

Eastleigh Care Homes - Minehead Limited

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Eastleigh Care Home – Minehead Limited is a care home for up to 69 people. The home provides nursing and personal care. It specialises in the care of older people, including people living with dementia. At the time of the inspection there were 53 people living at the home.

At the last inspection in September 2015, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated Good;

People felt safe at the home and with the staff who supported them. One person told us, "Although I can't do much for myself, they are always kind to me which makes me feel very safe indeed."

There were systems and processes in place to minimise risks to people. These included a robust recruitment process and making sure staff knew how to recognise and report abuse. There were adequate numbers of staff available to meet people's needs in a timely manner.

People received effective care from staff who had the skills and knowledge to meet their needs. One person said, "The care here is good. Actually it's a very high standard." Staff monitored people's health and well-being and made sure they had access to other healthcare professionals according to their individual needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported by staff who were kind and caring. Where people found it difficult to express themselves, staff showed patience and understanding. One person told us, "Staff are nice. They are gentle and kind."

The service was responsive to people's needs and they were able to make choices about their day to day routines. People had access to a range of organised and informal activities which provided them with mental and social stimulation.

People could be confident that at the end of their lives they would be cared for with kindness and compassion and their comfort would be maintained. The staff worked with other organisations to make sure high standards of care were provided and people received the support and treatment they wished for at the end of their lives.

People said they would be comfortable to make a complaint and were confident action would be taken to address their concerns. The registered manager and provider treated complaints as an opportunity to learn

and improve.

The home was well led by an experienced registered manager and management team. The provider had systems in place to monitor the quality of the service, seek people's views and make on-going improvements.

Further information is in the detailed findings below.

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 remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service has improved to Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

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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 1 and 2 November 2017 and was unannounced. It was carried out by two adult social care inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

At our last inspection of the service in September 2015 we rated responsive as requires improvement because we found that not everyone received personalised care and there was a lack of social stimulation for some people.

During the inspection we spoke with 18 people who lived at the home, six visitors, 16 members of staff and one visiting professional. Four relatives gave written feedback about the service. Some people were unable to fully share their views with us due to their physical and mental frailty. We therefore visited people being nursed in their rooms and spoke with staff supporting them. The registered manager was available throughout the day of the inspection.

During the day we were able to view the premises and observe care practices and interactions in communal areas. We observed lunch being served. We looked at a selection of records which related to individual care

and the running of the home. These included five care and support plans, medication administration records and records relating to the quality monitoring within the home.

Is the service safe?

Our findings

People continued to receive safe care.

People felt safe at the home and with the staff who supported them. One person said, "The staff are very good to me." Another person told us, "Although I can't do much for myself, they are always kind to me which makes me feel very safe indeed." A visitor said, "As far as I can see the staff treat everyone very well. They definitely treat [person's name] well. We have no concerns."

Some people were unable to fully share their views with us but all appeared very comfortable with staff. When a member of staff approached one person the person smiled and linked arms with them and walked along the corridor happily chatting.

The provider had systems and processes in place which minimised the risks of abuse and helped to keep people safe. These included a robust recruitment system which made sure all new staff were thoroughly checked to make sure they were suitable to work with vulnerable people. All new staff initially worked a three month probation period where their practice was closely monitored to make sure they had the skills and attitude required. Where new staff had fallen short of the expected standards they had not been employed beyond their probation period.

Risks of abuse to people were minimised because all staff received training in how to recognise and report abuse. Staff we spoke with had a good understanding of abuse and all said they would report anything they were concerned about. All were confident that action would be taken to make sure people were safe. One member of staff said, "If I saw anything I would report it. I'm absolutely certain something would be done." When issues had been raised with the registered manager they had taken swift action and worked with relevant authorities to make sure people were kept safe.

The provider had systems to audit all accidents and incidents which occurred and took action to minimise further risks to people. The provider learnt from incidents and allegations and used them to improve practice. For example, following an incident where a person had been knocked over by their bedroom door they had introduced signage warning staff and visitors to make sure no one was behind the door when they opened it. Where incidents had occurred, or allegations had been made, the registered manager had carried out reflective practice sessions with staff to make sure learning was shared throughout the home.

Risks to people were identified and minimised. For example, analysis of incidents regarding one person showed there was an increased risk of them becoming upset and displaying aggressive behaviour when they were supported by staff who they were not familiar with. A risk assessment was put in place which ensured they were cared for by a small team of staff who knew them well. This resulted in the person being more comfortable to accept care and the incidents diminished.

There were adequate numbers of staff to keep people safe and we saw requests for help were responded to promptly. People who were being cared for in their rooms had access to call bells to enable them to

summon help when they required it. During the inspection we did not hear call bells ringing for extended periods of time showing people's requests for support were answered promptly. One member of staff said, "We are actually pretty well staffed." One person told us, "They answer the bell quickly – usually within five minutes."

People received their medicines safely from registered nurses and care staff who had received specific training to safely carry out this task. All staff who administered medicines had their competency assessed on a regular basis to make sure their practice remained safe and in accordance with the provider's policies and procedures.

The provider made sure medicines were available to maintain people's comfort and alleviate pain. The home had two syringe drivers; these are machines that administer medication to relieve pain for people who are approaching the end of their life. Staff told us that they had received training in their use.

Where people wished to administer their own medicines to maintain their independence, risk assessments had been carried out to enable them to do so safely. Risk assessments included ensuring the person understood when and how to take their medicines and providing lockable facilities in their room so they could safely store their own medicines. Two people received their medicines covertly (without their knowledge) and appropriate assessments of their capacity had been undertaken. The decision to administer medicines covertly had been made with other professionals in the person's best interests.

To minimise the risk of the spread of infection all areas of the home were kept clean by a dedicated housekeeping team. All areas of the home were clean and fresh on the day of the inspection. Staff had received training in infection control and good practices were followed. There were adequate supplies of personal protective equipment, such as aprons and gloves, and we observed staff used these appropriately. There was hand washing facilities throughout the home.

Is the service effective?

Our findings

People continued to receive effective care.

The home was divided into three main areas. The part of the home which cared for people who did not have nursing care needs was an older style house which provided comfortable and homely accommodation for people. The parts of the home which provided nursing care were purpose built and provided an environment which was suitable to meet the needs of people who lived there. Corridors were wide and airy and there was ample communal space which enabled people to socialise if they wished to. All parts of the home were equipped with suitable equipment such as hand rails and assisted bathing facilities to promote people's independence where possible. The bedrooms in the nursing area of the home had ceiling tracking which enabled people who required this level of support to be safely hoisted from their bed to a chair. Where people were being nursed in bed we saw staff had positioned people's beds so that they were able to see the television or out of the window depending on their wishes. One person who was being nursed in bed said, "I can see all the comings and goings from here."

People told us they felt well cared for and received the care and treatment they needed to meet their needs and respect their wishes. One person said, "The care here is good. Actually it's a very high standard." Another person told us, "I think I'm being very well looked after. The nurses are very good and make sure you get the right treatment." A visiting professional told us they thought staff were very good at providing care and support which respected the individual and their beliefs and values.

People received care from staff who were well trained and competent. The provider made sure staff received the training required to effectively and safely care for people. Registered nurses received training to maintain their clinical skills from trainers within the provider organisation. We were told by the area manager that all trainers had their skills and competency assessed by clinicians outside the organisation. This helped to make sure people received care and treatment from staff whose practice was up to date and in line with current legislation and best practice guidelines.

Some staff had asked for additional training to help them to better support people living with dementia. In response to this some training had been provided and the registered manager had arranged for 'The Dementia Bus,' to visit the home. This enables staff to have a virtual experience of what it may be like to be living with dementia. One member of staff said, "I feel really supported with training. I have been on the Dementia Bus, it shocked me especially the lack of hearing, that training was brilliant."

The registered manager had been inventive in making sure staff knew about current best practice. Each week they picked a subject and created a notice board for each area of the home to give staff information in an easy to read way. They used pictures and short pieces of information to provide talking points for staff. A variety of subjects had been covered from preventing pressure sores to the correct use of the laundry bags to respect people's clothing and promote good infection control practices. This helped to make sure people received care and support which was based on best practice.

Each person who moved to the home had their needs assessed before they moved in. Care plans were put in place to make sure staff had the information they required to deliver care to meet people's needs. The home used an electronic care plan system which was regularly reviewed and up dated to make sure care plans were reflective of people's current needs. Where people had specialist needs or equipment the provider made sure staff had the training and support they required to meet people's individual needs.

During the inspection we attended the handover meeting between staff working in the morning and those working in the afternoon in one part of the home. Information about changes was passed on to enable staff to consistently monitor people's health and well-being. For example concerns were expressed about a person's weight and staff were informed that their care plan had been up dated to make sure they were weighed on a weekly basis to enable staff to more closely monitor them.

Staff monitored people's health and worked closely with other professionals to make sure care and treatment provided good outcomes for people. Professionals outside the home were often asked to provide feedback about their experience to enable the registered manager to ensure the home was working effectively with other organisations. One visiting professional had written that they found staff 'Helpful and knowledgeable.' A visiting professional told us during the inspection that they felt welcome in the home and one of the people they visited had 'Blossomed' since moving in.

People had access to healthcare professionals according to their individual needs. One person said, "They are quick to get the doctor if it's something they can't deal with." Another person said a member of staff had supported them to attend a hospital appointment. They told us, "I had to go to hospital. I had [staff name] with me. They were brilliant. There was a lot of waiting around but they made sure I was comfortable and had everything I needed."

People were supported to have a good diet which met their needs and preferences. One person said, "The food is good. The cook visits and we have worked out a menu that suits me." Another person told us, "I have what I want to eat. I think I will have egg and bacon today." At lunch time we saw this person was provided with eggs and bacon. Kitchen staff told us that communication was very good between the care and kitchen staff. This ensured people's special dietary needs and wishes were passed on to catering staff. One person told us, "I have some food allergies but they always provide something for me."

We observed lunch being served in all areas of the home. Food smelt appetising and looked attractive. Some people required their meals to be served at a specific consistency to minimise the risks of choking and an appropriate meal was provided. People who required support to eat were assisted in an unhurried and discreet manner which helped to preserve their dignity. People were offered a variety of alcoholic and non-alcoholic drinks to accompany their meal.

In the part of the home which cared mainly for people living with dementia the main meal was served on red plates. This was in accordance with evidence based guidance which shows this helps people living with dementia to eat well. However the plates used were plastic and therefore could not be warmed to help keep people's food hot and were not respectful of people's age and abilities. Staff said they thought plastic plates were used to minimise accidents and injuries to people. The practice was not personalised to individuals and care plans we looked at did not give any evidence that people required a plastic plate to maintain their safety. We discussed this with the area manager and on the second day of the inspection they informed us they had ordered new china red plates.

People had access to food and drink throughout the day. There were snack stations in the lounges so people could have small snacks of fruit, sweets, biscuits, and juice at any time. Throughout the day snacks

and drinks were offered to people who were unable to help themselves.

Some people needed to have their food and fluids monitored to make sure they received sufficient to eat and drink. Staff recorded on the electronic care plans when people had had drinks or food. We found the quality of these records was variable. One person's records for the past ten days showed they had not had any food or fluid on three of the ten days. We discussed this with the registered manager and by the second day of the inspection a new system had been created. The system would ensure that registered nurses and senior staff checked each person's fluid chart at the end of their shift and included this information in their handover to the next staff team. This would enable prompt action to be taken when concerns were highlighted.

People only received care and support with their consent. We heard staff asking people if they required help and taking account of their responses. We saw staff asked one person if they wished to go to the dining room and they agreed. When staff began to assist them they changed their mind and staff accepted this decision. One person said, "The staff are very respectful and ask before helping me."

Where people lacked the mental capacity to fully consent to their care, the staff acted in accordance with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. People's legal rights were protected because staff had received training about the MCA and knew how to support people who may lack the capacity to make some decisions for them self.

Where people had been assessed as not having the capacity to make specific decisions, such as the use of some equipment to support them, a best interest decision had been made involving family members and healthcare professionals. Independent advocates were used if people did not have family who could represent them.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had an excellent knowledge of the mental capacity act and worked in partnership with relevant authorities to make sure people's rights were protected. A number of people were being cared for under the Deprivation of Liberty Safeguards.

Is the service caring?

Our findings

The home continued to be caring.

People received care which was kind and respected them as individuals. The registered manager led by example and constantly observed and monitored standards of care to make sure people were treated with kindness and respect. One person said of the registered manager, "She is firm with the staff, has very high standards and makes sure we are respected." Where people had raised concerns about the attitude of any member of staff the registered manager had taken immediate action to make sure people were treated with respect. Records showed action which had been taken in response to people's comments.

People's privacy and dignity was promoted. Where people were unable to promote their own dignity staff discreetly helped people. We saw one person had spilt food down their clothing and a member of staff quietly asked them if they would like help to change. They went happily to their room where they were assisted in private. Each room had a sign that could be hung on the door if they did not want to be disturbed because they were receiving personal care or meeting with visitors. One person told us, "They are very careful about your dignity."

People were able to spend time in communal areas or in the privacy of their own room. One person said, "I always stay in my room – I love to read. I have all my meals here. I've always been a loner and not interested in being with the other people." Another person said, "They always ask if I want to join in the activities but I prefer to stay in my room. I love to read and do crosswords."

People were treated with kindness and compassion. Everyone we spoke with told us staff were kind and polite. One person said, "Staff are nice. They are gentle and kind." Another person said, "They are very kind. When it was my birthday they did a lovely party with cake. It's my birthday again soon."

One relative who provided written feedback to us about the service wrote, "The staff are all exceptionally caring, kind and gentle." Another wrote, "I cannot speak highly enough of our welcome which was caring and considerate."

People were offered comfort and support when they found it hard to express themselves. We observed one person become very anxious and upset. A member of staff sat down next to them and gently put their arm around them to offer comfort. This resulted in the person becoming calm and relaxed. One person required staff to support them to move using a mechanical hoist. The person initially looked nervous but staff worked slowly and offered constant reassurance that the person was safe and they gradually relaxed and smiled.

People were supported to make choices about how and where they received support. We heard one person tell staff they did not want to eat in the dining room so staff provided a table to enable them to comfortably eat in their easy chair. One person told us, "I still make decisions about how I want things done." Another person said, "Every day they ask me how I want them to help me. I think to myself, they must know by now but I guess they just want me to feel in control."

Visiting relatives told us they were kept informed about any changes and were involved in decisions where people were unable to fully express their views. Visitors we spoke with said they thought the staff cared about them as well as the person who lived at the home. One visitor said, "This is a wonderful home, I can't fault it. The staff are lovely. They try so hard, they look after me as well."

Is the service responsive?

Our findings

People received responsive care.

At the last inspection we found that people did not always receive care which was responsive to their wishes and preferences. We also noticed there was a lack of social stimulation for some people. At this inspection we found improvements had been made.

Each person had an electronic care plan which set out their needs and how their needs would be met. Although care plans could be discussed with people using a lap top or tablet computer the registered manager was working on more user friendly documents which would be more meaningful to people. The new documents gave a pen picture of the person and what was important to them. It also clearly set out their likes and dislikes and could be added to as staff found out more about each person. At the time of the inspection these had not been completed but it was planned that these would be kept by people in their rooms to make sure they were fully involved and aware of the information. The simple format would also give staff quick and easy personal information about each person. This would help to make sure people received care that not only met their needs but took account of their preferences, values and lifestyle choices.

Staff we met, and observed, knew people well and were able to provide care that was personalised to their individual needs and wishes. For example one person liked to have a teddy bear with them and we saw staff made sure this was always with them. People told us they were able to follow their own routines within reason. Staff respected people's choices. One person told us, "I by and large get up and go to bed when I want to." Another person said they always liked to get up early. A visiting professional praised the staff team for how they made sure care and support was personalised to each person. They said staff worked at people's pace which enabled them to gain trust and provide the care that suited people.

Staff responded to people's changing needs and supported them to maintain their independence. One person told us how staff had encouraged them to mobilise and felt their health was much better than when they moved to the home. They told us, "They have been very patient and understanding which has been a great encouragement to me." Another person told us how staff enabled them to remain independent. They said, "I do my own personal care. They help me to the bathroom and back."

People could be confident that at the end of their lives they would be cared for with kindness and compassion and their comfort would be maintained. The home was accredited to the Gold Standards Framework. This is a comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their lives. People who were nearing the end of their lives had care plans in place to show the care and support they would like to receive. The staff had received numerous thank you cards and letters for the care provided to people at the end of their life. One relative had written, "Everything was done to make sure their last days were comfortable. Your care was fantastic." Another relative had written, "Unbelievable care and friendship extended to [person's name] and me in the last months of their life."

The staff worked with other organisations to make sure a high standard of care was provided and people received the support and treatment they wished for at the end of their lives. The home was taking part in a pilot project with the local hospice to enhance the care they provided to people. They had a link worker from the hospice and through an electronic tablet were able to seek advice and support from specialists at the hospice 24 hours a day. This enabled people to be treated in accordance with specialist advice and recommendations without having to leave the home.

People's wishes regarding what treatment they wished to receive was fully recorded because the staff worked with people's GP's. This made sure there were plans in place to state under what circumstances they wished to be admitted to hospital and if they wished to be resuscitated. This all helped to make sure people received high quality care in accordance with their wishes. One member of staff told us about how they personalised care to meet people's individual preferences. They said, "One person who loved being outside was approaching the end of their life and was too unwell to go outside so we brought outside in. We decorated their room with flowers and leaves. They loved it and so did their family. We were all in tears. You only get one chance to get that right."

Staff helped people to stay in touch with friends and family to promote their emotional well-being. One person told us their relative always came to lunch with them on a Sunday. One member of staff told us, "One person here has a relative who lives abroad and we recently bought a tablet computer so they can facetime each other on a weekly basis. They really look forward to this and get ready with lipstick and special clothes."

People were able to follow their religious and spiritual beliefs because multi faith services were held regularly at the home. One person told us their faith was very important to them and they attended services and were able to receive holy communion.

People were able to take part in a range of activities according to their interests and hobbies. Dedicated activity workers were employed to support people with their hobbies. There were organised activities daily and regular trips out. Activity workers also visited people who were being cared for in their rooms. One activity worker told us, "We call one to one time butterfly time and we document on the computer daily. If we feel someone needs more butterfly time we as a team would arrange it." One person told us, "One of the staff makes time to chat with me, a good and nice girl."

People told us they enjoyed the activities at the home and said there was a good range of things on offer. One person enjoyed gardening and had pots outside their room which they continued to tend with support from staff. Outings were arranged to take account of people's interests and we were told two people who had previously enjoyed riding with the hunt were being taken to watch the hunt. There were photographs around the home showing parties and trips that had occurred. One person said, "We had a bit of a Mad Hatters tea party that was good." Another person said, "Sometimes there's lovely musical events." On the day of the inspection various activities took place. Some people met in a lounge to discuss past newspaper articles, some played bingo and some went out with staff.

The home's complaints procedure was displayed throughout the home and all complaints were fully investigated and responded to. Where complaints highlighted areas that could be improved action was taken. For example, following a complaint made an additional audit had been put in place which had become embedded in everyday practice.

People said they would be comfortable to make a complaint if they were not happy with any aspect of their care. Records showed that when concerns were raised by people the registered manager had met with them

to make sure they knew that action had been taken. One person said, "You can always have a word with someone. I'd talk to [staff name] and it would be sorted." Another person said, "If have any concerns I would tell someone, the carers or the manager." One visitor told us, "If there have been any concerns they have been dealt with promptly."

Is the service well-led?

Our findings

The service continued to be well led.

There was a registered manager in post who was experienced and had the skills required to effectively manage the home. 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 was fully supported by the provider and an area manager who visited the home frequently to make sure high standards of care were maintained. There was also a clinical lead in the home who oversaw all nursing care and was competent to offer advice and support on clinical issues. This made sure people received appropriate care and support.

People benefitted from a staffing structure which made sure all staff were aware of their roles and responsibilities. In the parts of the home which provided nursing care there was always a registered nurse on duty who was able to monitor people's health needs and act in accordance with those needs. In the part of the home which did not provide nursing care there was a senior member of staff who was responsible for the day to day running of the area. This meant people always had access to senior staff.

The management team had an excellent knowledge of the people who lived at the home and the staff who supported them. They spent time in all areas of the home which enabled them to constantly monitor standards. People were very relaxed and comfortable with them and described the management team as approachable. One member of staff said, "Management are a visible presence." One visitor said, "They are all very approachable."

The provider had a clear vision for the home which was to maintain a homely environment where people received good quality personalised care. They achieved this by on-going monitoring and liaising with other professionals to ensure people had access to all available resources and advice to meet their needs. The vision and values were communicated to staff through meetings, reflective practice sessions and training. Comments from people, relatives and visitors showed the vision for the home was put into practice. One visiting professional praised the registered manager for how hard they worked to achieve care that was personalised to each person. One member of staff said, "We respond to people's personal choices." One person told us, "It's my home now – I can't see me changing from here. They're stuck with me. I don't think I could do any better."

People's wishes and needs were met because the management had a commitment to getting to know people as individuals and listening to suggestions from staff and people. The registered manager told us they wanted to encourage people to live 'ordinary lives' and maintain their abilities to give them a sense of self-worth. The registered manager and activities staff constantly looked for activities and occupation to meet people's individual needs and abilities. One person had assisted with painting outside benches and

another had a greenhouse where they raised plants for pots outside the home. Some people had been assisted to go sailing at a local water park and others told us they liked to go shopping in the town to maintain their independence.

The registered manager had good links with the local community and constantly looked at ways to expand these to support people to stay connected with the community. Pre-school children visited the home to share activities with people and we were told how much this was enjoyed. The home had also begun to host a memory café each month which was open to anyone who wanted support for themselves or someone they cared for. The café was able to signpost people to local resources to encourage people to seek advice and support.

The provider had effective quality assurance systems which ensured standards were maintained and constantly looked at ways to improve practice. For example, all falls which occurred in the home were audited and the registered manager took action such as contacting other professionals and making sure appropriate equipment was in place.

The provider and registered manager made sure there were clear action plans to implement changes. For example they planned to make care plans more personalised for people. In order to achieve this they had created a sample care plan which staff could use as a template to provide a consistent approach to achieving this.

The home had some issues with recruitment and retention of staff. In order to make sure people received consistent care they had taken action to address this. Staff from agencies were employed on annual contracts to maintain consistency. They had implemented a month long buddy system for all new staff to make sure they felt fully supported when they began work. They were in the process of making rewards available for experienced staff who agreed to buddy new staff. They also operated an employee of the month scheme which recognised and rewarded staff for the work they did. At the time of the inspection staff morale was good which led to a happy relaxed atmosphere for people to live in. One member of staff said, "It's a lovely place to work and teamwork is really good."

The provider sought the views of people and their relatives by satisfaction surveys and regular meetings. In addition to annual satisfaction surveys they also sent surveys to people, or their relatives, once they had been at the home for approximately six weeks. These enabled people to give initial feedback and for any concerns to be addressed promptly. Feedback we saw from recent surveys was extremely positive about all aspects of the care and support provided.

The provider used complaints and incidents to continually improve the service. Following one complaint made a specific audit had been put in place to improve standards. In response to some concerns regarding the timing of night checks they had implemented a system which enabled staff to record the exact time of checks on an electronic tablet computer.

The registered manager had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal responsibilities. Where concerns had been raised with them they had sought advice and shared information with the CQC and the commissioners of the service.