Charing Park Investments Limited

Blair Park Residential Care Home

Inspection report

2 Beechwood Avenue
Crown Road. Milton Regis.
Sittingbourne ME10 2AL
Tel: 01795 423695
Website: www.charinghealthcare.co.uk

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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

The inspection was carried out on 23 February 2015 and was unannounced.

At our previous inspection on 4 March 2014 we identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The breach was in relation to how records were stored and kept confidential. The provider sent us an action plan telling us they would be meeting the regulation by 15 August 2014. At this inspection we found that improvements had been made and they were meeting the regulations.

The service provided accommodation and personal care for older people some of whom may be living with

Summary of findings

dementia. The accommodation was arranged over two floors. A passenger lift and stair lift was available to take people between floors. There were 38 people living in the service when we inspected.

There was a registered manager employed at the service. 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.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. Restrictions imposed on people were only considered after their ability to make individual decisions had been assessed as required under the Mental Capacity Act (2005) Code of Practice. The registered manager understood when an application should be made. Decisions people made about their care or medical treatment were dealt with lawfully and fully recorded.

People felt safe. Staff had received training about protecting people from abuse and showed a good understanding of what their responsibilities were in preventing abuse. The management team had access to and understood the safeguarding policies of the local authority.

The registered manager and care staff assessed people's needs and planned people's care to maintain their safety, health and wellbeing. Risks were assessed and management plans implemented by staff to protect people from harm.

There were policies and a procedure in place for the safe administration of medicines. Staff followed these policies and had been trained to administer medicines safely.

People had access to GPs and their health and wellbeing was supported by prompt referrals and access to medical care if they became unwell.

People and their relatives described a service that was welcoming and friendly. Staff provided friendly compassionate care and support. People were encouraged to get involved in how their care was planned and delivered.

Staff upheld people's right to choose who was involved in their care and people's right to do things for themselves was respected.

The registered manager involved people in planning their care by assessing their needs when they first moved in and then by asking people if they were happy with the care they received. Staff knew people well and people had been asked about who they were and about their life experiences. This helped staff deliver care to people as individuals.

Incidents and accidents were recorded and checked by the registered manager to see what steps could be taken to prevent these happening again. The risk in the service was assessed and the steps to be taken to minimise them were understood by staff.

Managers ensured that they had planned for foreseeable emergencies, so that should they happen people's care needs would continue to be met. The premises and equipment in the service were well maintained.

Recruitment policies were in place. Safe recruitment practices had been followed before staff started working at the service. The registered manager ensured that they employed enough staff to meet people's assessed needs. Staffing levels were kept under constant review as people's needs changed.

Staff supported people to maintain their health by ensuring people had enough to eat and drink. All of the comments about the food were good.

If people complained they were listened to and the registered manager made changes or suggested solutions that people were happy with.

People felt that the service was well led. They told us that managers were approachable and listened to their views. The registered manager of the service and other senior managers provided good leadership. They ensured that they followed best practice for people living with dementia. This was reflected in the positive feedback given about the service by the people who experienced care from them.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Staff knew what they should do to identify and raise safeguarding concerns. The registered manager acted on safeguarding concerns and notified the appropriate agencies. There were sufficient staff to meet people's needs. The provider used safe recruitment procedures and risks were assessed. Medicines were managed and administered safely. The premises and equipment were maintained to protected people from harm and minimise the risk of accidents.	**Good**
Is the service effective? The service was effective. People were cared for by staff who knew their needs well. Staff understood their responsibility to help people maintain their health and wellbeing. Staff encouraged people to eat and drink enough. Staff met with their managers to discuss their work performance and each member of staff had attained the skills they required to carry out their role. Staff received an induction and training and were supported to carry out their roles well. The Mental Capacity Act and Deprivation of Liberty Safeguards had been followed by staff.	**Good**
Is the service caring? The service was caring. People had forged good relationships with staff so that they were comfortable and felt well treated. People were treated as individuals and able to make choices about their care. People had been involved in planning their care and their views were taken into account. Managers took account of people's best interest and followed legislation to protect people's rights.	**Good**
Is the service responsive? The service was responsive. People were provided with care when they needed it based on assessments and the development of a care plan about them. Information about people was updated often and with their involvement so that staff only provided care that was up to date. People accessed urgent medical attention or referrals to health care specialists when needed. People were encouraged to raise any issues they were unhappy about and the registered manager listened to people's concerns. Complaints were resolved for people to their satisfaction.	**Good**
Is the service well-led? The service was well led.	**Good**

Summary of findings

There were clear structures in place to monitor and review the risks that may present themselves as the service was delivered and actions were taken to keep people safe from harm.

The provider and registered manager promoted person centred values within the service. People were asked their views about the quality of all aspects of the service.

Staff were informed and enthusiastic about delivering quality care. They were supported to do this on a day to day basis by leaders in the service.

Blair Park Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 February 2015 and was unannounced. The inspection team consisted of one inspector and one expert by experience. The expert-by-experience had a background in caring for elderly people and understood how this type of service worked.

Before to the inspection we looked at previous inspection reports and notifications about important events that had taken place at the service, which the provider is required to tell us by law. Before the inspection, the provider completed a Provider Information Return (PIR). The 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 spoke with 20 people and five relatives about their experience of the service. We spoke with seven staff including five care workers, the registered manager and the provider's area manager to gain their views. We asked two health and social care professionals for their views about the service. We observed the care provided to people who were unable to tell us about their experiences.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems. We looked at four people's care files, ten staff record files, the staff training programme, the staff rota and medicine records.

Good

Is the service safe?

Our findings

People said, “Oh yes, it is all safe, there’s always someone looking after you”. And, “You hear about terrible care homes in the news, but they are not like that at all here”. Relatives spoke about their peace of mind as they felt that people were well cared for and safe. One relative said, “I know no one’s going to hurt her”. Other relatives said, “We don’t worry any more, he’s secure and well looked after”.

There was a system in place to link people’s needs with the number of staff required in the service. One person said, “You can find them (Staff), and sometimes there can be one for every two or three, it seems”. “Even when they (staff) are sitting writing, they are attentive”. Another person said, “A good level of staffing numbers here, a.m. and p.m., even the maintenance man is helpful”. And, “They are busy, but there is always staff around, and they do sit with people, which is good”.

Staff were trained and had access to information so they understood how abuse could occur. Staff understood how they reported concerns in line with the providers safeguarding policy if they suspected or saw abuse taking place. Staff were aware that people living with dementia may not always be able to recognise risk or communicate their needs. Staff spoke confidently about their understanding of keeping people safe, one staff member said, “I know the signs of abuse and I would definitely report abuse”. Another member of staff said, “People are protected, we look after them as if they were our own family”. Staff understood that they could blow-the-whistle to care managers or others about their concerns if they needed to. People could be confident that staff would protect them from abuse because they were aware of their roles and responsibilities

People had been assessed to see if they were at any risk from falls or not eating and drinking enough. If they were at risk, the steps staff needed to follow to keep people safe were well documented in people’s care plan files. Staff understood the risks people living with dementia faced and made sure that they intervened when needed. People living with dementia who’s behaviours were more challenging to others were observed by staff who were on hand to respond quickly to keep people safe. For example we observed staff calming a person who had become upset and aggressive towards others. Staff did this by speaking calmly to the person, re-directing their attention back to the activity they had been doing.

As soon as people started to receive the service, risk assessments were completed by staff. Incidents and accidents were checked by the registered manager to make sure that responses were effective and to see if any changes could be made to prevent incidents happening again. This ensured that risks were minimised and that safe working practices were followed by staff.

Equipment was serviced and staff were trained how to use it. The premises were designed for people’s needs, with signage that was easy to understand. The premises were maintained to protect people’s safety. There were adaptations within the premises like ramps to reduce the risk of people falling or tripping. A stair lift had been provided for people who were fearful of using the enclosed lifts. When staff needed to use equipment like a hoist to safely move people from bed to chair, this had been risk assessed. Staff told us they had received training to use equipment safely. This meant that people could be cared for in a safe environment and those who could not weight bear could be moved safely.

Staffing levels were planned to meet people’s needs. In addition the registered manager and deputy manager there were seven staff available to deliver care and they were managed by two senior staff, during the day. At night there were five staff delivering care managed by a senior care worker. Additional staff called ‘dining room assistants’ were available at meal times. These staff provided additional support to people. Cleaning, maintenance, cooking and organising activities were carried out by other staff so that staff employed in delivering care were always available to people

Our observation and discussion with staff showed that staffing deployment was based on an analysis of the levels of care people needed. How staff would be deployed was discussed before shifts started so that the skills staff had could be matched to the people they would care for. Staff responded to people quickly when they needed care which reduced the risk of people falling or becoming upset. There were enough staff available to walk with people using their walking frames if they were at risk of falls. Staff moving people using hoist did not do this on their own, they did

Good

Is the service safe?

this in two's to protect themselves and people they were moving. Having enough staff meant that the care people received was safe and they were protected from foreseeable risks.

The provider's operations guide set out how medicines should be administered safely by staff. The registered manager checked staff competence they observed staff administering medicines ensuring staff followed the medicines policy. Medicines were stored safely with lockable storage available for stocks of medicines and access was restricted to trained staff. Medicine's in storage and ready for administration in the lockable medicine trolleys was accounted for and recorded. Staff administering medicines did this uninterrupted as other staff were on hand to meet people's needs. Staff knew how to respond when a person did not wish to take their medicine. It would be offered again according to guidance from the GP. Staff understood how to keep people safe when administering medicines.

The medication administration record (MAR) sheets showed that people received their medicines at the right times. The system of MAR records allowed for the checking of medicines, which showed that the medicine had been administered and signed for by the staff on shift. Medicines were correctly booked in to the service by staff and this was done in line with the service procedures and policy. This ensured the medicines were available to administer to people as prescribed and required by their doctor.

The provider had policies about protecting people from the risk of service failure due to foreseeable emergencies. The registered manager had an out of hours on call system, which enabled serious incidents affecting peoples care to be dealt with at any time. Each person had an emergency evacuation plan written and practiced to meet their needs. Staff received training in how to respond to emergencies and fire practice drills were in operation. Therefore people could be evacuated safely.

People were protected from the risk of receiving care from unsuitable staff. Staff had been through an interview and selection process. The registered manager followed a policy, which addressed all of the things they needed to consider when recruiting a new employee. Applicants for jobs had completed applications and been interviewed for roles within the service. New staff could not be offered positions unless they had proof of identity, written references, and confirmation of previous training and qualifications. All new staff had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding.

Good

Is the service effective?

Our findings

People said, “They do things for me and for everyone. The service is very good here”. People’s comments about the food included, “We get a choice of two main meals or can ask for something else”. “The food is pretty good and always on time”. “They give me a choice of two kinds for dinner”. And, “Oh yes, I don’t eat meat, but they always do something I like”.

A relative said, “Lovely staff, they are fantastic, and know their job”. Another relative said, “They are always there to help, she’s well looked after, I couldn’t fault them.” And “There are only good things to say about the staff, the staff are all very capable”.

People’s health care was well managed. One relative told us, “My father choked on his food, they coped, and called an ambulance, he has softer food now”. And “My father-in-law is prone to urine infections, which can affect his health, they know how to treat him and look after him here”. Other people said, “They do get her doctor, and keep me informed, they always phone me”. Staff understood people's needs to maintain their health and wellbeing. If people had accidents or staff had concerns about their health the emergency services were called or they sought advice from other health care professionals like GP’s, occupational therapist and dieticians.

People’s health needs were met. For example eye care, teeth and foot care. Everybody had access to a doctor, and people’s experience of this was good. People said, “They phone him (GP) if they need to”, “They get a doctor from the Memorial (hospital) if I need one”. And “They get a doctor, and I’ve had the dentist here for new teeth”. People at risk of losing weight were monitored and referrals were made to dieticians or the GP when necessary. Wounds, such as pressure ulcers were being monitored and staff made checks with district nurses to see how these were healing. Care plans showed when dressings needed changing by district nurses and staff kept to the schedule for this. This meant that the any wounds were prevented from developing into more serious health issues. We saw staff dealing with a person who started choking at lunch time and this was resolved quickly and professionally. This helped people maintain their health and prevent harm occurring.

Staff had received appropriate training and guidance on how to protect people’s rights to make decisions. Staff gained consent from people before care was delivered. Do not attempt resuscitation forms were in place in line with nationally recognised best practice. People were supported to review these decisions with a health and social care professional. People had been supported to make decisions now about treatments they may need in the future. For example if they lost the ability to make decisions for themselves and wanted to refuse treatment.

Applications had been made to the Deprivation of Liberty Safeguards (DoLS) supervisory body when appropriate for any restrictions that would enable people to keep safe, but without unlawfully restricting their human rights. Physical restraint was avoided as staff had been trained to care for people who had behaviours that challenged appropriately. People told us that staff were good at calming people’s behaviour when they were upset.

The registered manager had a good understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). There was an up to date policy in place covering mental capacity. This protected people from unlawful decisions being made on their behalf and gave people to opportunity to change decisions they may have made before.

Staff were observed by a member of the management team at work and were provided with guidance about their practice if needed. Before starting work at the service applicants were asked to carry out a trial work session. This was to see if they were suitable for the role and gave people a chance to meet applicants, before they were offered a post. New staff had an experienced member of staff as a buddy who took them through their first few weeks by shadowing them. New staff needed to be signed off as competent by the registered manager at the end of their induction to ensure they had reached an appropriate standard. A member of the management team met with staff to discuss their training needs and kept a training plan for staff to follow so that they could keep up to date with developments in social care. They also discussed the staff member’s performance. This promoted good staff practice.

Additional training to equip staff with the skills they needed to deliver care to people living with dementia was in place. For example, staff could enrol to gain their NVQ which is a nationally recognised qualification in social care. Staff spoke about the training they received and how it

Good

Is the service effective?

equipped them with the skills to deliver care effectively. Staff said, “The induction process when you start is very thorough, they make sure you understand everything”. Staff records demonstrated that new staff were provided with training as soon as they started working at the service. They were able to become familiar with the needs of the people they would be providing care for.

Dining room assistants were available at meal times and to take snacks and drinks to people during the day. They were responsible for ensuring that people received enough to eat and drink and that it was recorded. People were complimentary about the food they were offered. Special dietary request were catered for and staff were aware of people that needed a diet that supported their health and wellbeing due to a medical conditions, such as diabetes.

The menu was shown on a chalk board, a choice of meat or fish, with vegetables. Options were displayed on the tables in the dining areas and people who chose to eat their meals in their rooms had been made aware of the choices available. Meals were planned to provide a balanced diet, but people were also asked their views about what they wanted on the menu. People could help themselves to fresh fruit, snacks or drinks at any time of day or night. Lunchtime in the dining room was well staffed, with at least five staff in the dining room. The atmosphere during meal times was calm. Two staff assisted people to eat and were talking about the food to people, checking that they liked the food. People were praised for eating well, and asked if they had finished before plates were removed. This showed that people were encouraged to eat by staff who respected them.

We found that the registered manager was very experienced and was passionate about the people they cared for. They spoke with enthusiasm and knowledge about people and their needs. The registered manager carried out research into specialist areas in dementia and was aware of the national strategy published by the department of health. This promoted better outcomes for people living with dementia.

Good

Is the service caring?

Our findings

People described their care positively. They said, "They (the staff) are good, really, very helpful". "They are good to me and I am easy to please". People told us that staff were caring and friendly.

People said, "You can go there when you want to, for peace and quiet". People told us how important it was for staff to enable them to be as independent as possible.

People told us they could make their minds up about things like whether they bathed or showered or where they wanted to eat or sit in the service on a daily basis. People said, "I have a bath and a shower, I like both". Some people chose to sit by the main entrance doors, they spoke to people as they came into the service. At lunch time people chose where they wanted to sit and eat, with others choosing to eat in their bedrooms. Other people had chosen to stay in bed with do not disturb notices on their doors. People living with dementia could use pictures to help them communicate their choices to staff. Staff told us that they respected the choices people made.

Information about advocacy services had been given to people who needed it. The registered manager had supported people to contact advocacy services to help them make decisions about their care. Access to advocacy services enabled people's views to be heard about important decisions if they could not speak up for themselves.

Relatives had found the staff caring. They said, "They (staff) are always polite to mum" and "They always answer our questions, find out things for us and go the extra mile here". A person's son had noted how they (the staff) 'Make cups of tea for us'. Other relatives said, "If they see anyone in difficulty, they are there to help, they sit and listen to Mum, so she's generally happy here.'

All the visitors said there were no restrictions on when they could come to visit. They said, "I'm made welcome at any time", and another said, "They all know who I am and they've always been very welcoming here". Another person commented "We come in any time, and we take our brother out".

Relatives described how caring they felt the service had been to their father: They said, "They are quite discreet about things, they do not blab them out, they tell you confidentially and we feel his dignity is maintained". They added, "The staff accepted his sleep pattern, they gradually got him into a routine, and when he was up and about at night, they attended to him and walked with him".

People felt they experienced care from staff with the right attitude and caring nature. Staff communicated well and were observed chatting and talking to people in a friendly manner. People told us that they liked the conversations they had with staff. Other people said that staff remained polite and friendly towards people even if people were not being friendly towards them.

People described that staff were attentive to their needs. We observed staff speaking to people with a soft tone, they did not to rush people. For example, when one person stood up but hesitated, staff asked them if they could help the person to wherever they were intending to go. The person wanted help to return to their room. Staff walked with them, showing them where they needed to go.

Staff took the time to get to know people and knew them well. This put them at ease with the care they received. One person talked about how kind the staff were when they helped her with a personal matter. They said, "They (staff) are very kind, I'm never frightened, it's wonderful here". People told us that they were always addressed by their preferred name. People felt that staff were very polite and that they respected them. People described the management team as friendly and told us that senior staff knew their names and spoke to them. This meant that people could get to know the whole staff team.

People indicated that, where appropriate, staff encouraged them to do things for themselves and stay independent. For example, when bathing, care plans described what areas people would wash themselves and which areas staff needed to help with. People told us that staff were good at respecting their privacy and dignity.

Good

Is the service responsive?

Our findings

People were encouraged to discuss issues they may have about their care. People told us that if they needed to talk to staff or with the registered manager they were listened to. People described to us how the registered manager had responded to changes in their needs. One person who had difficulty walking said, "They got me this frame, and I always have someone (staff) walk with me". Another person who had become less mobile said, "They take me in a wheelchair now, but I like to walk sometimes".

People's needs had been fully assessed and care plans had been developed on an individual basis. Before people moved into the service an assessment of their needs had been completed to confirm that the service was suited to the person's needs. After people moved into the service they and their families where appropriate, were involved in discussing and planning the care and support they received.

If people's needs could no longer be met at the service, the registered manager worked with the local care management team and continuing care team to enable people to move to nursing care or other more appropriate services.

People's preferences about the gender of the staff who provided personal care were recorded and respected. Comments in care plans showed this process was on-going to help ensure people received the support they wanted. Family members were kept up to date with any changes to their relative's needs. Changes in people's needs were recorded and the care plans had been updated. This meant that the care people received met their most up to date needs.

Hospital outpatient and discharge letters were in people's care plans. The registered manager sought advice from health and social care professionals when people's needs changed. Records of multi-disciplinary team input had been documented in care plans for Speech and Language Therapist, Continence nurses and District Nurses. These gave guidance to staff in response to changes in people's health or treatment plans. There was continuity in the way people's health and wellbeing was managed.

The registered manager and staff responded quickly to maintain people's health and wellbeing. Staff had arranged an appointment with GP's when people were unwell. Staff had implemented a weight management plan based on advice from a dietician. We cross checked this against the care plans and found they were kept under review. This had resulted in the persons weight increasing and the dietician was able to reduce their involvement in the person's care. Staff continued to monitor the person's weight and knew how to respond if they had concerns. For example, they needed to refer to the dietician or GP. Staff were responsive to maintain people's health and wellbeing.

In response to people at risk of falling there were specific individual manual handling plans to instruct staff. Technology like floor alarm senor mats were considered where appropriate to alert staff if someone fell, so that staff could respond quickly to provide assistance. In response to the needs of a person living with dementia who could not use the nurse call bell, the registered manager had provided a touch mat to alert staff. These actions helped to reduce the risk of people not getting the care they needed and maintained their independence.

Staff were aware of people's needs and were able to describe how people's needs were met and monitored. Referrals had been made when people had been assessed for specific equipment, which was in place. We noted that some people had beds that provided protection from pressure areas developing and enabled staff to move the height of the bed up or down to assist the delivery of care. These had been supplied after assessment by a district nurse. People's care records provided clear information for staff about how they should deliver needs led care.

People's life histories and likes and dislikes had been recorded in their care plans. This assisted staff with the planning of activities for people. Doll therapy was being used in response to some people's needs that were living with dementia. This was recognised as best practice for some people living in dementia settings. Care was personalised and responsive to people's needs.

An activities programme for the day was written up on a board. Five people played bingo around a table. This was followed by a quiz using picture cards. One person said, "We have lovely prizes for the bingo". Other people said, "They do a lot here, and get people in, singers and ball room dancers".

People told us how they liked to sit out in the garden in the summer. Other people referred to things they did outside of the service. One person explained that they went to the

Good

Is the service responsive?

pub for food and drink, which they "Enjoyed". A relative said, "My dad had been drawing and dancing a waltz as well, he does mix now he's well again". Staff were responding to people's preferences. For example, with one to one activity time a staff member liked reading the papers with a person. People had opportunities to take part in a range of activities they said they enjoyed.

Meetings were attended by people and their relatives where they could express their views about the service. This influenced decisions made about the service by the registered manager or the provider. Also, people were asked their views at care plan reviews and by questionnaires. This ensured that people could feed back their experiences of care to the registered manager.

There were examples of how the registered manager and staff responded to complaints. People said, "They would be happy to raise concerns if they had any". A person's daughter said, "I would go to the registered manager, as I know her". One person described how they had complained about a person missing their medicine. They were happy with the outcome and the way in which staff dealt with the issues raised.

There was a policy about dealing with complaints that the staff and registered manager followed. This ensured that complaints were responded to. If they could not be resolved to people's satisfaction, there was a mechanism for people in the organisation who were not based at the service to get involved to try and resolve the issues. However, the registered manager was very open with people making sure that they were happy. People were offered meetings with the registered manager and if staff informed them about any negative comments people made, they would speak to the person concerned to try and sort the issue out.

Good

Is the service well-led?

Our findings

At our previous inspection on 4 March 2014 we identified breaches of regulations in relation to the storage of information about people not being kept confidential.

At this inspection we found that information about people was stored correctly. The registered manager had regularly audited peoples care plans to ensure that information in the care plan only related to that person. They also checked that staff had completed records. We saw information audit sheets in each care plan we looked at. Staff had received training about keeping written information confidential and about the recording of people's care.

The registered manager was well known by people in the service. We observed them being greeted with smiles and they knew the names of people or their relatives when they spoke to them.

Relatives said, "This service was a recommendation, we've struck lucky with this service". They also stressed that they visited, on spec, unannounced, and it was all fine. We were given a thorough tour of the whole service before we accepted a place. They said, "We couldn't think of anywhere better at all".

The aims and objectives of the service were set out and the registered manager of the service was able to follow these. For example, they had a clear understanding of what the service could provide to people in the way of care and meeting their dementia needs. They were honest with people if they felt they could not meet their needs and were not pressured by the provider to 'Fill beds'. The registered manager told us that it was important to consider the needs and wellbeing of people who already lived at the service when assessing new people. This was an important consideration and demonstrated the people were respected by the registered manager and provider.

Staff told us they enjoyed their jobs. Staff felt they were listened to as part of a team. They were positive about the management team in the service. They spoke about the importance of the support they got from senior staff, especially when they needed to respond to incidents in the service. They told us that the registered manager was approachable. Two staff, one with many years of experience working at the service and another newer member of staff said, "This is the best place I have ever worked". This demonstrated that staff felt motivated by the registered manager.

There were a range of policies and procedures governing how the service needed to be run. They were kept up to date with new developments in social care. The policies protected staff who wanted to raise concerns about practice within the service.

Leaders in the service promoted person centred values. Staff described their desire to 'Treat people like they were family'. Middle managers, such as senior care staff were well informed about their roles and they described in detail how they provided the support to new staff and ensured the staff remained confident and competent to care for people.

The registered manager was open about what people experienced in the service. They provided information to people and sought people's views. People were asked for their feedback more formally by questionnaire. A report showing the outcome of a satisfaction survey held in 2014 was on display in the lobby area. There was also a 'Complaints Folder' in the lobby area. People's thoughts were collated and areas for improvement were fed back to people. Comments from the last quality survey included, 'Cannot fault service, always keep me informed', 'Lovely care home, people are looked after extremely well' and 'The staff are committed and caring'. People's comments underpinned the longer term positive experience people had of the service.

Audits within the service were regular and responsive. Senior staff carried out daily health and safety check walk rounds in the service and these were recorded. In one instance they had found equipment left in front of a fire exit. This was a hazard that was removed immediately and staff were reminded not to block fire exits.

Managers from outside of the service and the owner of the company came in to review the quality and performance of the service's staff. They checked that risk assessments, care plans and other systems in the service were reviewed and up to date. An independent pharmacist carried out audits of medicines. All of the areas of risk in the service were covered by the provider's systems for quality assurance.

Maintenance staff ensured that repairs were carried out quickly and safely and these were signed off as completed. Other environmental matters were monitored to protect

Good

Is the service well-led?

people's health and wellbeing. These included legionella risk assessments and water temperatures checks, ensuring that people were protected from water borne illnesses. The maintenance team kept records of checks they made to ensure the safety of people's bedframes, other equipment and that people's mattresses were suitable. This ensured that people were protected from environmental risks and faulty equipment.

The registered manager produced development plans showing what improvements they intended to make over the coming year. These plans included improvements to the premises. The registered manager was also part of a managers mentoring group, which met with other registered managers from other services on a monthly basis to talk through any issues they may have. This promoted support for the registered manager and enabled them to gain knowledge of best practice or share knowledge with others.

The registered manager was proactive in keeping people safe. They discussed safeguarding issues with the local authority safeguarding team. The registered manager understood their responsibilities around meeting their legal obligations. For example, by sending notifications to CQC about events within the service. This ensured that people could raise issues about their safety and the right actions would be taken.

Senior managers at the provider's head office were kept informed of issues that related to people's health and welfare and they checked to make sure that these issues were being addressed. There were systems in place to escalate serious complaints to the highest levels within the organisation so that they were dealt with to people's satisfaction.