Coneygar Lodge Limited

Coneygar Lodge

Inspection report

Coneygar Park
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Date of inspection visit:
18 March 2016
21 March 2016

Date of publication:
25 April 2016

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

The inspection took place on 18 and 21 March and was unannounced.

Coneygar Lodge is a residential home in Bridport which provides support for up to 22 people. They had one vacancy at the time of our inspection. The home is set around a courtyard and accommodation is in four separate buildings. All rooms are en-suite and each building has use of a communal area. People are able to use communal areas in any of the four buildings and all bedrooms have a wireless call bell in place. Most rooms are on the ground floor, rooms on the first floor have stairs and a stairlift for access. The home has a garden and a courtyard which are accessible to people.

The service had a registered manager. 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.

Staff were aware of how to keep people safe and able to explain how they would identify signs of possible abuse. The service had the local safeguarding policy and looked at the training records which showed that all staff had received safeguarding training.

Staff understood the risks affecting people and their role in reducing these risks. For example, one staff member told us about people who were at risk of falls and that they supervised them walking. They also said that "some residents request (us) to walk with them for confidence".

People and visitors felt that there were enough staff to support people. One person told us "every time I've wanted something, they've been there". Another said that staffing was "generally adequate, although (they are) sometimes busy at night time". Another said "they come quite quickly when I call".

Medicines were stored safely and given as prescribed. The service used an electronic Medicine Administration Record(EMAR) to give medicines to people. Staff with appropriate training gave medication and were able to show us how the system supported them to make sure medicines were given as per peoples prescription.

Staff were knowledgeable about the people they were supporting and received relevant training for their role. Supervisions were a mixture of face to face meetings and observational sessions where the registered manager observed staff in their role.

People were supported within the principles of the Mental Capacity Act 2005 (MCA). Staff had received training in MCA and were able to tell us how they supported people with decision making and explain the principles of the MCA and how they considered these when supporting people.

People, visitors and staff all told us that the food was good. There was a chef on the staff rota every day and we saw examples of the menu choices available for people.
Staff told us that information about people was passed to health professionals quickly when needed. One person said "if (someone was) unwell, I would speak to the shift leader to ensure it was passed to a health professional".

People and visitors told us that the service was caring. One person said that staff were "considerate and seem to know what you want". Another person said that they didn't "need to ask them, they know what I need". Staff were attentive to people and understood their individual needs.

People told us they had choices about their care. One person said "I decide when I get up and when I go to bed". Another told us " I go to bed early and listen to my radio and stay up for TV sometimes". We looked at peoples care records and saw that their preferences were recorded.

People were not aware of advocacy services. We saw that the statement of purpose for the service included details about advocacy. However people, visitors and staff were not aware about these services. We spoke with the registered manager who immediately contacted the local advocacy service and requested information to distribute to people.

Visitors were welcomed at the service. One person told us "they do come whenever you want, no visiting times and they could stay for a meal if they wanted". Another person said that visitors "come in whenever and stay whenever".

Team meetings happened regularly and staff had input into the agenda for what was discussed.

People were involved in planning and reviewing their care, these were signed by them and their relatives.

The service had an activities co-ordinator who planned and arranged the weekly activities for people. The registered manager told us that the co-ordinator had spent time with each person, discussing what interests they had and what activities they may wish to be available. There was a wide range of activities including music and movement, memory boxes and one to one time.

The proprietor took a very active role within the home and there was a registered manager in post. People told us that the manager was approachable. One said "they come to see me every day, I think they are very, very nice". Another told us "they would come and see me if there was anything wrong".

Staff were aware of how to whistleblow and one told us that they would "be confident to do so". We saw the service policy for this and saw that it laid out the procedure for staff to follow.

Staff were confident in their role and there was an open culture. One told us that management were fair in their approach and another said that they would be "confident to report a mistake and that they would be fair". Staff also told us that they received feedback from the management.

Audits of the service, including care plans, infection control, cleaning and fire safety were carried out regularly. Audits were comprehensive and included actions planned to take forwards and further develop best practice.

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

People felt safe and were supported by staff who understood peoples risks and their role in reducing these.

There were enough staff to support the needs of the people at the home.

Appropriate pre-employment checks had been completed.

People received their medicines and creams as prescribed

Is the service effective?

Good

The service was effective. Staff had the necessary skills to support people and received appropriate induction and training.

People were offered choices about their care and treatment and staff understood the principles of the Mental Capacity Act.

People were effectively supported to maintain a balanced diet.

People were able to access health services promptly when required and health professionals regularly visited the home.

Is the service caring?

Good

The service was caring. People were supported by staff who knew them well and communication was positive and considerate.

Staff respected the privacy and dignity of people they were supporting and all confidential information was stored securely.

People had choices about their support and were encouraged by staff to maintain their independence.

Visitors were welcomed at any time and invited to stay for meals and activities with their relatives

Is the service responsive?

Good

The service was responsive. Care records were individual,

showed peoples preferences and dislikes and how they wanted to be supported.

There was a wide range of activities and social opportunities at the service and peoples individual requirements were listened to and accommodated where possible.

Feedback was welcomed and there were audits in place to action issues raised.

Is the service well-led?

Good

People, visitors and staff were confident in the management of the service and told us that the registered manager was approachable and helpful.

Staff communicated effectively and worked well as a team, there were robust systems in place to ensure that information was shared across members of staff.

The service had an open and transparent culture, staff were encouraged to voice their opinions and these were considered before decisions were made.

There were regular, robust audits in place and these were used to further develop the service.

Coneygar Lodge

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.

The inspection took place on Friday 18 March and Monday 21 March 2016 and was unannounced. The inspection was carried out by a single inspector on both days.

Before the inspection, we requested and received a Provider Information Return (PIR) from the service. This is a form that asks the provider to give some key information about the service, what the service does and improvements they plan to make. We reviewed this information and in addition looked at notifications which the service had sent us and spoke with the local authority quality improvement team to obtain their views about the service.

During the inspection we spoke with five people using the service, four relatives and a health professional from the local GP surgery. We also spoke with three members of staff, the registered manager and one of the directors. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We looked around the service and observed care practices throughout the inspection. We looked at the care records of four people and reviewed records relating to how the service was run. These included three Medicine Administration Records (MAR), recruitment and training records, accident and incident information and quality assurance audits.

Good

Is the service safe?

Our findings

We found the provider had made improvements since our last inspection on 2 May 2013. Our previous inspection found that people were not protected from the risks associated with medicines. Following the inspection the provider told us that they would make improvements. During this inspection we found that improvements had been made.

Medicines were stored safely and given as prescribed. The service used an electronic Medicine Administration Record (EMAR) to give medicines to people. Staff with appropriate training gave medication and were able to show us how the system supported them to make sure medicines were given as per peoples prescription. For example, staff told us "If I tried to give medicine too early, it (the system) would alert me and say the time remaining until the medicine was due".

Staff felt that the EMAR system was working well and reduced any medication errors. The service had bi-annual medication audits completed by a pharmacy and we saw that the records of these had identified no issues. We looked at three peoples records and saw that the medicines administered correlated with the EMAR.

All medicines were stored securely and at the correct temperature. The service had a separate fridge for storage of medicines and this was also secure. We looked at Controlled drugs(CD) and saw that these were recorded in a hard bound register. Two signatures were present when a drug was administered and a stock balance was maintained. There was additional stock in the CD cupboard for one medicine and the registered manager explained that the dosage of the medication had changed and the excess was waiting to be returned to the pharmacy.

People at the home told us that they received their medicines on time. One person said "They give them to me and watch me take them, (they are) normally on time". Another said that staff "know exactly what they are doing, you don't have to wait". A visitor commented that staff were "very attentive, if they are in pain, they will sort that out, very quick".

We looked at the creams which people used in the home. These were labelled and kept in peoples own rooms. People told us that staff supported them with creams appropriately. One said "they use cream to stop me getting sore". Staff were able to tell us what creams people used. One told us the "care plans tell you where to be applied, how often and if there are any skin issues".

People told us that they felt safe at the home. One person said "I feel safe, because they are so caring. They look ahead to see what your needs are likely to be". Another told us "I feel safe here because it's quiet". Another commented they felt safe because "I've got all my own things and you ring the bell when you want them (to come)". One visitor said "I know they are giving good care and they are being looked after. They really are doing their best". Another told us that there were "always people about, good call system and we've never felt any real problems".

We observed staff supporting people safely. For example, one person was being supported into a wheelchair. Staff reassured them and explained what they were doing "Tiny steps to the right, I need you to reach your hand back for me, then gently down".

Staff were aware of how to keep people safe and able to explain how they would identify signs of possible abuse. One told us that if they "felt there were incidents with staff or people, I would raise it with the manager or the local authority if necessary". The service had the local safeguarding policy and training records showed that all staff had received safeguarding training.

Staff understood the risks affecting people and their role in reducing these risks. For example, one staff member told us about people who were at risk of falls and that they supervised them walking. They also said that "some residents request (us) to walk with them for confidence". One person explained "I fall backwards and when there is someone behind me (when I walk) I'm not quite so frightened".

The registered manager told us that they had purchased additional equipment to minimise risks. For example, some people had pressure equipment to reduce the risk of developing pressure areas. Other people had equipment to assist staff to support them to stand and reduce the risk of falls. Risks were identified in people's care records and actions were outlined to reduce these risks.

There were clear evacuation plans for people detailed in the services emergency plans. Staff knew where the plans were and what support people required. The registered manager told us that they had a rota so that someone was on call 24 hours a day in case of emergency and staff had access to out of hours numbers for essential services.

We looked at the call bell system and the response times when people called for staff. We saw that over a four week period, the average response time was just over two minutes. We observed that staff had pagers to alert them and responded to these promptly throughout the inspection.

People and visitors felt that there were enough staff to support people. One person told us "every time I've wanted something, they've been there". Another said that staffing was "generally adequate, although (they are) sometimes busy at night time". Another said "they come quite quickly when I call". One visitor told us "whenever you buzz, they know it's you and come quickly". Another said there were "staff always about, I think there are enough". A health professional said that there were "always staff around".

Staff felt there were sufficient numbers of staff to do their jobs safely. One said there were "enough staff and (they are) good at getting extra (staff) when needed. They are working hard to get the right people in to support people". Another told us " I think that there are enough staff. (We) work together in a 24 hour way to help each other".
The registered manager showed us the tool they use to determine staffing levels. They also explained that they support both health and social care, and nursing students to have placements at the service.

Appropriate pre-employment reference and identity checks had been completed prior to new staff starting. We also saw evidence that checks with the Disclosure and Barring Service(DBS) had been completed.

Good

Is the service effective?

Our findings

The service was effective. Staff were knowledgeable about the people they were supporting and received relevant training for their role. Supervisions were a mixture of face to face meetings and observational sessions where the registered manager observed staff in their role. One member of staff told us that they were "observed when I was learning the new EMAR (medicines) system".

There was an induction checklist and a period of shadowing for each new member of staff. The registered manager said that they planned shadowing on "an individual basis, as little or as much" as each staff member required. A member of staff said that they had received a "good induction, registered manager said I could shadow shifts until I felt comfortable, they didn't push me and I did quite a few shadow shifts".

People felt that staff had sufficient skills to support them. One person said staff supported them to "get washed and dressed, take me in my wheelchair to the garden". Another said that staff "help me with walking".

Staff received regular training in a range of different areas including infection control, dementia awareness, safeguarding and manual handling. Training was delivered in a range of ways including online training, workshops and practical sessions.

Training was clearly identified as completed or due to be completed with dates for both completion and refresher training.

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.

We checked whether the service was working within the principles of the MCA. Staff providing support to people had received training in MCA and were able to tell us how they supported people with decision making. One staff member explained that "as you are talking, (I'm) always aware about making decisions and vigilant about urinary tract infections and other impacts on cognition". Staff were able to explain the principles of the MCA and how they considered these when supporting people.

People told us that staff sought their consent. For example one person said "Oh yes, they ask me when I want to get up", another told us staff were "not intrusive or anything like that" and another said that staff "always ask – is it alright if…?"

The registered manager told us about how they developed best practice at the home. They told us that they attend local learning hubs and that they were registered with the National Skills Academy which they used to keep up to date with changes in legislation and as a forum for discussions. The registered manager also

told us about a steering group they had been involved in which focussed on nutrition in dementia care and how they planned to use this to develop best practice in this area at the service.

Communication at the service was effective. Staff told us "we have good communication, (we) use a handover book. We communicate well, all of us". Another showed us the handover book and explained how handovers worked between each shift. They told us that staff "communicate well, best I've ever known. All seniors work on the floor and there are no divides between seniors and other staff".

People, visitors and staff all told us that the food was good. There was a chef on the staff rota every day. One person told us "I think the food is lovely, it's beautiful". Another said it was "excellent. (There is) always a choice and always fresh fruit, drinks, biscuits and cakes". Other people told us that while there was usually one choice for the main meal, the chef would make something else if they didn't like it.

The chef told us that they make what people request for the evening meal and we saw evidence of people requesting a range of tea time foods such as quiche, cheese on toast, cheese and biscuits and soup which the chef advised they made fresh daily.

A visitor told us that they had "found the food to be good". Another said that that had "had Christmas lunch here, it was very good". Another commented that the food was "well cooked and they have a choice". We observed staff supporting people during lunchtime and saw that they had condiments and were offered a choice of drinks. One person didn't want the sauces on offer and a member of staff asked "would you prefer a bit of gravy?". The chef provided this promptly and staff then offered this to other people. They also offered second helpings of the meal to people in the dining room, and also went round to peoples rooms to offer this.

Staff were able to tell us about the dietary requirements for the people they supported. The chef showed us nutritional care charts for people which indicated preferences, dislikes and allergies. It also indicated whether different cutlery or plates were required to enable people to manage independently. Staff knew about these details and we observed the staff supporting people as they had explained.

Staff told us that information about people was passed to health professionals quickly when needed. One person said "if (someone was) unwell, I would speak to the shift leader to ensure it was passed to a health professional". Another told us that they would report any concerns to the registered manager. If they were not available, then the seniors would contact the GP or District Nurse (DN).

People told us that they would ask staff if they needed to see a health professional. One person said "I'd ask any of the staff who visit" and another told us that "they would arrange for the GP or DN if I needed them". Another person told us that they needed to visit the surgery and that a staff member would take them for this appointment.

A visitor told us that their relative "got breathless and I was concerned, but they got the GP in quickly". Another said that when their relative was unwell, staff "called GP who advised to get an ambulance. The registered manager rang me straight away to let me know what was going on". A health professional said that staff were "very sensible and call us out when they need us".

The registered manager told us they have fortnightly visits from a nurse practitioner . They said that these meetings were led by the residents and that they have developed care plans which can be used if a person goes into hospital to make sure that they have all the necessary information with them. The service also arranges for regular visits from a hygienist, chiropodist and optician so that people can access these.

Good

Is the service caring?

Our findings

People and visitors told us that the service was caring. One person said that staff were "considerate and seem to know what you want". Another person said that they didn't "need to ask them, they know what I need". Another told us staff "speak nicely to you, (they) seem as if they are concerned about you". One visitor told us that staff "willingness and attitude is so good, without exception". Another visitor said that they had found staff to be "very, very helpful. You can talk to anyone who is around, they are very helpful". Another visitor explained how staff had been wonderful, not only to their relative, but also to their family.

People were supported appropriately by staff when they were in distress. One person said that when they had suffered a fall "staff were very good, they helped me up and they got a paramedic out to look at my wound". Another told us that after a fall, staff had helped them and made sure they were not injured. Another explained that when they had been unwell, they had felt unsteady and staff had supervised them walking which reassured them. One member of staff told us that when people were in distress they "spend time with them, speaking gently, quietly, at their level. See how we can help them in the best way".

Staff were attentive to people and understood their individual needs. We observed one staff member asking a person if they wanted them to get their favourite item from their room for them as they had noticed that the person didn't have it with them. We observed staff chatting with people while supporting them at lunchtime. The conversation was relaxed and friendly with staff sharing appropriate humour with people. We heard a member of staff talking with a person, they said "your hands are cold, do you want me to get your gloves?" One person started coughing during their meal and staff were quick to respond. They spoke calmly and reassuringly. The person recovered and the member of staff said "are you alright here, or would you rather go back to your room?" The person asked to go back to their room and staff supported them to do this.

People told us they had choices about their care. One person said "I decide when I get up and when I go to bed". Another told us "I go to bed early and listen to my radio and stay up for TV sometimes". Peoples preferences were recorded. For example, one person's record said "doesn't like to be checked at night as this wakes them, and they are not able to get back to sleep". One member of staff told us "I ask them what they want to wear, (its) important they have their own choice".

People were not aware of advocacy services. The statement of purpose for the service included details about advocacy. However people, visitors and staff were not aware about these services. We spoke with the registered manager who immediately contacted the local advocacy service and requested information to distribute to people.

Peoples dignity was respected. We observed that staff knocked and waited for a response before entering peoples rooms. One person told us "they close the door and keep the curtains drawn, they are very discreet". Another said staff "know me well enough to manage intimate care without embarrassment". A relative said that staff "attitude to that is very good, (they) try to preserve privacy". Another relative told us that staff "feel towards the residents and they are respectful". Staff explained how they supported people in

a respectful way. One told us they respected dignity "In everything I do. Never assume, always ask permission, offer support and promote independence".

Staff encouraged independence when supporting people. One person told us they "feel a bit more confident, they encourage me to do what I can". Another said "I do what I can and they do the rest, they encourage me to do what I can". Another told us staff told them to "do what you can and leave the rest to us, they encourage you".

Visitors were welcomed at the service. One person told us "they do come whenever you want, no visiting times and they could stay for a meal if they wanted". Another person said that visitors "come in whenever and stay whenever". One relative said that they were "welcomed in" when they visited. Another relative said that they spoke with the registered manager about visiting who said "you can come at any time". Another relative told us that they "visit whenever I want and sign in the book". We observed that one person came in to take part in an activity with their relative and saw that others were sat in the courtyard with relatives, enjoying the sun and chatting with each other and staff.

Information was stored confidentially at the service. Peoples care records were kept on an online recording system which required staff to log on individually and could only be accessed on the computers provided. Paper records were securely locked away, no confidential information was evident in peoples rooms during the inspection.

Good

Is the service responsive?

Our findings

People were involved in planning and reviewing their care records. Care plan reviews demonstrated that staff had spoken with people about their support, reviewed and made changes and that these had been signed by people and their relatives. However, people told us that they had not seen their care records. We discussed with the registered manager who told us that the team leader had individually spent time with people, discussing their support and reviewing their records. We spoke with staff who said that "care plans (were) made up of choices made by the person, with the wishes of families included". One relative said that they "had the care plans at the minute to look at, and there are feedback forms in reception which we can use". The registered manager completed monthly audits of peoples care plans and updated information as and when it was received.

The service had a keyworker scheme in place. Staff told us that this role meant they spent more time getting to know the people they were keyworker for and ensured that people felt comfortable and confident to speak with them about any issues. Staff said that keyworkers also bought birthday and Christmas presents for the person and made sure that they were aware what was important to them. One staff member said that they had "extra time to shop, buy clothes, help to sort out their rooms, label clothes". They said "I'm here if you've got anything you need to talk to me about".

The service had an activities co-ordinator who planned and arranged the weekly activities for people. The registered manager told us that the co-ordinator had spent time with each person, discussing what interests they had and what activities they may wish to be available. There was a wide range of activities including music and movement, memory boxes and one to one time planned. A staff member told us that some people did not want to participate in group activities and the co-ordinator had therefore discussed what they might like to do in their rooms. This was then built into the activities planner as 'one to one' time and the activities co-ordinator would spend individual time with people in their rooms if this was their preference.

People enjoyed the activities in the home. One told us they "played scrabble, the activities are good, I went to the harp and flute session. It was lovely, very soothing". Another said they "took part in knit and natter and scrabble". Another told us they "like sitting in the garden". One visitor told us that their relative had been "to music and movement and knit and natter. Since that, they have started knitting. They have also been out for a pub lunch and to see the bluebell woods".

One member of staff told us that "the activities co-ordinator gives continuity and people come to the dining room more". They also told us that the home hold a summer fete and bonfire night fireworks to which local residents and families are invited. One staff member said that one person "likes being read to as doesn't see very well. I've read to them and am now getting a book so I can read a chapter (to them) each shift". Another staff member explained that the local Church visit and hold communion. However they have one person who likes to attend the local service and said "if they choose to go to church, we will take them". Another explained that they have a hairdresser who visits the service. However they have one person who "prefers their own hairdresser, so we take them. They also like to get their own lottery ticket, so we take them to do

that". One staff member told us that take people out whenever they could, they said "one person doesn't like group activities but will go out with us".

The registered manager told us about a number of areas where they have been responsive to peoples needs and wishes. Examples included paying to courier a piano from a persons previous address because they missed playing. The person is now able to access and play whenever they wish. The service had purchased a wheelchair accessible vehicle and staff were able to use this to support people to access appointments and for social opportunities The service drives a person to their local social club every week to help them maintain their links with the community. They also extended their wi-fi network so that a person would have good internet access in their room. The registered manager told us that they have found a local art teacher who now visits and holds art classes which people are attending. The service also has a 'shop' which stocks a range of basic items which people can purchase and is also taken round to peoples rooms.

The service has a gardening club, last year they grew tomatoes from seed. They grew so many that these were sold at the summer fete. The service has computers in two areas, however these were not used much and the registered manager told us that they were buying a tablet computer to enable people to shop online and also use video call applications to contact their families. The registered manager also told us that they offered people choices about the colour schemes for their rooms where possible and welcome people to bring any furniture of their own.

Surveys were used to gather information from people, staff and visitors and the results were used to develop actions plans. For example, information from a previous audit highlighted that more activities were required, actions from this included the introduction of the activities co-ordinator and an increasing range of social opportunities.

People told us that they would feel able to discuss any concerns or complaints. One person said "I'd make a complaint if I needed to". Another told us they "feel able to talk to staff and would know how to complain if I wanted". A visitor told us "We would be pretty sure if we made a complaint, that it would be attended to easily". They also told us that the complaints policy was displayed in residents bedrooms. The registered manager told us that the team leader had been to see each person to refresh them about the complaints policy and how to feedback if they wanted to. We looked at the complaints logs and saw that there was a clear process for logging and responding to any complaints, with investigation details

Good

Is the service well-led?

Our findings

The service was well led. The proprietor took a very active role within the home and there was a registered manager in post. People told us that the manager was approachable. One said "they come to see me every day, I think they are very, very nice". Another told us "they would come and see me if there was anything wrong". Another person said "I think it's a very good home, a very sort of family home" and another told us that "the owner is very approachable". Visitors also spoke highly of the management. One told us "the registered manager is efficient, laid back and very kind". Another said they were "all very professional, seems cohesive".

Staff were confident in the management of the service. One told us the management were "approachable and helpful" and that when they had needed some flexibility due to issues outside work, the registered manager had been "caring and supportive". Another said that the registered manager was the "most approachable manager I've ever had. Open to anything we want to talk about" and also told us that they could just as easily approach the director if the registered manager was not available. They also told us that when they had an opinion, this was considered. The proprietor, director, team leader and registered manager were all observed taking active roles within the service during the inspection and the registered manager advised that one of them was on call at all times to support staff.

Staff were aware of how to whistleblow and one told us that they would "be confident to do so". We saw the service policy for this and saw that it laid out the procedure for staff to follow.

Team meetings happened regularly and staff had input into the agenda for what was discussed. One member of staff told us that at the meetings "they are always willing to listen". Another said that "anything we want included is discussed and minutes are drawn up". We looked at minutes from the previous meeting and saw that several areas were discussed including training, updates about care plans and the new medication administration system.

Staff were confident in their role and there was an open culture. One told us that management were fair in their approach and another said that they would be "confident to report a mistake and that they would be fair". Staff also told us that they received feedback from the management. One said that they "got feedback to know I'm doing a good job, goes a long way". Another told us that they "feel I've done the best I can and made people happy. (Management) have told us and do thank us". One said that they were proud of where they worked. A staff member said that the management "actually care, not task orientated. (This) jumped out at me and is one reason why I chose this job".

Staff used the electronic recording system to advise other staff and the registered manager about any concerns or changes. The registered manager told us that they used the system to update staff about any concerns and that this would then flag up when staff logged on. Feedback and achievements were shared at staff meetings and ideas were listened to. One staff member explained that after discussing pressures on night staff, the registered manager was considering altering shift patterns to provide more support and had asked staff to consider and think about this option.

The registered manager spoke with us about the vision and values of the service. We saw the statement of purpose which centred around seven core values of privacy, dignity, independence, choice, rights, fulfilment and a homely atmosphere.

The registered manager showed us evidence of regular audits for areas of the service including care plans, infection control, cleaning and fire safety. Audits were comprehensive and included actions planned to take forwards and further develop best practice. The registered manager explained that the fortnightly nurse practitioner visits were used to work on advance care plans with people which can then be used if a person needs to be admitted to hospital.

The registered manager told us about challenges and developments for the service. They advised that they are currently considering the possibility of a deputy manager and reviewing the roles and responsibilities of the registered manager, director and team leaders. They also advised that they are continuing to work on staffing and are due to be fully staffed shortly. The registered manager explained that they had not needed to use any agency staff for 11 years prior to some recent staffing shortages and they are focussing on getting the right permanent staff group in place of some agency staffing which they have been using.