Greensleeves Homes Trust

Sharnbrook House

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

Summary of findings

Overall summary

This inspection took place on 12 July 2016. It was unannounced.

Sharnbrook House is registered to provide care for up to 30 people, who may have a range of needs, including old age, physical disabilities and dementia. Nursing care is not provided. During this inspection, 30 people were living at the service.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe living at the service. Staff had been trained to recognise signs of potential abuse, and processes were in place to manage identifiable risks to people.

There were sufficient numbers of suitable staff to ensure peoples' safety and meet their individual needs. The provider also ensured new staff were safe to work at the service by carrying out appropriate recruitment checks.

Systems were in place to ensure people's daily medicines were managed in a safe way and that they got their medication when they needed it.

Staff had received training to carry out their roles and meet people's assessed needs.

We found that the service worked to the Mental Capacity Act 2005 key principles, which meant that people's consent was sought in line with legislation and guidance.

People had enough to eat and drink. Assistance was provided to those who needed help with eating and drinking, in a discreet and helpful manner.

People's healthcare needs were met. The service had developed positive working relationships with external healthcare professionals to ensure effective arrangements were in place to meet people's healthcare needs.

Staff were motivated and provided care and support in a caring and meaningful way. They treated people with kindness and compassion and respected their privacy and dignity at all times.

We saw that people were given opportunities to be actively involved in making decisions about their care and support, and their social needs were provided for.

A complaints procedure had been developed to let people know how to raise concerns about the service if they needed to.

There were effective management and leadership arrangements in place. The service promoted a positive culture that was person centred. Systems were also in place to monitor the quality of the service provided, in order to drive continuous improvement within the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff understood how to protect people from avoidable harm and abuse.

Risks were managed so that peoples' independence, choice and control were not restricted more than necessary.

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

The provider carried out proper checks on new staff to make sure they were suitable to work at the service.

Systems were in place to ensure people's daily medicines were managed in a safe way and that they got their medication when they needed it.

Is the service effective?

Good

The service was effective.

Staff had the right support to carry out their roles and responsibilities.

The service acted in line with legislation and guidance in terms of seeking people's consent and assessing their capacity to make decisions about their care and support.

People were supported to have sufficient to eat and drink.

People were also supported to maintain good health and have access to relevant healthcare services.

Is the service caring?

Good

The service was caring.

Staff were motivated and treated people with kindness and compassion.

Staff listened to people and supported them to make their own decisions as far as possible.

People's privacy and dignity was respected and promoted.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their needs.

Systems were in place to enable people to raise concerns or make a complaint, if they needed to.

Is the service well-led?

Good

The service was well led.

We found that the service promoted a positive culture that was person centred, inclusive and empowering.

There was a registered manager in post who provided effective leadership for the service.

There were systems in place to support the service to deliver good quality care.

Sharnbrook House

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 was unannounced and took place on 12 July 2016. It was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We checked the information we held about the service and the provider, such as notifications. A notification is information about important events which the provider is required to send us by law.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. In addition, we asked for feedback from the local authority, who have a quality monitoring and commissioning role with the service.

During the inspection we used different methods to help us understand the experiences of people using the service. We spoke with nine people living in the home and observed the care being provided to a number of other people during key points of the day, including lunch time and when medication was being administered. We also spoke with the registered manager, administrator, three care members of staff - including one senior, the assistant cook, two relatives, two visitors, a GP and another visiting healthcare professional.

We then looked at care records for three people, as well as other records relating to the running of the service, such as staff records, medication records, audits and meeting minutes; so that we could corroborate our findings and ensure the care being provided to people was appropriate for them.

Good

Is the service safe?

Our findings

Everyone we spoke with confirmed that they felt safe living at the service. One person told us: "I been here a good few years now I'm very happy, I feel very safe and I'm very settled, I've no worries about anything, having people around me all the time makes me feel safe." Another person said: "I feel very safe here." Staff told us they had been trained to recognise signs of potential abuse, and were clear about their responsibilities in regard to keeping people safe. We also saw that information was on display which contained clear information about safeguarding, and who to contact in the event of suspected abuse. Records confirmed staff had received training in safeguarding, and that the service followed locally agreed safeguarding protocols.

People confirmed that identifiable risks were managed appropriately. One person told us: "I've not had any falls or accidents. I have my frame but I'm very careful." Another person added: "I had a fall and hurt my back. I keep my call bell close by now and take it with me when I move about; it's in the bag on my walking frame." Staff spoke to us about how risks to people were assessed to ensure their safety and protect them from harm. They described the processes used to manage identifiable risks to individuals such as malnutrition, moving and handling, falls and skin integrity. We saw that people had appropriate equipment in place, where required, such as mattresses and cushions designed to minimise the risk of developing a pressure ulcer. We also observed staff on a number of occasions supporting people as they moved about the home. They demonstrated safe techniques and supported people giving encouragement and reassurance where needed. We saw that people had individual risk assessments in place to assess the level of risk to them. These were clear and had been reviewed on a regular basis; to ensure the care being provided was still appropriate for each person.

The registered manager spoke to us about the arrangements for making sure the premises was managed in a way that ensured people's safety. Records showed that systems were in place to ensure the building and equipment was safe and fit for purpose, and that regular checks were carried out. During the inspection we saw there had been a delivery of new hoist slings. The registered manager explained these were to replace older slings, to minimise the risk of someone coming to harm by using a worn out sling. A disaster plan had been developed in the event of an emergency happening and specialist equipment was seen throughout the home, to aid evacuation in the event of an emergency. Clear information was also available regarding fire safety and the arrangements to follow in the event of a fire, including individual evacuation plans. People living at the service confirmed they were aware of these arrangements. One person told us: "I feel very safe here and we certainly know when they test the fire alarm, that's very good."

People told us there were sufficient numbers of staff to keep them or their relative safe. One person said: "I feel there are enough staff now and there are no problems waiting for staff to come if needed." Another person confirmed that staff were always around and they didn't have to wait long for assistance. The registered manager told us the provider was responsive to requests for additional staff cover where there was an identified need, for example, at peak times or if someone's needs had changed. Rotas showed that the planned number of six care staff were on duty, supplemented with additional support from the registered manager, administrator, cook, kitchen assistant, activity coordinator, three domestics and two

maintenance personnel. We observed there to be sufficient staff on duty to meet people's needs, and these were met in a timely manner.

The registered manager described the processes in place to ensure that safe recruitment practices were being followed; to ensure new staff were suitable to work with people living in the home. We were told that new staff did not take up employment until the appropriate checks such as, proof of identity, references and a satisfactory Disclosure and Barring Service [DBS] certificate had been obtained. We looked at a sample of staff records and found that all legally required checks had been carried out.

Systems were in place to ensure people's medicines were managed so that they received them safely. People confirmed they got their medication when they needed it. One person said: "I have my tablets regularly. Staff are specially trained to do this and if I feel I need a Panadol tablet [for pain relief] I just ask the staff." A number of people were managing their own medication on a risk assessed basis. One person who was doing so told us: "I manage my own medication. They're locked up in the cupboard and I have the key. It's good because I can take my sleeping tablet when I'm ready to go to sleep."

Staff confirmed they had received training to be able to administer medication and said their competency was also checked by a senior member of staff. They demonstrated a good awareness of safe processes in terms of medication storage, administration and about the purpose of the medication prescribed for people. They were also clear about what to do in the event of an error, including seeking advice from a relevant health professional and reporting the incident to the manager. We observed people receiving their medication and noted that the staff member administering gained people's consent beforehand. They administered people's medication in an unhurried way, taking the time to explain to them what the medication was and checking they were okay before they moved onto the next person. We saw that medication was stored securely with appropriate facilities for controlled drugs and temperature sensitive medication. We checked a sample of medication and found the quantities to be correct. Clear records were being maintained to record when medication was administered to people, with an additional safety check system; to minimise the risk of someone being forgotten.

Good

Is the service effective?

Our findings

People confirmed they were supported to have their assessed needs, preferences and choices met by staff with the necessary skills and knowledge. One person said: "The staff are alright. I think they are well trained and know what to do." Staff talked to us about the training that was offered. One member of staff told us: "I had an induction programme when I started and I am up to date with things like safeguarding and moving and handling training. The training has been good." Another staff member said: "I've done a training course about helping people with mental health problems…it was really good."

A training matrix had been developed which provided information to enable the registered manager to review staff training and see when updates / refresher training was due. The matrix and other records confirmed that staff had received training that was relevant to their roles such as induction, communication, safeguarding, dementia, Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and medication. We saw that senior staff checked staff knowledge following training, with written question and answer sheets. The registered manager added that all staff would also be required to complete a new national induction 'care certificate' training, not just new staff. Staff confirmed this training had already started to be rolled out and provided them with important refresher training in areas such as: person centred care, communication, privacy and dignity, dementia awareness and safeguarding.

Staff meetings were being held on a regular basis; to enable the registered manager to meet with staff as a group, and to discuss good practice and potential areas for staff development. Staff also confirmed they received individual supervision, which provided them with additional support in carrying out their roles and responsibilities. Records we looked at supported this.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application process for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that appropriate systems were in place to assess people's capacity. The registered manager demonstrated a good understanding of the processes to be followed and when to implement these if someone was assessed as lacking capacity and at risk of making an unsafe decision. We noted that only one DoLS application had been made and that the majority of people had been assessed as being able to make safe decisions for themselves. As a result, people told us they were free to go out or enjoy the substantial grounds safely, without restriction. We observed this happening during the inspection. The registered manager also told us about three people who had moved in with DoLS arrangements in place from their previous setting. She explained that once these people had settled in, the DoLS had been reviewed and lifted in all cases, as it had become clear these were

no longer necessary. This showed that the service recognised that people's circumstances can change and that restrictions imposed on people should be issue and time specific.

Throughout the inspection we observed staff seeking people's consent. Staff demonstrated that they understood people's needs well and they encouraged people to make their own choices and decisions, as far as possible such as where and what to eat. People were seen to respond positively to this approach. Records showed that some people had DNARCPR (do not resuscitate) forms in place. We saw evidence that these had been discussed and agreed to by the people involved and their families, where appropriate.

People told us they had enough to eat and drink and that they enjoyed the food provided. One person said: "The food is very good. I can choose what food I want to have. The menu has different choices and they will cook things to order." Another person told us: "I have a swallowing difficulty - they liquidise the meat for me and I can manage the vegetables. The quantity and the quality are both good. I've always got snacks in my cupboard and I can go to the kitchen and get a drink." Another person added: "If you go down to the kitchen cook will make you a sandwich, they are really quite good." The registered manager told us that the kitchen was staffed 12 hours each day, enabling all meals to be freshly prepared on site. She confirmed breakfast was cooked to order, which we observed during the inspection. Staff also confirmed people could ask for alternatives if they did not like what was on offer.

A menu had been developed which provided people with a choice of food. We heard staff checking to make sure people understood the options available to them and giving them time to make their choices. Throughout the day a choice of food and drinks were readily available and made accessible to people. People were also encouraged to help themselves to cold drinks and fruit which were available in the dining room. In addition, kitchenettes had been provided for people and their visitors to access as they wished and we saw one person making themselves a hot drink.

We spent time observing how people were supported during lunch. We noted that tables were set with table cloths and condiments; providing a visual clue for people living with dementia that it was time to eat. Concern was shown for people if they did not eat or drink well. For example, one person didn't eat much at lunch time, so a member of staff immediately raised this as a concern with a senior member of the care team. We had already observed the person had eaten a cooked breakfast that morning, so there were no real concerns about them not eating. However, a request was sent to the kitchen to provide a sandwich with a filling of the person's choice and cut up small, to make it easy for them to snack on until the next meal. Meals we saw looked and smelt appetising and assistance where required, was provided in a discreet manner. The meal was a pleasant, social and unrushed occasion.

We saw a certificate awarded to the service by the local Food First Team. The Food First team works with care homes for older people to promote the detection of, and provide support in managing, those at risk of malnutrition using everyday foods. Services that are found to be achieving a high standard are given a certificate. We were able to speak with a member of the team during the inspection, who had come in to provide some refresher training to senior staff. They told us that the special diets were catered for and commented on the fact that staff were very adaptive and good at sourcing ingredients for different dietary needs, such as lactose intolerance. They also told us the cook had recently attended additional training regarding malnutrition and managing special dietary requirements. Records showed that people's nutritional needs had been assessed, with any specific requirements such as soft options or those who needed their food fortified; to minimise the risk of malnutrition or developing a pressure ulcer, identified. Records showed that people's weight was being monitored, to support staff in identifying any potential healthcare concerns. We saw that people had maintained a stable weight over a period of months.

People confirmed they were supported to maintain good health and have access to relevant healthcare services. One person told us: "The GP comes in every Tuesday if I need anything, but I can see them in between time if needed." Another person said: "I needed to go to a hospital appointment and they were very good. The ambulance etc. was all arranged with no problems." A visitor told us they supported one person to go to some of their healthcare appointments as part of the village's 'good neighbourhood' scheme, which was made up of a group of volunteers. A relative confirmed that staff kept them informed about their relative's wellbeing and any changes to their health care needs.

Staff told us they felt well supported by external healthcare professionals, who they called upon when they required more specialist support, including the local complex care team. The complex care team works with care homes to reduce the need for unplanned hospital admissions by proactively managing people's health care needs. We spoke with a GP from the local surgery who was carrying out their planned weekly visit. They told us that they or one of their colleagues visited the home every Tuesday. He also confirmed that staff responded to changes in people's health needs quickly, and followed any advice and instructions provided. We saw that staff had faxed a list of people for the GP to visit beforehand. The GP said this was helpful as it enabled him to prepare in advance for example by bringing repeat prescriptions with him. However, it was clear that the arrangement was flexible because the GP also visited someone on the day, who raised a health concern after the list had been faxed.

Records showed that visits to and from external health care professionals were being recorded. We saw that one person's health and well-being had improved significantly since coming to the live at the home. We overheard their relative telling staff everything was: "Tickety-boo", because they had no concerns with the care and support now being provided to their relative.

Good

Is the service caring?

Our findings

People confirmed that they were treated with kindness and compassion. Lots of people spoke positively about the care and support they received. One person told us: "Staff are never unkind. I get all the help I need, we all help each other - it's wonderful. There's always a listening ear from staff." Another person said: "I couldn't have chosen a better place to be, everyone is so friendly and kind to me." A third person added: "Staff will come and sit with me and have a chat." Visitors and relative echoed these comments. One visitor told us: "The staff are absolutely wonderful; they can't do enough to help." We also read some recent written feedback from a relative who had written: 'My mother has been very happy and contented at Sharnbrook House. She settled in easily, has a nice room and the home is run well and in a caring way'.

We observed many positive interactions between staff and the people using the service throughout the inspection. All of the staff demonstrated a good understanding of the needs of the people they were supporting. Their approach was meaningful and personalised. Staff prioritised people's needs, ensuring that they had everything they needed. For example, one person had chosen to come down for breakfast mid-morning. Staff were quick to take the person's breakfast order, but also offered them a banana while they were waiting; acknowledging that they were likely to be hungry.

People confirmed they felt involved in making decisions about their care and day to day routines. One person told us: "I like to have a shower and I can choose to have one when I want to." Another person said: "I please myself when I get up and go to bed. I choose to have lunch in my room but I do go down for breakfast and supper to see the others." A third person confirmed they were able to choose who provided their personal care. They told us: "With regard to the male care staff, you can have a choice, but I'm happy with them all." We observed that staff listened to people and provided information in a way that was appropriate for each person. We also heard them taking the time to check people were okay with the support and care provided, and they understood what was happening. Throughout the day staff supported people to make their own decisions in terms of when they got up, what they ate and how they spent their time. We noted that people were given time and were not pressured to do something they did not want to do. Care records contained information about people's individual preferences, in terms of how they wanted their care and support provided.

People told us that they were treated with dignity and respect. One person told us that being able to access the visiting hairdresser was important for them. They told us: "I go weekly to have my hair done. I like to keep my hair looking nice it makes me feel better." Another person told us they appreciated the way their clothes were taken care of. They said: "The laundry is very good. My clothes are washed here, they take care of them and I think they wash them well." It was clear that people were supported to maintain their appearance to a high standard. We observed many people visiting the hairdresser during the inspection. People looked clean and well cared for, with clothing that was appropriate for the weather and temperature in the home.

Throughout the inspection we observed that people's privacy and dignity was respected and upheld. For example, we noted that a member of staff who was administering medication to people at lunch time, waited for the dining room to clear before giving someone their inhaler. They explained the person preferred

to do this after lunch and not in front of other people. We also observed one person who was new to the home and was being monitored for their own safety. We noted that staff did this discreetly, ensuring that the person's independence and freedom was not restricted in any way. We heard staff communicating with people with respect, using a gentle tone of voice and offering reassurance when this was needed. We noted too that the building and grounds had been maintained to a high standard, providing people with comfortable and dignified surroundings.

People told us visitors were welcome without restriction, and they were encouraged to maintain important relationships with friends and family. One person told us: "I've got my own phone so I can call family and friends." Throughout the inspection numerous friends and relatives came to visit people or take them out. One person had a group of visitors and arrangements had been made for them to book out a room for them to meet up in. We observed that everyone was greeted warmly by staff and made to feel welcome. It was clear that relatives felt at ease in the home and when speaking with the staff.

The registered manager told us that Wi-Fi (wireless networking technology) was available in communal areas of the home. This enabled people to access the Internet and social media; to support them to avoid social isolation and maintain relationships with people that matter. She added that there was a tablet computer available to use, if someone did not have access to one of their own.

Good

Is the service responsive?

Our findings

People told us they were able to contribute to the assessment and planning of their care. One person told us: "[The deputy manager] comes round and talks to us about our care needs." People confirmed they received personalised care that was responsive to their needs. One person told us: "The staff do listen and do things as I want, it's not quite the same as at home, but staff are always pleasant and try to carry out what I ask for, or suggest." Another person said: "I have a bath or shower every two or three days. The bath is lovely – water up to my chin." A third person told us it wasn't just care staff who offered a personalised service by adding: "The handyman comes and fixes anything that's broken; nothing seems to be a problem for them." We also saw some recent written feedback provided by a relative who had written: 'We were very pleased with the level of care provided for my aunt. I could not imagine her having been in a better place. The staff took care to get to know my aunt and what she liked/disliked'. Staff talked to us about a 'Resident of the day' system that was in place. They explained this enabled staff from all departments in the home to focus on one person each day; in order to personalise their care and enhance their environment.

Staff told us that before people used the service, they were asked for information about their needs. This information was then used to develop a care plan that reflected how each person wanted to receive their care and support. We reviewed care records and found that people had been asked for information prior to moving in, including information about their life history, interests and preferences.

The registered manager talked to us about the importance of compatibility when assessing new people for the home. She said they offered people a two week trial visit, as part of this process and people would not be offered a permanent place if this was not successful. A visitor commented on this and how important it was to maintain this approach to enhance people's experience of living in the home.

Care plans we looked at had been reviewed regularly; to ensure the care and support being provided to people was still appropriate for them. We noted that the majority of plans contained detailed information in order for staff to provide care and support in a consistent way. The content of the plans we saw corresponded with information provided by staff and our own observations on the day. There was evidence of people, or their relatives where appropriate, being involved and agreeing to their care plans. One relative complimented one of the senior care staff, who they said had provided positive support in motivating their relative to get up and make the most of their day. Additional records were being maintained to demonstrate the care provided to people on a daily basis.

The service recognised the diverse needs of the people using the service in relation to disability, gender, ethnicity, faith and sexual orientation. For example, we spoke with people and visitors who told us that the service recognised the importance of people maintaining their faith, and told us how people were supported to do this. One person told us: "We have the Minister from the church who comes to take the service for us, and we have the bread and the wine."

People confirmed they were encouraged to maintain their independence as far as possible. One person told us: "They really leave me to do what I wish, which is good and suits me. I like my independence." Another

person added: 'I like to watch TV and read the papers…I usually like to go down and pick them up myself if I'm feeling alright and I'll bring them up for the others as well."

People talked to us about their hobbies, social interests and about the activities that were provided by the home. One person told us: "I loved it when 'Elvis' (tribute singer) came. I like to have a bit of fun and it's all due to [the manager] arranging things. I think Elvis is coming again." Another person said: "There is a good programme of things." The person then showed us a programme of activities for July with activities planned for every day. We noted the programme was on display within communal areas of the home for people to easily access. Many people told us they were happy just spending quiet time in their rooms, enjoying the views or watching television. Another person told us: "I sometimes like to go and sit out in the garden; the staff help me if I need them to." A staff member told us: "I run the 'Oomph' exercise classes. We also play cards, dominoes and do puzzles. We have the Friday club for small groups, where we discuss the news and day to day things and also I do the computer classes, mainly one to one." The registered manager told us some staff had been trained to support people in a recognised exercise programme, designed to improve people's mobility, dexterity, confidence and memory. She also told us about how the home followed the 'Ladder to the Moon' approach. She explained that this approach aimed to enhance the quality of care for those living with dementia and old age, through the use of creativity and staff training. During the inspection people were seen participating in activities that were meaningful for them. For example: knitting, reading the newspaper, chatting and visiting each other in their rooms, visiting the hairdresser, folding napkins and going down to the lake in the garden to watch the swans. Many people had friends or relatives come to visit them or take them out, and the home had a pet cat, for additional company.

It was clear that the home recognised social interest as an important part of people's lives. The registered manager showed us an application pack she had recently submitted to become 'Eden' accredited. She explained that the Eden process involved being able to provide evidence against a set of 10 principles which aimed to make a better life for people living in the home. Principle one for example refers to 'the three plagues of loneliness, helpless and boredom'. The application was supported by photographs of people taking part in a variety of activities and outings such as visiting the local school for jelly and ice-cream, a summer fete, dressing up and a trip out to the Imperial War Museum at Duxford. It was evident from speaking with staff that the home worked in close partnership with local community groups and organisations, to enhance opportunities for people to maintain links with their local community. The registered manager also told us that families and friends had helped to raise funds for a mini bus to enable them to access more external activities.

Everyone we spoke with told us they knew how to make a complaint or raise a concern if they needed to. One person told us: "I've no complaints at all." People told us that staff were approachable, and they would feel comfortable talking to them if they were unhappy about something.

Information had been developed for people outlining the process they should follow if they had any concerns. Records showed that concerns were taken seriously and people were kept updated on the actions taken in response, in order to improve the service. During the inspection we received feedback from a visitor about one of the internal doors closing with a bang, and causing a disturbance for people with a bedroom in that area. We brought it to the attention of the registered manager who arranged with the maintenance team for this to be dealt with immediately. This showed that people were listened to when they provided feedback about the service provided.

Good

Is the service well-led?

Our findings

People told us there were opportunities for them to be involved in developing the service such as satisfaction surveys, meetings and face to face contact with the manager and staff. One person told us: "We have meetings with the manager." Another person said: "We have had a meeting about it [the food] to see if we are satisfied. We have regular meetings. They've changed the menu now for us." A third person added: "The manager is good; she's always around visiting us, asking about things." Records showed that meetings were held with people living in the home where areas such as food and activities had been discussed. We read notes from the most recent meeting and noted that they were well attended and people clearly felt comfortable expressing themselves and putting ideas forward.

We saw useful information around the building for people, staff and visitors regarding safeguarding, a resident's charter, the Care Quality Commission (CQC), fire safety arrangements, and the home's Eden Alternative approach. Information had also been developed for prospective users of the service, setting out what they could expect from the service. This contained information about the facilities provided and what people could expect if they were to move in. This demonstrated an open and transparent approach in terms of how information was provided to, and communicated with people.

The service demonstrated good management and leadership. Everyone we talked with spoke positively about the management of the home. One person said: "I feel the home is well run. I had a meeting with the manager, she asked me for suggestions and if the care and food etcetera was right for me." Another person told us: "I've been here quite a while now. I'm on my travels through many care homes, but its fine here - the manager and staff are very good and they all know what they're doing." Visitors and relative echoed these comments. One visitor described the service as: "A wonderful home." A relative had also provided the following recent feedback: 'I cannot speak highly enough about the quality of care being provided for my aunt. All of the management team and all members of staff have a commitment to provide friendship and really good care to all residents'.

All the staff we spoke with spoke enthusiastically about their roles and knew what was expected of them. One staff member told us: "I really like it, it's a nice home. The care is good and the people are lovely." Kitchen staff confirmed they were able to ask for food and equipment that was needed and said this would be provided. We noted that the kitchen had been awarded a 5 star (the highest level) food hygiene rating.

We sat in on a short meeting attended by a representative from each of the departments within the home. The registered manager told us these meetings were held daily on weekdays, to aid communication between the various teams; to aid the provision of a unified service for the people using the service. We observed staff working cohesively together throughout the inspection and noted the way they communicated with one another to be respectful and friendly. We also found the registered manager to be open and knowledgeable about the service. She responded positively to our findings and feedback. She confirmed she felt well supported by the provider and that appropriate resources were available to drive improvement in the home.

Systems were in place to ensure legally notifiable incidents were reported to us, the Care Quality Commission (CQC). Our records showed that these were reported as required.

The registered manager talked to us about the quality monitoring systems in place to check the quality of service provided. She showed us that satisfaction surveys were given out to people, relatives, staff and other professionals; to gain their feedback on how well the service was doing, and to see if there were areas that could be improved. We saw the results of a recent satisfaction survey completed by staff which showed that 93% enjoyed their job and 96% felt they were provided with the right training to carry out their roles. Similarly, a survey completed by relatives highlighted some positive feedback with 100% reporting the home to be safe, secure and a happy place to live.

The registered manager also showed us a new auditing tool which had been introduced to enable the provider to monitor progress within the service. A corresponding action plan had been developed to address areas identified for improvement, as a result of these audits. We saw that the action plan combined actions identified form the surveys and internal provider level audits. Other audits were taking place on a regular basis, on behalf of the provider. These covered areas such as care records, staffing, falls, activities, complaints, health and safety and medication. We looked at the results of the provider level audits for the last three months and noted there to be a good overview of the service, with high expectations in terms of care records and personalisation. This meant that there were arrangements in place to monitor the quality of service provided to people, in order to drive continuous improvement.