for the service, the local Healthwatch and the clinical commissioning group (CCG).

Healthwatch is a statutory body set up to champion the views and experiences of local people about their health and social care services. For each local authority with social services responsibility there is one Healthwatch. We also reviewed information from the local authority safeguarding and commissioning teams. The information we gained was positive and indicated that there were no outstanding safeguarding issues and that the local authority commissioning team was happy with the provision within the home.

During the inspection we spoke with eight people, two relatives, four staff and the registered manager of the home.

We reviewed six sets of records relating to people's care. This included their care plans, any associated risk assessments, review documentation and the daily records which reflected the care they received.

We viewed other records within the home such as three staff files relating to staff member's support, training and recruitment, and other records held by the registered manager relating to the things they did to manage and monitor the work done in the home.

Is the service safe?

Our findings

People told us they felt safe living at the home. A relative told us, "When I go home I know [my relative] is safe and well cared for."

We examined three staff files and saw that the provider was careful to recruit people safely. They made sure they did background checks such as references that were relevant to the role . We saw that at least two references had been gained and one of which related to social care employment. We saw records showing detailed interviews had been undertaken and records of their responses made. We saw that the registered manager sought DBS checks. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children.

We saw training records that showed all staff had been trained about safeguarding adults. They knew how to recognise abuse and what to do about it if they saw or suspected abuse. One member of staff talked to us about abuse which demonstrated their knowledge and understanding. They told us, "If I suspected abuse I would immediately tell my manager." They went on to say, "The manager is very experienced and I know she would deal with it in the right way."

We examined three sets of care records. We saw that the home undertook very careful and detailed assessments of risks related to the care of people who lived there. Those risk assessments included assessments of mental capacity (protecting people's rights), mobility, falls and moving and handling, diet, fluid intake and nutrition (protecting people's physical wellbeing). The assessments showed people and their families were involved in assessments and their contribution was recorded.

When talking to the senior carer who administered the medication on the day of the inspection, we were told that "no-one received their medicines covertly" and that all medicines were prepared in front of the person before they took them. There was no indication to suggest that medicines were used inappropriately to control behaviour. We saw no evidence of physical restraint being used.

The senior care worker administering medicines wore a red tabard stating "Do Not Disturb Medication Administration In Progress", which meant they could concentrate without distraction and that medicines were managed so people received them safely.

Medicine cassettes were colour coded for morning, lunch-time, afternoon and evening administration of medicines, which further supported the safe administration of medicines. Medicines that were required to be refrigerated were kept appropriately and we saw that temperatures relating to refrigeration had been recorded daily.

We observed people receiving the support they needed to take their medicines as prescribed. The senior care worker offered people a drink to support them taking their medications and told us that she was aware of people who had swallowing problems, as highlighted in their care plans.

MAR charts showed that staff had recorded when people received their medicines and that entries had been initialled by staff to show that they had been administered. There were systems in place to ensure that medicines had been ordered, stored, administered, audited and reviewed appropriately.

We saw the provider had a comprehensive system to check that systems and equipment were safe. There was a series of records that showed the outcome from provider visits where they had examined the physical state of the building and the equipment in the home. This included checks of water systems (Legionella yearly and water temperatures weekly), electrical systems, buzzer and alarms systems. These covered such things as maintenance, heating and lighting.

We saw examples of staff putting the outcomes of those assessments into practice. We saw that staff used lifting equipment appropriately and confidently when needed. We examined the training records and saw that those people who used lifting and hoisting equipment had been trained to do so.

Records showed that staff had been trained in infection control and food hygiene. We saw that the home was very clean with no unwanted smells. The bathrooms and toilets were clean. There were records that showed that home conducted an audit of the infection controls within the home every month.

Is the service safe?

There were systems that were used to minimise the risk of infection such as staff using gloves and aprons when they needed to, or careful systems to ensure that contaminated laundry did not get into contact with clean laundry. We saw that people had their own individual wheel chairs which were cleaned by night staff on a rota.

It was clear staff had tasks to do. Although they were busy they rarely passed a person without asking if they were "ok" or if they had what they "needed" or needed "help." We saw that once people were served their meals, staff sat with people and talked about general things. The meals were social affairs where people were not rushed and the staff did not seem rushed.

We discussed the staffing of the home with the registered manager. She stated that they had "a very low turnover of staff which was good", and, "people seem to stay." During our inspection we heard some buzzers being sounded but they were responded to quickly. People mentioned that when they buzzed, staff quickly attended them. One person said, "If I press my bell at night people come to you quickly".

We examined the staff rotas for three weeks and saw there was always at least four staff on duty. On the day of the inspection there was the registered manager, one a senior, three care workers, two domestic staff, two cooks, and an activities coordinator. We saw that there was a maintenance person for the home. Although we saw people's needs were met promptly during the inspection and most were satisfied with the attention they received one person did say, "They could do with more staff here". When asked about this they went to explain that It wasn't that they didn't get the care and attention they needed it was just that "the staff seem so busy".

When we spoke to the manager about staffing she told us that staffing levels were set by the needs of the people living there. She said they were adjusted depending on the complexity of people's needs in terms of numbers of staff and their capabilities.

Is the service effective?

Our findings

We saw there was a system in place to ensure staff's mandatory training was kept up to date. Training included health and safety, food safety, safe moving and handling, first aid, infection prevention and control. The records showed that staff had received training in other key areas such as safeguarding, management of pressure sores, fire, medication, end of life care. Staff were supported to attain recognised qualifications in health and social care. For example, we saw that 18 out of 28 staff had attained a National Vocational Qualification (NVQ) level 2 and that nine staff had achieved NVQ level 3.

Some specialist training, in dementia awareness, had been undertaken by staff, via a 3 month distance learning programme. A member of staff told us, "From this training in dementia awareness I now understand how to talk to people with dementia." For example we saw that staff were careful to change the way they spoke with people in accordance with their abilities to process information. In one case we saw a member of staff ensuring that information given to one person was understood by gently asking them to repeat it back when offering a choice of food rather than simply accepting a nod of the head or offering two choices rather than many choices until the member of staff was sure they had that person's right selection. This meant that staff had enhanced their knowledge and skills to carry out their roles and provide effective care.

We saw assessments about people's behaviours that challenged the service had been undertaken. Where it was identified that those behaviours could challenge others we saw that the home had assessed the risks. This included identifying who was at risk, and that in consultation with family, staff had sought the best ways of helping someone through those situations. There were details about de-escalation and avoidance. This was important because successful use of avoidance techniques meant that people were not put into situations that could result in conflict, thus lowering risk and preserving their dignity.

We saw that one member of staff was a "dementia champion." Their role was to promote dementia awareness amongst people, friends and family and the staff team. For example, providing material for people gain further understanding of dementia. The registered manager told us another member of staff had "specialised a little" in their understanding of end of life care. This was helpful in ensuring staff were up to date with their knowledge.

We saw staff undertaking their care duties. We saw that when they used equipment, they were confident and were used to using it. We saw they implemented good safety controls when dealing with food, and that there were hygienic processes that went on to ensure the home was clean.

People spoke of their quality of life whilst living at the home. One person told us, "The trouble here is you don't want for anything". Another told us, "Although I want to go home I wouldn't change anything here". One person told us that the staff were good at meeting people's needs. When asked they gave an example, "If you want a bath they give you one, they are really good. They don't refuse you anything."

We saw that the home was laid out to help people get around. We saw that doorways had different coloured frames and the bedroom doors looked like ordinary household doors. We saw people's individual rooms had their names on them. Where people wanted them there were photographs of themselves or photos of key events (such as a person in their military uniform). This was important because it helped people orient themselves, be able to identify key locations by their colour, ensured that walls and corridors did not blend in to one seamless colour and be confusing, and the names and pictures helped people identify their own personal spaces more easily.

We saw records that showed staff received supervision (one to one guidance) at least every two months. The records contained records of annual appraisals, and that the home undertook staff meetings regularly. We saw records of those meetings and it was clear that the meetings not only dealt with information giving but also conveyed guidance to the team about individual people who lived there who had changed needs or extra care requirements.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards exist to ensure people are only deprived of their rights if it is within their best interests. The manager understood the home's responsibilities under the Mental Capacity Act 2005 (MCA).

Is the service effective?

We noted that all staff except one new starter had undertaken training in relation to understanding the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLs). We spoke to the manager about that and she had an understanding about the requirements under MCA and DoLS.

We saw in the records we examined that people had good assessments of their mental capacity. The records showed other people were consulted as part of that process including family, care staff, GPs, nurses, social workers. The registered manager had identified which people needed to have DoLS in place. The registered manager was working with the Local Authority to make the required DoLS applications. During the inspection period we saw the manager had made sure those applications were submitted to the local authority and that they were waiting to hear back from them.

As we examined the care records for three people we noted that many key documents showed that they had signed them and agreed to them. We saw clear records showing where people had agreed to photos being taken, care plans, access to records, and end of life plans. We saw one record where there was a do not attempt cardio pulmonary resuscitation (DNACPR) form in place. The person had been consulted and agreed that was the best thing for them should they need full resuscitation. We noted that this person had full capacity to make decisions for themselves and it was celar they participated in the decision.

During our observation throughout the inspection we saw that staff sought people's opinions and offered choices where necessary. We saw that at meal times when staff offered choices of food and drink and if people were finished eating. We saw staff ask people if they wanted to leave the dining room and wait until people said they were ready.

On another occasion we saw staff assisting a person from their chair to a wheel chair. We heard staff asking if the person was ready to move into the wheel chair. Once they had assisted the person to move across in to their wheel chair we saw that the staff member checked with the person if it was "okay" for them to physically move their feet into the foot supports. And asked if they were comfortable. Before moving off the staff checked with the person if they were ready to go.

We spoke to the head cook about how he knew what people's dietary needs were. They explained that every person had a dietary needs plan which we viewed. The dietary plan indicated if people had special dietary requirements because of medical needs such as diabetes, or if there had been an assessment by a speech and language therapist (SALT). (The people in the local authority who do assessments of people's ability to swallow safely). We saw assessments by dietitians that gave advice about people's intake of food. We saw examples of advice being given in relation to preparing peoples food in relation to, diet texture, food texture, food examples, fluid texture and fluid examples'.

We saw records and observed staff ensuring dietary needs were met. We saw that fluids were generally available and that staff ensured people had sufficient drinks and that they recorded what people had drank where required.

We saw that SALT and dietitian's assessments were transferred onto 'kitchen notification forms' which also detailed people's likes and dislikes. These were kept on the notice boards so that the cooks knew who had special dietary needs, such as pureed food due to swallowing difficulties or needed supplements. The dietary plan also included personal preferences for food and drink. The cooks served the food to ensure people received the right meals. For example, those that had been specially prepared for them or that they had chosen that day. We saw that irrespective of choices made in the morning, people changed their mind and that the cooks and staff facilitated those changes of choice. This meant that people were supported to maintain their health

Records showed the home had gained the help of a dietician to guide them about ensuring people's nutritional needs were met. We saw that this guidance had been included in care plans and that the home had monitored people's weight to ensure that the guidance they had received from the dietitian had been effective. All of the records we saw relating to monitoring people's weight showed they had gained weight whilst at the home.

The care record we saw showed good assessments of people health needs. People did receive positive outcomes for their health needs. One person told us, "All of my health needs are met by the staff", and that, "They get help if I need it from my GP or the community nurse who visits". We saw records where people's diet had been poor and they had lost weight prior to entering the home. When we spoke

Is the service effective?

to a group of three people at the dining table they confirmed that they felt their health needs were met by staff at the home with assistance of other health care professionals. One person said, “The staff will get a GP for you quickly if you need one.”

Is the service caring?

Our findings

We spoke to five people who used the service and they all spoke highly of the care they received. One person said, "I can't grumble, I wouldn't change anything." They went on to say, "All of my health needs are met they get help from your GP if you need it, or the nurse".

When we discussed care with a small group of three people, one told us, "I am happy with the care I get". Another said, "I feel all of my health needs are met, the staff are kind and helpful". One person mentioned, "I get attention if I need it and if you need a GP they get one quickly". We saw staff spend individual time with people

We observed staff as they were providing care for people. We saw the staff were always friendly and courteous when they supported people. We saw they would ask a person before they undertook a task on their behalf. It was clear that staff knew people well. We saw them asking when relatives were due to visit, and they knew the relatives by name. We heard staff asking a person about a trip out with family planned for the weekend. In another instance staff checked if a person had got the newspaper they went out for. All of this showed that staff knew personal details about things that were important to people who lived at the home.

We observed staff as they provided care. We saw that they were attentive and listened to what people wanted. For example, we saw staff spent a lot of time re-assuring a person who seemed anxious. We observed staff during a meal responding to a person's request that they needed help cutting up their meat, or asking others what they wanted as choices. We saw one person who didn't like what was on offer, being offered an alternative. They were offered fresh fruit with ice cream. This demonstrated staff knew the persons preference and their "favourite" pudding but still offered a choice to that.

During this inspection we carried out observations during a meal time. using the Short Observational Framework for Inspection (SOFI). We saw staff acting in a kind and supportive way, offering to help people, asking people if they had enough, smiling at people whilst they engaged with them. Of the 14 specific interactions we observed all had a positive effect on people by either meeting a physical need, checking out if someone needed anything, or just being pleasant resulting in a smile from that person.

Staff were respectful in protecting people's dignity. We saw they asked questions of people in a quiet way so as they could not be overheard by others. When delivering personal care, staff were careful to ensure toilet doors or bedroom doors were closed behind them. Staff were careful with people's belongings. We saw the person in charge of the laundry had a system to ensure peoples clothes didn't get mixed up or lost. We noted that care and attention was given to fragile items such as skirts and woollens so they were not damaged. One person told us, "My clothes are returned to me quickly and are always clean".

We heard staff alter the way they spoke to people, depending on people's abilities. We saw them carefully explaining about a meal time to a person who was hard of hearing speaking clearly rather than shouting. We saw staff helping a person who was living with dementia. They took time to get their attention and speak carefully. They checked that the person understood what was requested and got a response prior to supporting them with personal care.

We examined records that showed staff had helped people and their families deal with end of life preparations. We saw one record that showed details about wanting to stay in the home, be pain free and be dignified as the person came towards the end of their life. We saw people had been thoroughly consulted and had signed documents detailing those plans. We saw that relatives had been a part of that process, their contributions were recorded and they had signed the documents too.

Is the service responsive?

Our findings

People told us the home was responsive to their needs. For example, when they needed assistance from health care professionals. One relative told us, "The care is really good, I and [my relative] feel a part of the process at meeting [my relatives] needs." They said they had, "Absolutely no complaints to make."

Assessments and care plans we examined were comprehensive and detailed. We saw that they contained detailed personalised information, such as if a person was allergic to something, the types of things they liked to eat, how they spent their time, their hobbies and pastimes, things they had done in their lives and things they would like to do.

We examined six sets of care records. We saw that each one had a very thorough life history section. This was important because it meant that staff had information about people's past that helped them to engage with people in a meaningful way. One member of staff said, "We have good histories of people here, when you read them you feel as if you get to know the person rather than just a client, it gives you something to connect with them."

We saw the records showed that people's plans were reviewed regularly and when their needs changed. Significant high risk areas such as risks of falls, moving and handling, nutrition, fluid management, were reviewed routinely every month. We saw the home responded to any issues identified. For example, we noted good records were kept of a person's weight. We found concerns about weight loss were recorded and the home had sought guidance from a dietitian. That led to a change in the plan for 'supplementing' the person's diet which resulted in the cook preparing special fortified meals.

We examined records relating to 'residents meetings.' We saw records showed where people or their relatives had raised issues. We saw that the home had responded to those requests. For example, we saw one record of a meeting attended by nine people, where they were offered assistance with advocacy or how to make complaints. We saw that the manager recorded complaints and how they had responded to them. We saw feedback from people where they had made comments such as the home was "always very clean and had no [bad] smell." And another where someone stated, "the care is very good here."

We saw other records where menus where discussed and saw the cook had altered some choices as requested. We saw a request for more variety on the supper trolley and saw in later records the home had responded to that the request. People's feedback at the meeting was that it was now much better. There were records that showed that people had discussions with staff about plans for events such as Halloween, trips out to the seaside, or shopping before Christmas. We saw the home responded to those discussions and had undertaken trips as requested.

We saw the home had structures in place to ensure people had a range of group and individual activities to do. We saw the activities coordinator undertook an audit every month to ask people what they would like to do, and to check that what had been provided was suitable. We saw there were activities such as quizzes, sing-alongs, ball games, provided at various times of the day with the coordinator who worked a variety of day evening and weekend shifts.

Is the service well-led?

Our findings

The home had a registered manager in place.

The staff we spoke with told us they liked working at the home because they enjoyed working with the people using the service and enjoyed working with their staff colleagues. When we asked staff how they felt they were supported by the registered manager, they told us, "I get on with the manager, she's very supportive regarding shifts/flexibility", "I get on with the manager, no problems" and "If I had a problem I would go straight the manager, I've not had to do this in the nine years I've worked here."

When we asked staff what was working well at the home they told us "communication" and "it's friendly, I'm happy to come to work and everyone communicates." When we went on to ask what needs improvement staff said "the furnishings, but I know something is happening about this" and "I wish upstairs was brighter, more colourful."

There were systems in place for the registered manager to check the home was person centred and meeting people's needs. For example, the activity coordinator audited the activities provided via a questionnaire and by asking people for feedback. We saw that the registered manager used that information to decide what people had liked and what people would have liked to do. We saw records showing that people enjoyed the quizzes, the sing-alongs, and craft work. We saw those items were entered onto activities planned in the future.

We saw records that showed the provider checked how staff interacted with people who used the service by observing them. They looked at how staff ensured people views were sought, they were given choices, and encouraged to make decisions. The provider reported on how staff treated people, looking at how they respected people's dignity and how they met peoples day to day care needs. They also checked by observation, such as things as how staff ensured peoples dignity was preserved whilst giving personal care. There were observations recorded about how well staff ensured that people had taken enough fluid to stay healthy and well.

Part of the providers quality audit processes included checking that staff training was up to date, that staff had been recruited safely, that staff had specific training in relation to keeping people safe and what to do if they thought someone had been abused and how the home managed and responded to accidents, complaints, and that records were updated.

We saw other auditing systems in place checking such things as infection control, medicines checks, health and safety and checks of care plans and personnel files. These were carried out monthly and meant that the registered manager was making sure various systems within the home were checked and the environment was safe for people. We saw points raised through those checks were acted upon.

We saw records that showed the manager held regular team meetings. These showed staff were given information and advice and also encouraged to contribute to the running of the home. The content of team meetings was monitored by the provider.

We also saw audits in relation to seeking people's thoughts on the food and what relatives felt about how the home functioned. These had been effective in helping the registered manager make sure the home was well run. For example, we saw personal room buzzers were checked and any faults were rectified promptly.

The manager and provider had good systems in place to check on how the home was meeting its responsibilities in providing good quality care and what they did to put things right. This showed good leadership at ensuring that people who used the service received good quality care.