

Mrs C White and Mrs A Taylor

Hembury Fort House

Inspection report

Broadhembury
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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

We carried out an unannounced comprehensive inspection on 4 and 5 February 2016. Hembury Fort House is a detached house set in its own grounds in a village called Broadhembury five miles from the town of Honiton. They provide care and accommodation for up to 25 older people, some living with dementia. On the first day of the inspection there were 22 people staying at the service.

We previously undertook an inspection in November 2013 and found the service was meeting the regulations of the Health and Social Care Act (2008).

The provider had been undertaking a major refurbishment of the house, remodelling bedrooms incorporating en-suites, redecorating corridors, replacing windows and installing a new call bell system. They had six bedrooms still to refurbish and had plans to redecorate the main lounge and dining room.

Several people at the home had a dementia type condition and we were unable to fully explore their experience of care and support through conversations. We spent time in communal areas observing the staff interactions with people and the care and support delivered to them. Not everyone was able to verbally share with us their experiences of life at the home. This was because of their dementia/complex needs. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

The registered provider is also the registered manager of the service. 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 registered person undertook the day to day running of the service.

Everyone was positive about the registered manager and felt they were approachable and caring. They were very visible at the service and promoted a strong caring and supportive approach to people, their relatives and staff.

There were sufficient staff numbers of suitable staff to keep people safe and meet their needs. The staff, registered manager undertook additional shifts when necessary to ensure staffing levels were maintained.

The registered manager demonstrated an understanding of their responsibilities in relation to the Mental Capacity Act (MCA) 2005. Where people lacked capacity, mental capacity assessments had been completed and best interest decisions made in line with the MCA. Staff had or were scheduled to receive training on the MCA 2005. They had a good understanding about giving people choice on a day to day basis.

People were supported by staff who had the required recruitment checks in place. Staff had received a full induction and were knowledgeable about the signs of abuse and how to report concerns. The majority of care staff had undertaken relevant qualifications in health and social care. Staff had the skills and knowledge to meet people's needs and had annual updates to maintain their knowledge.

People were supported to eat and drink enough and maintained a balanced diet. People and visitors were positive about the food at the service.

People said staff treated them with dignity and respect at all times in a caring and compassionate way. People received their medicines in a safe way because they were administered appropriately by suitably qualified staff and there were effective auditing and competency checks were in place.

People had access to a rolling programme of activities at the service. People were encouraged and supported to develop and maintain relationships with other people at the service to avoid social isolation.

People's needs and risks were assessed before and on admission to the home. Risk assessments were undertaken for people to ensure their health needs were identified. Care plans reflected people's needs and gave staff guidance about how to support them safely and these were reviewed on a monthly basis. They were personalised and people had been involved in their development. People were involved in making decisions and planning their own care on a day to day basis. They were referred promptly to health care services when required and received on-going healthcare support.

The home had a homely atmosphere with no unpleasant odours. The premises were well managed to keep people safe.

The provider had a thorough quality assurance and monitoring system in place. This included regular audits, quality monitoring visits and annual surveys for the registered person to assess the effectiveness of the service provided. The registered manager actively sought the views of people, their relatives, outside professionals and staff. There was a complaints procedure in place and the registered manager had a clear understanding of how to respond to concerns.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People said they felt safe and staff were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised.

People's risks were managed well to ensure their safety.

There were effective recruitment and selection processes in place.

People's medicines were safely managed.

The premises and equipment were well managed to keep people safe.

Is the service effective?

Good ●

The service was effective.

Staff received training and supervision which enabled them to feel confident in meeting people's needs and recognising changes in people's health.

People's health needs were managed well and they saw health and social care professionals when they needed to and staff followed their advice.

Staff understood their responsibilities in relation to the Mental Capacity Act (MCA) (2005) and Deprivation of Liberty Safeguards (DoLS).

People were supported to maintain a balanced diet.

Is the service caring?

Good ●

The service was caring.

People, relatives and health and social care professionals gave

positive feedback. They said staff were compassionate, treated people as individuals and with dignity and respect.

Staff knew the people they supported, their personal histories and daily preferences.

Staff were friendly in their approach and maintained people's privacy and dignity while undertaking tasks.

People were involved in making decisions and planning their own care on a day to day basis.

Is the service responsive?

Good ●

The service was responsive to people's needs.

Staff knew people well, understood their needs well and cared for them as individuals.

People's care plans were personalised and guided staff how to meet their needs. Their care needs were regularly reviewed and assessed.

People knew how to raise a concern or complaint. The registered manager dealt with complaints appropriately and in a timely manner.

People were supported to take part in social activities. Activities were in place and were delivered by care staff.

Visitors were encouraged and always given a warm welcome.

Is the service well-led?

Good ●

The service was well led.

The registered manager undertook the day to day running of the service. The staff were well supported by the registered manager and there were systems in place for staff to discuss their practice and to report concerns.

Everyone spoke positively about communication at the service and how the registered manager worked well with them.

The registered manager had good quality monitoring systems in place. People, relatives and staff were asked their views and these were taken into account in how the service was run.

There was an effective audit program to monitor the safe running of the service.

Hembury Fort 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 4 and 5 February 2016 and was unannounced. The inspection was carried out by one inspector on the first day and two inspectors on the second day.

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. We reviewed the information included in the PIR along with information we held about the home. This included previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

We met and observed most of the people who lived at the service and received feedback from seven people who were able to tell us about their experiences. Some people using the service were unable to provide detailed feedback about their experience of life at the home. During the inspection we used different methods to help us understand their experiences. These methods included both formal and informal observation throughout the inspection. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. Our observations enabled us to see how staff interacted with people and see how care was provided. We also talked with ten visitors.

We spoke with 12 staff, which included senior care staff, care staff, support staff and the registered person who is also the registered manager and their husband who deals with the maintenance at the home. At the inspection we spoke with a member of the district nurse team visiting the service. As part of the inspection we sought feedback from eight health and social care professionals to obtain their views of the service provided to people and received feedback from four.

We looked at the care provided to three people which included looking at their care records and speaking with them about the care they received at the service. We reviewed the medicine records of five people. We looked at four staff records and their training certificates. We looked at a range of records related to the running of the service. These included staff rotas, supervision and training records and quality monitoring audits.

Is the service safe?

Our findings

People said they felt safe and were happy at the home. Comments included, "I sleep very well here, and I feel very safe."

People were protected by staff that were knowledgeable about the signs of abuse and had a good understanding of how to keep people safe. They knew how to report abuse both internally to management and externally to outside agencies when necessary.

People were protected because risks for each person were identified and managed. Care records contained risk assessments about each person which identified measures taken to reduce risks as much as possible. These included risk assessments for falls, skin integrity, nutritional and manual handling. Staff were proactive in reducing risks by anticipating people's needs and intervening when they saw any potential risks. People identified as at an increased risk of falling out of bed had been assessed and appropriate actions were undertaken. For one person this included the use of a mattress on the floor and a nursing bed which could be lowered. People assessed as at risk of developing pressure sores had equipment in place to protect them. This included pressure relieving cushions on their chairs.

People received their medicines safely and on time. We observed people being given their medicines. The staff administering medicines wore a tabard advising people they were undertaking a medicine round and not to disturb them. They sat patiently with people, explained what the medicines were for and waited until the medicines had been taken. There were protocols in place to guide staff when it was appropriate to use 'when required' medicines. We observed people being asked if they required pain relief medicines.

People were happy with how they received their medicines. Comments included, "I have my pills at nine to half past with fruit juice to wash it down, they never fail, always there with them, very good." Records confirmed, people were asked if they wanted to self-administer their medicines when they arrived at the service. However nobody at the service was self-administering their medicines at the time of our visit.

Medicines were managed, stored and administered to people as prescribed and disposed of safely where they were no longer required. Staff were trained and assessed to make sure they were competent to administer people's medicines and understood their importance. The service had recently changed to a boxed system because they felt it was safer and they had found there had been less medicine errors as a result.

The registered manager ensured there were sufficient numbers of suitable staff on duty to meet the needs of the people living at the service. Staff worked in an unhurried way and had time to meet people's individual needs. People said they felt there were adequate staff levels to meet their needs promptly. The staff schedule showed there were four care staff and a senior carer on the morning shifts, three care staff and a senior carer on the afternoon shift and two care staff at night. These were supported by a cook, a laundry assistant and two housekeeping staff.

Staff said they felt there were adequate staff to meet people's needs when there was no sickness which resulted in a shortfall. The registered manager said staff undertook additional duties and they had two bank care workers they could call upon. They would also undertake care shifts if required. They said they had a full staff team but were actively recruiting a care worker for night shifts in anticipation of a staff member who worked night shifts reducing their hours.

People said staff responded to their call bell requests promptly. The registered manager said they listened to call bells on a day to day basis. They said if they had any concerns they could generate a report from the new call bell system. This would allow them to look at response times to ensure they were satisfied people were being responded to appropriately.

There were effective recruitment and selection processes in place to help ensure staff were safe to work with vulnerable people. Staff had completed application forms and interviews had been undertaken. Pre-employment checks were done, which included references from previous employers, any unexplained employment gaps checked and Disclosure and Barring Service (DBS) checks completed. This demonstrated that appropriate checks were undertaken before staff began work in line with the organisations policies and procedures.

The home was tidy throughout without any odours present and had a pleasant homely atmosphere. Daily room checks were undertaken and the registered provider spoke with staff if not satisfied. Staff said personal protective equipment (PPE) was available and there were ample supplies of gloves and aprons around the home along with alcohol gel for people to use. One relative commented in a thank you note to the registered manager, "The home was so clean and tidy, a real home from home."

A Personal Emergency Evacuation Plan (PEEP) was available for each person at the service. This provided staff with information about each person's mobility needs and what to do for each person in case of an emergency evacuation of the service. This showed the home had plans and procedures in place to safely deal with emergencies. Accidents and incidents were reported in accordance with the organisation's policies and procedures. Staff had recorded accidents promptly and the actions they had taken at the time. Learning from incidents and accidents took place and appropriate changes were implemented.

The registered person's husband took responsibility to ensure the premises and equipment were managed to keep people safe. They were overseeing the refurbishment of the home and undertook general maintenance tasks. Where required they called in external contractors for specialist work, for example, plumbers and electricians. There were systems in place for external contractors to regularly service and test moving and handling equipment, fire equipment, gas, electrical testing and lift maintenance. Staff recorded repairs and faulty equipment, which they took action to repair.

Is the service effective?

Our findings

People's needs were consistently met by staff who had the right competencies, knowledge and qualifications. One person said, "Staff are well trained here." Staff had received appropriate training and had the experience, skills and attitudes to support the complexities of people living at the service. Staff had undergone a thorough induction which had given them the skills to carry out their roles and responsibilities effectively. The registered manager had introduced the new Care Certificate which had been introduced in April 2015 as national training in best practice. One senior care worker said, "The induction can be three months, they (new staff member) need to establish their knowledge, work alongside us so they witness the standards expected and cannot work unsupervised until the induction training is completed."

Staff were very experienced and had regular opportunities to update their knowledge and skills. Staff had completed and undertook the provider's mandatory training which included, fire safety, food hygiene, manual handling, safeguarding of vulnerable adults, first aid, health and safety and infection control. As well as the provider's mandatory training, staff had received other training to help them perform their roles. This included dignity and equality, end of life care and diabetes.

Staff received regular supervisions every two months with a senior carer or the registered manager. Annual appraisals were carried out each April with the registered manager. Staff said they felt supported by the senior staff and registered manager. Staff comments included, "I can talk to seniors if I don't understand something, I can ask seniors or (registered manager)."; "Seniors do observations of us feeding, doing care work and ensure we have good infection control." And "Manager is really helpful always tries to explain to help us."

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 procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found they were.

There was nobody at the service subject to an application to deprive them of their liberty. Staff at the service had undertaken training in MCA 2005 with further training scheduled. The registered manager said they were happy they could contact the local authority DoLS team for guidance when required.

People had access to healthcare services for ongoing healthcare support. They were seen regularly by their local GP, and had regular health appointments such as with the dentist, optician, and chiropodist. Where any health concerns were identified, visiting health care professionals confirmed staff at the home sought advice appropriately and followed advice. Comments included, "They are really good at feeding back and following instructions... good staff they know what they are doing."; "From our experience we have no

concerns about the care at Hembury Fort House and find the staff very helpful and supportive of our services."; "The manager and senior care worker were very well informed and gave me a comprehensive history of the (person's) complex behaviour."

People, their relatives and records confirmed the staff monitored people's health and care needs, and acted on issues identified. For example, Comments included, "They have been good with my feet as soon as they notice a problem they are quick to sort it out." A relative said, "He wasn't well, they had already phoned for a doctor before I came in, they noticed the day before he wasn't eating. Now he is very much better back to his old appetite, they can't do any more than they do."; "He is always well presented, if he is unwell they get a doctor quickly." And "They seem on top of their job...they sort it out before I know about it."

People were supported to eat and drink enough and maintain a balanced diet. The menu at the service was changed seasonally and was discussed with people at the residents meetings. People and their relatives were very complimentary about the food at the service. Comments included, "The food is very good, very well cooked and flavoursome."; "I think it is very nice...I don't know what it is until I get there."; "Nothing fancy but very good" and "Not bad at all." One visitor commented, "The food here is home cooked, good English food."

The cook was very knowledgeable about different people's dietary needs and who required a special diet and how they accommodated these requirements. Staff gathered information about people's dietary requirements, meal sizes, likes and dislikes when they first arrived at the home. Staff went around in the afternoon to ask people their supper choices.

Where people had any swallowing difficulties, they had been seen and assessed by a speech and language therapist (SALT). Where the SALT had recommended soft or pureed food, each food was separately presented. People at risk of weight loss had their weight monitored regularly. During our visit we identified most people had maintained their weight. One relative said how staff had supported their relative to eat more. They said (care worker) brought him odd food bits as he hadn't eaten, cheesy biscuits and pink wafers he enjoyed that, she is very good."

In May 2015 the service was inspected by an environmental health officer in relation to food hygiene and safety. The service scored four with the highest rating being five. This confirmed good standards and record keeping in relation to food hygiene had been maintained. Where they had recommended actions these had been acted upon. For example, a split worktop around a food preparation area which the provider had replaced.

Is the service caring?

Our findings

During our observation we found that interactions with people using the service and staff were positive. Staff were patient whilst offering choices and involving people. We spent time talking with people and observing the interactions between them and staff. Staff were kind, friendly and caring towards people and people were seen positively interacting with staff.

People said they were happy at the home and felt cared for. Comments included, "I love it here, they are so kind, very good and thoughtful, if I need someone I just call and they come."; "The staff are very good, pleasant enough." And "I am getting very good care here, I couldn't ask for more they devote a lot of time to me."

Visitors were complimentary about the care their relative received. Comments included, "I love it here, very relaxed and friendly, I am confident mum is looked after, she has become much happier since being here, I feel very confident in what they do."; "Been happier since being here, they jump to any whim, if someone wants something they get it."; "I can't fault the way they are looked after and cared for."

Staff knew about people at the home and talked about them in a compassionate and caring way. The registered manager said, "Our strength is we form relationships. Staff said they felt people received good care at the service. One senior care worker said, "I like the way staff treat the residents; they are nice and kind to them and think about them...I have never had to say to someone they were being unkind." Staff described ways in which they tried to encourage people's independence such as dressing themselves with minimum support. Staff demonstrated they knew people's preferred routines such as who liked to get up early, who enjoyed a hot drink at bedtime. Staff involved people in their care and supported them to make daily choices. For example, people chose the activities they liked to take part in and the clothes they wore. One relative commented, "Mum always looks good, lipstick on, nail varnish, a scarf and necklace as she always did." They ensured people were given a choice of where they wished to spend their time. One person said, "I could stay in my room if I wanted to but I like going downstairs to have someone to chat with." A relative said, "They never force her to do anything she doesn't want to do, I like that they understand them as individuals...quite individual care."

Staff ensured they listened to people and talked to them appropriately and in a way they could understand. One person had poor hearing; the staff had prompt cards they used to help the person understand what they were saying. A care worker said, "It is important she hears you, I make sure I have good eye contact, explain what I am doing and wait to know she agrees." Relatives were very positive about the communication at the home. Comments included, "They don't stand over mum, they come down to her level so they can see her face to face and they will actually let her touch their face because of her poor eyesight."; "They are good at using the right language with her, they explain things." And "They constantly ask and explain what they are doing, they are brilliant."

People built up friendships with other people at the home; this was seen in the dining room where people chose to sit with certain people. Staff also spent time getting to know each person and demonstrated a

good knowledge of people's needs, likes and dislikes.

Staff treated people with dignity and respect when helping them with daily living tasks. Staff said they maintained people's privacy and dignity when assisting with intimate care. For example, they knocked on bedroom doors before entering and gained consent before providing care. If a person had communication difficulties there were small pictures of a pair of glasses or an ear to inform staff and visitors that the person may not hear their knock or be able to answer the door. The registered manager said people had agreed to these prompts being on their bedroom doors as we asked did they maintain people's dignity. One person said when asked about staff being respectful, "Yes very good they always knock on the door."

People's rooms were personalised with their personal possessions, photographs and furniture. In the main lounge there was a large fish tank and two budgies which people were very fond of.

In the corridor outside the main office there were photographs of staff to help inform people about who they might meet at the home.

People's relatives and friends were able to visit without being unnecessarily restricted. Relatives said they were made to feel welcome when they visited the home. One person said, "My visitors are made to feel welcome, they can come up to my room. Visitors commented, "If visiting they offer a cup of tea and you are made welcome."; "We are treated well here, they call me by name when I visit and always offer me a drink."; "They are always very welcoming to me, I can have just walked in and they offer me a cup of tea. The tea trolley seems to be around every five minutes."

Is the service responsive?

Our findings

People received personalised care and support specific to their needs, preferences and diversity. Care plans gave information about people's health and social care needs and showed that staff had involved other health and social care professionals when necessary.

People and their families were included in the admission process to the home and were asked their views and how they wanted to be supported. One relative said, "They know mum here, when she first moved in they made a big effort to talk about her past, they looked at photos and talked about home." Another said, "Nothing is too much trouble, mum is not just another patient. The things I see and hear are person centred they involve the families." Another said, "Staff are very good, they know (person) very well and her little foibles."

Care files included personal information and identified the relevant people involved in people's care, such as their GP, optician and chiropodist. However people's records were kept in several different files and it was difficult to access information easily without the support of the registered manager. Relevant assessments were completed and up to date, from initial planning through to on-going reviews of care. Risk assessments included a personal risk screening tool, which included an assessment of nutritional needs, mobility, falls and skin integrity. Senior staff members completed monthly reviews of people's risk assessments and care plan reviews of designated individual people's needs. People and their families were given the opportunity to be involved in reviewing their care plans.

Care files included information about people's history, likes and dislikes. Staff were told about new people at the service at handover and had the opportunity to read the information contained in a handover file and people's care files. This meant that when staff were assisting people they knew their choices, likes and dislikes and provided appropriate care and support. Care plans were up to date and staff could refer to care plans held in people's rooms when providing care and support to ensure it was appropriate. Short term care plans put in place because of changes in people's care needs were held in the main office on a clip board. These were referred to at each handover to ensure staff were informed of changes. Staff said they found the care plans helpful and were able to refer to them at times when they recognised changes in a person's physical or mental health.

People said they made choices about their lives and about the support they received. Comments included, "I am quite independent, if I want something I ask."

We observed two lunchtime meals served in the home's dining room which was set up with tablecloths and napkins. On the first day of our visit the dining experience wasn't personalised. People were not aware of the mealtime option as there was no menu's. We observed staff routinely put protective aprons on 13 people, even though they had the option to use cotton napkins. People's meals arrived in the dining room plated and staff gave them out as they came to them. This meant some people had no meal while others at the same table were already eating. Staff took time to explain what each person had on their plate and received their approval before serving the next meal. People were asked if they had enjoyed their meals, however

they were not offered the option of an additional portion. We discussed this with the registered manager and on the second day of our visit improvements had been made. On the second day, 17 people had chosen to use the dining room for lunch and others had decided to have their meals in their bedrooms. During the lunchtime period there was a pleasant atmosphere with one staff member singing and people joining in. People, where able, engaged in conversation and staff attended to people's needs. People were aware of the mealtime options and had made alternative choices and were asked if they wanted protective aprons. The cook served the meals in the dining room and staff served each table in turn and people were offered additional portions.

People were supported to follow their interests and take part in social activities. In the main lounge an activity board informed people about the activities available. The week of our visit they included, bingo, arts and crafts, games and a singalong. Every Sunday there was a cream tea afternoon where families could visit and enjoy with people at the home. All around the home there were pieces of people's artwork lovingly framed for people to enjoy. People and their relatives were positive about the activities at the home and said they had the opportunity to join in if they wanted to. Comments included, "They do have activities but (person) won't join in."

On the first day we observed people doing exercises in the lounge. Staff undertook activities as part of their duties. Each morning staff supported some people who had been assessed by the physiotherapist with light exercises following their instructions. There was then a general exercise session for others in the lounge. We were shown photographs of a themed day in the summer 2015 of a re-enactment event. The registered manager said they tried to provide a themed day at least four times a year.

People and their relatives knew how to share their experiences and raise a concern or complaint. People were happy they could raise a concern if they needed to and were confident the registered manager would listen and take action if required. One person said, "The staff are very nice, I have never come across a complaint, but if I needed to I would speak to one of the workers or (registered manager)."; "I would tell (registered manager) she is quite a decent person, friendly enough and sorts things out." And "If I had a concern I would tell (registered manager)...oh yes she would take action."

There was a complaints procedure displayed in the main entrance at the service. The procedure included information about the external agencies people could contact if they were not satisfied with the response from the service. There was also a complaints book and a comments and observation book for visitors to records any concerns or observations. The registered manager said, "If something is wrong it is dealt with the same day." Visitors to the home confirmed that if they had any concerns they were acted upon quickly. One relative had raised a concern about the laundry and it had been dealt with. They went on to say "We haven't had any other problems."

Is the service well-led?

Our findings

The registered provider is also the registered manager of the service. They undertook the day to day running of the service. They had a clear understanding of their responsibilities and lived on site and was available at all times. The registered manager was supported by senior care workers, care staff and ancillary to support people's needs. The second provider also undertook regular night shifts at the service. People and their visitors described the registered manager as very approachable and always available if they wanted to talk with her. One person said, "She runs it well." A visitor said, "(Registered manager) insists we go into the office to discuss what he wanted, she is very good at her job... Dad gets very good care."; "The manager is very nice, very caring, takes clients feelings personally, really good at relationships, a real family atmosphere." Health professionals also gave very positive feedback about the leadership at the service. Their comments included, "The manager is always very informative and understanding of the patient's needs."

Staff said they felt well supported by the registered person and said issues were dealt with quickly and appropriately. Comments included, "I can talk to (registered manager), I don't feel uncomfortable, she is really good. It has always been good here but it has got even better."; "(Registered manager) will challenge staff if necessary but is always fair."

The registered manager knew each person's needs and was knowledgeable about their families and health professionals involved in their care. They promoted a positive culture and was aware of the ability of staff and was willing to challenge poor practice. They said, "What you see is what you get there are no grey areas in care, we have an open door policy here."

The registered manager monitored and acted appropriately regarding untoward incidents. They checked each incident personally and visited the person involved to ensure staff had taken the necessary action. This enabled them to be able to analyse trends over time to establish whether there were any patterns to help reduce the risk of recurrence.

The registered manager had a range of quality monitoring systems in use which were used to continually review and improve the service. These included regular audits of medicines, care records and infection control. They had taken the relevant action for issues they had identified in respect of these.

People and staff were actively involved in developing the service. There were monthly residents meetings and three monthly family and visitors meetings. The last family and visitors meeting had been on the 20 January 2016, a cheese and wine evening which people said they enjoyed. The registered manager recorded in their PIR, "Resident meetings address many issues in a group led way which gives confidence to individuals to air their views." Each month a newsletter is produced to inform people about events and news at the service and a quote of the month.

Staff meetings were held regularly where staff were able to express their views, ideas and concerns. The registered manager said they were looking at changing the staffing structure at the service and had added it to the staff meeting agenda on 10 February 2016 to discuss with staff. Staff had a staff handover meeting at

the changeover of each shift where key information about each person's care was shared. They also had a meeting each morning at 11.40 referred to as 'bus stop meeting' where care staff met with the registered manager and discussed the morning's events, concerns and if they were alright. This meant staff were kept up to date about people's changing needs and risks.

The registered person was meeting their legal obligations such as submitting statutory notifications when certain events, such as death or injury to a person occurred. They notified the CQC as required, providing additional information promptly when requested and working in line with their registration.