The Orders Of St. John Care Trust

# OSJCT Stirlings

## Inspection report

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## Ratings

| Overall rating for this service | Good |
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|---|---|
| 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 September 2016 and it was an unannounced.

Stirlings residential home is registered to provide accommodation for up to 40 older people some of whom were living with dementia. At the time of the inspection there were 38 people living at the service.

There was a registered manager 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. The registered manager worked closely with the area manager.

People who were supported by the service felt safe. The staff had a clear understanding on how to safeguard people and protect their health and well-being. People received their medicine as prescribed. There were systems in place to manage safe administration and storage of medicines.

The service had enough suitably qualified and experienced staff to meet people's needs. People told us they were attended to without unnecessary delay. The service had robust recruitment procedures and conducted background checks to ensure staff were suitable for their role. People were actively involved in the running of the service, including the recruitment of staff. They felt like part of the service.

People had a range of individualised risk assessments in place to keep them safe and to help them maintain their independence. Where risks to people had been identified risk assessments were in place and action had been taken to reduce the risks. Staff were aware of people's needs and followed guidance to keep them safe.
Staff received adequate training and support to carry out their roles effectively. People felt supported by competent staff that benefitted from regular supervision (one to one meetings with their line manager) and team meetings to help them meet the needs of the people they cared for.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and applied its principles in their work. Where people were thought to lack capacity to make certain decisions, assessments had been completed in line with the principles of MCA. The registered manager and staff understood their responsibilities under the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be deprived of their liberty for their own safety.

People's nutritional needs were met and people benefited from a good dining experience. People were given choices and received their meals in a timely manner. Staff treated people with kindness, compassion and respect and promoted people's independence and right to privacy. People received high quality care that was personalised to meet their needs.

People were supported to maintain their health and were referred for specialist advice as required. Where people had received end of life care, staff had taken actions to ensure people would have as dignified and comfortable death as possible. End of life care was provided in a compassionate way.

Staff knew the people they cared for and what was important to them. Staff appreciated people's unique life histories and understood how these could influence the way people wanted to be cared for. People were actively involved with the local community. People were encouraged and supported to engage with services and events outside of the home. Staff supported and encouraged people to engage with a variety of activities and entertainments available within the home. Activities were structured to people's interests and people chose what activities they wanted to do. The environment was designed to enable people to move freely around the home.

Feedback was sought from people and their relatives and used to improve the care. People knew how to make a complaint and complaints were managed in accordance with the provider's complaints policy.

Leadership within the service was open and transparent at all levels. The provider had quality assurance systems in place. The provider had systems to enable people to provide feedback on the care they received.

The registered manager informed us of all notifiable incidents. The registered manager had a clear plan to develop and further improve the home. Staff spoke positively about the management support and leadership they received from the registered manager.

## 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.

Risks to people were managed and assessments were in place to manage the risks and keep people safe.

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

People were protected from the risk of abuse as staff had a good understanding of safeguarding procedures.

Medicines were stored and administered safely.

### Is the service effective?

Good

The service was effective.

Staff had the knowledge and skills to meet people's needs. Staff received training and support to enable them to meet people's needs.

People were supported to have their nutritional needs met.

Staff had good knowledge of the Mental Capacity Act and Deprivation of Liberty Safeguards. People who were being deprived of their liberty were cared for in the least restrictive way.

People were supported to access healthcare support when needed.

### Is the service caring?

Good

The service was caring.

People were treated as individuals and were involved in their care.

People were supported by caring staff who treated them with dignity and respect.

Staff knew how to maintain confidentiality.

## Is the service responsive?

Good

The service was very responsive.

People received activities and stimulation which met their needs or preferences.

People's needs were assessed and personalised care plans were written to identify how people's needs would be met.

People's care plans were current and reflected their needs.

People were involved in the day to day running of the service. People's views were sought and acted upon.

People were actively supported to be part of their local community.
This enhanced people's health and wellbeing.

## Is the service well-led?

Good

The service was well led.

People and staff told us the management team was open and approachable.

The leadership created a culture of openness that made people feel included and well supported.

There were systems in place to monitor the quality and safety of the service and drive improvement.

# OSJCT Stirlings

**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 12 and 13 September 2016 and was unannounced. The inspection team consisted of one inspector.

Before the inspection we reviewed the information we held about the service and the service provider. The registered 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 looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We received feedback from three social and health care professionals who regularly visited people living in the home. This was to obtain their views on the quality of the service provided to people and how the home was being managed. We obtained feedback from commissioners of the service.

We spoke with five people and three relatives. We looked at seven people's care records including medicine administration records (MAR). During the inspection we spent time with people. We looked around the home and observed the way staff interacted with people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a means of understanding the experiences of people who could not speak with us verbally. We spoke with the registered manager, the care deputy manager, the area manager and seven staff which included care leaders, care staff, housekeeping, maintenance and catering staff. We reviewed a range of records relating to the management of the home. These included six staff files, quality assurance audits, minutes of meetings with people and staff, incident reports, complaints and compliments. In addition we reviewed feedback from people who had used the service and their relatives.

Good

# Is the service safe?

## Our findings

People felt safe living at Stirlings residential home. They told us, "I feel safe staying here", "Of course I feel quite safe here" and "I am completely safe here". People's relatives told us their family members felt safe living at the service. They said, "She [person] certainly feels safe", "[Person] is well cared for and safe" and "Mum is definitely safe and cared for". Healthcare professionals also told us Stirlings was a safe place to live.

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Staff had attended training in safeguarding vulnerable people and had good knowledge of the service's safeguarding procedures. Staff were aware of types and signs of possible abuse and their responsibility to report and record any concerns promptly. One member of staff told us, "I can identify abuse-physical, verbal or change in mood. I report to my manager, safeguarding and CQC".

Risk assessments were in place to enable staff to support people safely. These protected people and supported them to maintain their freedom. Some people had restricted mobility and information was provided to staff about how to support them when moving them around the home. Risk assessments included areas such as falls, fire and moving and handling. Risk assessments were reviewed and updated promptly when people's needs changed. For example, one person was unwell and at risk of losing weight. This person's risk assessments and care plans were reviewed promptly and the person was commenced on fortified diet following dietician's advice.

People were supported by sufficient numbers of staff. Records showed the number of staff required for supporting people was increased or decreased depending on people's needs. Staff told us, "We have enough staff but can always need more" and "We have a very good range of staff". One person said, "Staff numbers are good". One person's relative commented, "Whenever I visit there is always staff around". The service used a dependency assessment tool at the beginning of care provision to assess the staffing ratio required. The dependency assessment was also completed whenever people's needs changed. For example, one person became unwell and was nursed in bed. The person's needs increased and therefore the staffing required to meet those needs also increased.

The service followed safe recruitment practices. Staff files included application forms, records of identification and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS) to make sure staff were suitable to work with vulnerable people. The DBS check helps employers make safe recruitment decisions and prevents unsuitable people from working with vulnerable people.

People received their medicine as prescribed and the service had safe medicine administration systems in place. The provider had a medicine policy in place which guided staff on how to give medicines safely. We observed staff administered medicines to people in line with their prescription. There was accurate recording of the administration of medicines. Medicine administration records (MAR) were completed to show when medication had been given or if not taken the reason why. People understood the reason and purpose of the medicines they were given. One person told us, "The carers tell me what tablets they are

giving me. They are good at explaining things".

Equipment used to support people's care, for example, weight scales, wheelchairs, hoists and standing aids were clean and had been serviced in line with national recommendations. We observed staff using mobility equipment correctly to keep people safe. People's bedrooms and communal areas were clean. One person's relative told us, "The home is always clean". Staff were aware of the providers infection control polices and adhered to them.

Good

# Is the service effective?

## Our findings

People received individualised care from staff who had the skills and knowledge needed to carry out their roles. People told us, "Staff know what they are doing" and "Carers are very good". One person's relative said, "Staff are very helpful and friendly".

New staff were supported to complete an induction programme before working on their own. This included training for their role and shadowing an experienced member of staff. Staff told us, "Induction was very informative and we learnt about the ethos of the home", "I shadowed for three weeks" and "Shadowing was made available to me for as long as I needed".

Staff told us they had the training they needed when they started working at the service and were supported to refresh their mandatory training. Staff completed training which included safeguarding, infection control, manual handling and fire safety. Staff were supported to attend specific training courses to ensure they had the skills to meet people's needs. One member of staff said, "I asked for stoma bag training and it was arranged". Another member of staff told us, "I was supported to study cognitive therapy and I am applying it to work. It's very effective". We viewed staff training records which confirmed staff received training on a range of subjects.

People were supported by staff who had regular supervisions (one to one meeting) with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. They said, "We have four supervisions in a year and we talk about changes in the trust like policies" and "Our supervisions are done every three months". Staff were also supported to develop and reflect on practice through performance development reviews (PDR).

People's care records showed relevant health and social care professionals were involved with people's care. People were supported to stay healthy and their care records described the support they needed. One person commented, "I see my GP when I need to". Health and social care professionals were complimentary about the service. One healthcare professional told us, "Staff here are very good at referring people for falls, weight loss and mobility equipment. My recommendations are always put in place". People's care records showed details of professional visits with information on changes to treatment if required.

People told us they liked the food and were able to make choices about what they had to eat. Comments included; "I enjoy the food and get choices", "I get meal choices. Today we had four choices of pudding", "Food is very good and I get shown two meal choices" and "I don't like cooking but here we are well fed. We have good variety, can have more if we want and food comes to the table hot". One person's relative said, "Food looks very nice and nutritious".

People's dietary needs and preferences were documented and known by the chef and staff. The home's chef kept a record of people's needs, likes and dislikes. One member of staff told us, "Dietary advice is provided straight away for new residents. We speak to residents and their relatives about food likes and dislikes and these are reviewed every three months and as and when requested". Some people had special dietary needs

and preferences. For example, people having soft food or thickened fluids where choking was a risk. The home contacted GP's, dieticians, speech and language therapists (SALT) as well as care home support if they had concerns over people's nutritional needs. Records showed people's weight was maintained. Drinks and snacks were available to people throughout the day.

During lunch time we observed people having meals in both the dining rooms, upstairs and downstairs. The atmosphere was pleasant. There was conversation and chattering throughout the dining room. People chose where they wanted to sit and did not wait long for food to be served. People were shown meal choices. People were supported to have meals in a dignified way by attentive staff. We observed staff sitting with people and talking to them whilst supporting them to have their meals at a relaxed pace. We saw staff asked people if they wanted more and this was provided as needed. Some people chose to have meals in their rooms and staff respected that. One person told us, "I prefer eating in my room sometimes and carers are respectful of my choice". We saw people supported with meals in their rooms having the same pleasant dining experience as those in dining rooms.

People or their legal representatives were involved in care planning and their consent was sought to confirm they agreed with the care and support provided. Staff knocked on people's doors and sought verbal consent whenever they offered care interventions. Staff told us they sought permission and explained care to be given. For example, where people were supported with personal care. One member of staff said, "We always knock on people's doors and wait for their permission to come in".

The provider followed the Mental Capacity Act 2005(MCA) code of practice and made sure that the rights of people who may lack mental capacity to take particular decisions were protected. The 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. The registered manager and staff were knowledgeable about how to ensure the rights of people who were assessed as lacking capacity were protected. Where people were thought to lack the capacity to consent or make some decisions, staff had followed the MCA code of practice by carrying out capacity assessments. Where people did not have capacity, there was evidence of decisions being made on their behalf by those that were legally authorised to do so and were in the person's best interests. One member of staff told us, "We assume everyone has capacity unless proven otherwise. We support residents to make choices".

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 whether any conditions on authorisations to deprive a person of their liberty were being met. The provider followed the requirements in the Deprivation of Liberty Safeguards (DoLS). Applications under the DoLS had been authorised and the provider complied with the conditions applied to the authorisation. People who had DoLS in place were being supported in the least restrictive way. Staff had been trained and understood the requirements of the MCA and the specific requirements of the DoLS.

Stirlings residential home was suitable for people who lived with dementia. People could move freely in the communal areas of the building and large gardens that contained plants and sitting areas. There were sitting areas with dolls and soft balls for people to engage with and offered a choice of where people could spend their time. The service had themed corridors which included the music, beach water and movie corridors. One corridor had familiar items such as hats and scarfs safely hung and we saw people picking these up and using them during our inspection. There were sitting areas along these corridors which staff

used as talking points. For example, one sitting area had a dressing table with empty perfume bottles which had been created by people during an activities session. There was a telephone room and a board which showed the date, day and weather. We saw people and staff engaging in stimulating conversations in these areas.

The service had signage which was dementia friendly and allowed people to orientate themselves around the home. This was in line with the National Institute for Health and Care Excellence (NICE) 'Quality standard for supporting people to live well with dementia' which states that 'housing should be designed or adapted to help people living with dementia manage their surroundings, retain their independence, and reduce feelings of confusion and anxiety'. For example, toilet doors had contrasting colours to other doors and had a visible coloured picture on them. People's bedroom doors had people's pictures, names and country flags of where they were born. People's bedrooms were personalised and contained photographs, pictures and the personal belongings each person wanted in their bedroom.

Good

# Is the service caring?

## Our findings

People told us they enjoyed living at Stirlings residential home and were complimentary of the staff. They said; "I love living here. The carers create a family atmosphere", "I think it's alright. Staff are kind and caring" and "I like it here. I have been here for nine years". One person's relative complimented, "Staff are extremely caring. It is a superb home".

Staff told us they enjoyed working at the service. They said, "It's a close knit home", "I enjoy working here", "I love working here, it's a nice environment" and "This is the best job I have ever had. I love working here".

People received care and support from staff who had got to know them well. The relationships between staff and people receiving support demonstrated respect and dignity. One member of staff told us, "We build relationships with residents and gain their trust". We observed many caring interactions between staff and the people they were supporting during our inspection. For example, during lunch we saw a member of staff asked a person discreetly if they wanted to use protective clothing. The person nodded their head and smiled. The atmosphere in the home was calm and pleasant. People's preferred names were used on all occasions and we saw warmth and affection being shown to people. There was chatting and appropriate use of humour throughout the day.

We observed people being assisted in a patient way. People were given options and the time to consider decisions about their care. Staff told us, "We give people choices to make their own decisions" and "We support people to make choices. If risks are identified then we perform risk assessments".

People were involved in care reviews and information about their care was given to them. For example, we saw a person receiving their medicine. The member of staff informed the person what medicines they were giving them and for what purpose. They asked the person if they wanted to take the medicines with water or juice. The person made their choice. People's care plans evidenced their involvement in creating the care plans.

Staff knew people's individual communication skills, abilities and preferences. Care plans contained information and guidance on how best to communicate with people who had limitations to their communication. For example, one person's care record stated, 'Can make simple decisions if given not more than two choices. If not happy will change facial expression and give you the look'. We saw staff communicating with this person and offering only two options to consider. The person was smiling, relaxed and clearly comfortable with staff.

Staff treated people with dignity and respect. People received care in private. Staff told us, "We attend to residents without causing embarrassment" and "We shut doors and curtains during personal care". People told us they were treated with respect. They said, "Staff are respectful of my choices" and "Staff close my doors during personal care".

People's independence was promoted. Staff told us that people were encouraged to be as independent as

possible. Staff said, "We encourage residents to do what they can" and "We promote independence and support people when required". One person's relative told us, "They (staff) encourage him (person) to do things that he can". We saw people using mobile call bells whilst in the communal areas and gardens. This allowed them to do what they chose knowing they could call for staff for help if needed.

Staff understood and respected confidentiality. Records were kept in locked cabinets and only accessible to staff. Staff comments included; "We do not discuss residents outside the home" and "We always take calls about residents in private".

People's advanced wishes were respected. Staff told us they involved people and relatives in decisions about end of life care and this was recorded in their care plans. For example, one person had an advance care plan, end of life care plan (a plan of their wishes at the end of life) and a do not attempt cardio pulmonary resuscitation (DNACPR) order document in place. We saw the person and their family were involved in this decision. People, their families and professionals contributed to the plan of care so that staff knew this person's wishes and made sure the person had dignity, respect and comfort at the end of their life. Staff understood the importance of keeping people as comfortable as possible as they approached the end of their life. They told us how they would maintain people's dignity and comfort and involve specialist nurses in the persons care. One member of staff said, "We support the residents to ensure they are comfortable. We allow families unlimited access during this time".

Good

# Is the service responsive?

## Our findings

The registered manager assessed people's needs before they came to live at Stirlings residential home. Information was sought from people, their relatives and other professionals involved in their care. This information from the assessment informed the plan of care.

Care plans were personalised and contained detailed daily routines specific to each person. The provider used an 'All About Me' document which captured people's life histories including past work and social life enabling staff to provide person centred care whilst respecting people's preferences. Care plans reflected how each person wished to receive their care and support. For example, people's preferences about what time they preferred to go to bed. People and relatives confirmed they were involved in planning their care. One person's relative told us, "I am involved in [person's] care planning and review". Another person's relative said, "I have always been involved with care planning and I am kept informed with changes".

Staff considered details of what was important to each person and used this information to engage with people and ensure they received care in their preferred way. Staff told us and records confirmed the provider had a keyworker system in place. A keyworker is a staff member responsible for overseeing the care a person receives and liaised with families and professionals involved in a person's life. This allowed staff to build relationships with people and their relatives and aimed at providing personalised care through consistency.

Care plans were reviewed monthly to reflect people's changing needs. Where a person's needs had changed, the care plan had been updated to reflect these changes. For example, one person's health was deteriorating and they spent more time in bed. This meant the risk of the person developing pressure sores had increased. Staff sought professional guidance and a pressure mattress was installed. Staff updated the person's care plan to reflect the changes and daily records showed staff followed the advice of keeping the pressure mattress on correct settings. One member of staff commented, "Care plans are updated as needed whenever there are changes".

People were actively involved in staff recruitment interviews and were included in the interviewing panel. The registered manager said it was important for people to be involved in recruiting staff as they would be the one's receiving care from them. People told us they enjoyed being part of the interviewing panel as well as attending meetings with the provider. One person said, "I'm involved with staff interviews. It makes me feel valued". Handover between staff ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored. Staff shared information about any changes to care needs, activities attended, planned appointments and generally how people had spent their day. This meant staff received up to date information before providing care, maintaining consistency. One member of staff told us, "We attend handovers and that keeps us up to date with any changes and any outstanding tasks that need doing".

People had a range of activities they could be involved in which included group and one to one activities. The provider employed an activities coordinator who was passionate about their role. They told us they

linked activities to people's interests and hobbies. They said, "Activities are discussed at residents meetings and we link them with people's hobbies". For example, one person was passionate about painting. The service arranged for this person to help with painting on some of the home corridors and bathrooms. We spoke to this person and they were proud to show us the work they had done. They told us, "Art is a big part of my life and I did all these paintings. I am happy with a brush in my hand". Another person enjoyed knitting and they were supported to do so. They told us, "I knit for premature babies and send the items to hospital. They sent me a thank you letter". The person shared the letter with us. The person told us they were happy to be helping other people.

The service had a 'Wish Tree' which they encouraged people to stick their wishes on. One person wished to stroke a horse and this was arranged for them. Another person wished to go behind a bar they used to run and this was also made possible. Staff told us these people had really enjoyed these visits and plans were in place to make more people's wishes come true. Records showed there were one to one activities such as reminiscence and crafts as well as group activities including music therapy, baking, board games, bingo and tea parties. Records also showed people had been involved in several day trips. One person told us, "We go out on trips and meetings with OSJ (Provider) and we are never identified as old people". This person enjoyed being involved in the day to day running of the service and they attended provider meetings and were the people's voice. Other people preferred to remain in their rooms and staff respected that and supported them in their rooms to reduce the risk of social isolation. One person told us, "I stay in bed most of the time now. Carers come to talk to me often". On the day of our inspection we observed excellent staff engagement as well as a bingo session which was well attended. People were actively involved and staff were at hand to support people who needed help.

People were supported to maintain links with the local community and volunteers were used to encourage people to build relationships through public events such as tea parties, sports days and summer fetes. External groups visited the service to provide people with varied activities. For example, a local rotary club group visited the service regularly. The service had an amenities committee which included people who used the service as well as their relatives. This committee had been set up by the provider and had raised funds which were used to make changes around the home. One person's relative told us, "I applaud the amenities committee. They suggested a fish tank and the day and time display board and this was actioned straight away".

People's views and feedback was sought through regular family meetings as well as through suggestion boxes and satisfaction surveys. Records of family meetings showed that some of the discussions were around what changes people wanted, people's opinions were sought and action was taken to respond to issues raised. People and their relatives told us they attended the resident/relatives meeting. They said, "The meetings are very good and makes everyone feel as part of the home", "I have attended all relatives meetings" and "We have a voice during relatives meetings and they listen to what we say". People and their relatives also received newsletters with updates of changes and planned activities within the service. This gave people enough time to consider what they wanted to participate in and offer suggestions.

People and their relatives knew how to make a complaint and the provider had a complaints policy in place. This was given to people and clearly displayed on notice boards. People told us, "I can report to staff any concerns", "If I have concerns I report to the manager" and "I know how to make a complaint if I need to".

The service had a 'Niggles Sheet' which was used to record minor concerns. For the previous eight months there had been only five minor concerns recorded which included request for choice of dining room, misplaced clothes and complaint that new cups were too big. These concerns had been addressed immediately before they became formal complaints. The service had not received any formal complaints in

the last year. People spoke about an open culture and felt that the home was responsive to any concerns raised.

Good

# Is the service well-led?

## Our findings

The service was managed by the provider and a registered manager who were supported by a care leader and an area manager. Previously there had been several changes in leadership which affected management stability. At the time of our inspection, the registered manager had only been in post for eight months. We saw significant changes had been made since the registered manager's appointment. They demonstrated strong leadership skills and had a clear vision to develop and improve the quality of the service.

Stirlings residential home had a positive culture that was honest, open, inclusive and empowering. During our visit, management and staff gave us unlimited access to records and documents. They were keen to demonstrate their caring practices and relationships with people. Staff told us they felt the service was transparent and honest. One member of staff commented, "We discuss issues openly and the manager gets to the bottom of it". The registered manager told us their biggest challenge had been to convince staff that the provider would listen to them. They said, they had worked hard to improve staff morale. The registered manager said, "What we have achieved in the last few months is enormous and the staff morale is way up there. This has had a positive effect on the care we deliver".

The registered manager told us the service valued staff contribution at all levels. Staff were encouraged to be open, make suggestions and be confident these were taken on board. Staff felt listened to. Staff told us, "Management is very supportive and open to suggestions", "We feel valued. The changes being made are positive" and "Our suggestions are taken on board". Staff told us they worked as a team.

Staff were complimentary of the registered manager, the support they received and the way the service was managed. They told us, "Management is very supportive and the manager is approachable", "Manager is proactive and easy to talk to. She can sort things out. She is always on the floor with us" and "We get all the support we need from the manager. She listens to what we have to say". The provider facilitated an 'Employee of the month award' which was voted by people their relatives and staff. This allowed staff to recognise and celebrate each other's success and drive improvement in care provision.

People and their relatives knew the registered manager and told us the service was well managed. Comments included, "Management team is good", "I think the home is well managed", "Manager is very friendly" and "Manager is thoughtful and receptive".

We received complimentary feedback from health and social care professionals. They spoke highly about their relationship with the registered manager and staff. They commented on how well staff communicated with them in a timely manner. One healthcare professional told us, "I have not raised any issues with this home. The manager is approachable and available. I enjoy coming here and I have not spotted any bad practice".

The provider had good quality assurance systems in place to assess and monitor the quality of service provision. For example, quality audits including catering, medicine safety and care plans. Quality assurance systems were operated effectively and used to drive improvement in the service. For example, a medicines

audit had identified gaps in MAR charts and action had been taken to ensure that record keeping in this area had improved. The provider undertook routine unannounced night visits as well as monthly quality visits to monitor the quality of care.

Staff commented positively on communication within the team. Team meetings were regularly held where staff could raise concerns and discuss issues. The meetings were recorded and made available to all staff. We saw a record of staff meeting minutes. During one meeting staff discussed shortfalls identified in a records audit and agreed on a plan to address it. One member of staff told us, "We have team meetings regularly and as and when we need to discuss changes. Meeting minutes are available". The provider published a staff bulletin which kept staff up to date with changes within the service.

The provider had a clear procedure for recording accidents and incidents. Accidents or incidents relating to people were documented, thoroughly investigated and actions were followed through to reduce the risk of further incidents occurring. The registered manager audited and analysed accidents and incidents to look for patterns and trends to make improvements for people who used the service. Staff knew how to report accidents and incidents. One member of staff told us, "We report all accidents and incidents and do referrals to other professionals if necessary".

People benefited from staff who understood and were confident about using the whistleblowing procedure. There was a whistle blowing policy in place that was available to staff across the service. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening. Staff were confident the management team and organisation would support them if they used the whistleblowing policy. They told us, "We have a whistle blowing policy and I can whistle blow to safeguarding or CQC (Care Quality Commission)" and "I have no hesitation to whistle blow to CQC or safeguarding team"

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.