Loughton Care Centre Limited

Woodland Grove

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

Woodland Grove provides nursing care and accommodation for up to 72 older people. On the day of our inspection there were 65 people using the service.

The registered manager was present during our inspection. 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.

On the day of our inspection people told us, and we found, that there were enough staff on shift to meet the needs of people who used the service.

The registered manager and staff involved people to make decisions about the service they received and obtained people's feedback on how the service should be run. People told us that staff understood their needs and preferences well, and they received effective care and support from well-trained staff.

Staff understood how to keep people safe and could describe the correct steps they would take if they were concerned that abuse had taken place.

Accidents and incidents were appropriately recorded and investigated. Risk assessments were in place for people who used the service.

Call bells were not always responded to in the most responsive and timely way. Staff took an active part in meeting people's social wellbeing and this was viewed by the staff and registered manager as being just as important as meeting someone's physical and personal care needs.

People had developed caring relationships with the staff that supported them. Relatives told us that there was a positive atmosphere and people were encouraged to take part in the activities they wanted to pursue. A wide range of activities were on offer to people.

The registered provider worked within the principles of the Mental Capacity Act and followed the requirements of the Deprivation of Liberty Safeguards.

People lived in an environment that met their needs and enjoyed the food on offer. Living areas and equipment were clean and well maintained.

Medicines were managed safely and staff members understood their responsibilities. The registered manager undertook regular audits and improvements were carried out when these were needed. The quality of the service was monitored and assessed consistently.

People who used the service, family members, and visitors were encouraged to make comments, complaints, or compliments about the service.

The service had good links with the local community, including local schools and colleges. People who used the service, their family members, and staff were regularly consulted about the quality of the service they received.

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.

Staffing levels were appropriate to meet the needs of people who used the service.

The registered manager knew how to keep people safe and staff had been trained in how to recognise signs of abuse.

People were protected against the risks associated with the unsafe use and management of medicines.

Is the service effective?

Good

The service was effective.

Staff were suitably trained and received regular supervision and appraisals.

People's dietary needs were met and people had access to health care if they required it.

The registered manager and staff understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring.

Peoples' right to privacy and dignity was considered.

Staff communicated with relatives to keep them involved.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed before they moved in and care plans reflected people's needs.

People's needs for social interaction were met and there was a

wide variety of activities for people to participate in.

The registered provider had a complaints policy and procedure in place and people knew how to make a complaint.

Is the service well-led?

Good

The service was well led.

The registered manager supported staff to carry out their role to the best of their ability.

A quality assurance system was in place and feedback about the quality of the service people received on a regular basis.

People and their families told us the manager was approachable and managed the service well.

Woodland Grove

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.

The inspection of Woodland Grove commenced on 13 and 14 December 2016 and was unannounced which meant that the provider did not know that we were coming. The inspection was carried out by two inspectors and an inspection manager who was carrying out the role of a specialist advisor. The inspection was prompted in part by notification of an incident. This inspection also looked at how the service managed the overall risks to people living at the service and at the time of the inspection we found that these were being managed effectively.

We looked at previous inspection records and intelligence we had received about the service and notifications. Notifications are information about specific important events the service is legally required to send to us.

Whilst some people who used the service were able to talk to us, others could not. We carried out a 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. During our inspection we observed how staff interacted with people and we spent time observing the support and care provided to people which helped us understand their experiences. We observed care and support in various communal areas, at night, during meal times and observed peoples activities.

We inspected the care plans of eleven people and looked at information about how the service was managed. These included medicine records, staff training, recruitment and supervision records, accidents and incidents, complaints, clinical governance, audits and policies and procedures. Reviewing these records helped us to understand how the provider responded and acted on issues related to the care and welfare of people.

As part of the inspection we also spoke with the registered manager, the hospitality manager, nine people

who use the service, two relatives, ten members of staff and a visiting GP. Healthcare professionals were approached for comments about the service and any feedback received has been included in the report.

Good

Is the service safe?

Our findings

People and their relatives told us that they thought the service was good and that they felt safe living at Woodland Grove. One person said, "I feel very safe here." Another person told us, "Never felt anything but, I feel much safer than I did when I lived alone."

We found people were kept safe from the risk of harm and potential abuse. Staff knew how to recognise and report any suspicions of abuse, and received the appropriate training. Typical comments from staff were; "I would go to my manager and report it straight away or go to CQC." Staff knew how to whistle blow and they told us without exception that they would have no hesitation in contacting the CQC if they had concerns that people were not being cared for in a safe way.

We received mixed feedback from people about the availability of staff. One person explained that, "The staff coped with everybody so carefully." Another person said, "There is an awful lot of care staff here." A third person told us," The night staff can be in a hurry, but they always do what I ask."

All staff, with the exception of three told us there were enough staff on shift to meet people's needs. Typical staff comments included, "Yes, today we have enough staff. The seniors help on the floor if there is not enough staff," and "There is enough staff." The three staff that told us staffing levels were low specified one particular section of the home. We spoke with the registered manager and inspected the way that staffing levels had been calculated and found that there were enough staff on shift. Staffing numbers had been based on people's dependencies and ancillary staff had been trained so that they could assist with staffing when people were off sick. We also found that this particular area of the service had a number of empty rooms. We recommend to the registered manager that staffing levels in this section of the home continued to be reviewed if peoples needs change.

People had a full assessment of their needs carried out, which included specific risk assessments, such as pressure areas, eating and drinking and mobility. When a risk was identified, there was a care plan, which provided guidance to staff about how to support the person in such a way as to reduce the risk. Some people were at high risk of falls and there was guidance on how to support them to minimise the risks. For example, how many staff were needed to support them and if they required any equipment. We saw some people who were identified as a high risk of falls had a sensor alarm in place, these were used to alert staff if the person got out of bed. On the nursing floor, several people had bed rails in place and a detailed risk assessment was in place within the care plan.

The registered manager had clear policies and procedures in place about the way in which accidents and incidents should be managed and staff could explain what steps they should take when someone had hurt themselves. Staff could explain how they reported when someone had hurt themselves and what action needed to be taken as a result. Typical comments from staff included, "I would go to the nurse in charge. We then fill out a report which goes to management and it is investigated. We fill out the accident book and make changes to the risk assessment if this was needed." Senior staff reported when people had sustained an accident or incident to the registered manager this enabled them to have an oversight about what

happened and they then made changes as a result.

Every staff member told us about the various ways the service were trying to make the home safer for the people that lived there. Staff explained how they were involved with a project called promoting safer provision of care for elderly residents (PROSPER). This is a project was being led by Essex County Council and its partners and it aims to improve safety and reduce harm for vulnerable people who are at particular risk of admission to hospital or for those who have deterioration in their health and quality of life.

One staff member explained to us what they were doing as part of the programme. They said, "On this floor we have had a month where no one has had a fall. If someone does fall we chart what we are doing and look at ways to reduce this." Another explained, "Each floor should be doing this. Another staff member explained, "On this floor a lot of people don't like drinking which can contribute to them falling so we have had a big emphasis on trying to get them to drink more by using different ways." We saw people being supported to drink, and being offered alternatives when they refused.

The night staff also told us about the areas of the service that was being improved. One of the night staff members explained, "We are looking at different ways we can reduce accidents at night. For example, one person gets dizzy after they have their night medicine, so we are encouraging them to buzz, so that we can help them get what they want rather than her trying to do this themselves."

After staff had told us about this project, we spoke with the registered manager they explained about their involvement. They said, "We joined the PROSPER programme in September, one aspect of this is that we now complete a full analysis of all falls and we look for themes and trends. We have made changes to the way the team works, and the handover process. We have also had everyone's medication reviewed, and improved ways in which we can encourage people to maintain their hydration levels. This is helping us to improve." Charts were produced that showed that showed the number of falls in the home had been reduced.

Accidents and incidents were recorded and reported correctly. The accident form detailed the action required. For example, we saw that where one person had fallen on more than one occasion, appropriate referrals had been made to consider whether any additional support with mobility might be required.

On the day of our inspection we found that the environment was clean and hygienic and the equipment in use was in good working order. People had individual slings which were kept in their rooms.

We looked at the way medicines were managed and found this to be safe. Medicines were safely stored in locked trolleys inside secure medication rooms. Senior staff administered medicines and recorded the balance remaining on the MAR once the medicine had been given. Suitable arrangements were in place for obtaining, storing, administering, and disposing of medicines. Staff administering medicines had received appropriate training and had their competency assessed. Nurses and seniors were observed administering medicines competently; they did not hurry people and remained with them to ensure that the medicine had been taken.

The Medication Administration Record (MAR) provides a record of which medicines were prescribed to a person and when they were given. At the front of each person's MAR was a document that described how people liked to take their medication. Where medicines were prescribed on an as required basis, and clear written instructions were in place for staff to follow.

We inspected the way the approach to registered manager would take if a fire occurred and found that it

was safe. Fire alarms had been tested and people had individual evacuation plans in place. Equipment such as hoists and passenger lifts had been tested every six months to ensure they remained safe for use. On the first day of our inspection one of the lifts had broken down; we noted this had been fixed quickly and was working again by the middle of the day. Legionella tests had been regularly completed and portable appliance testing (PAT,) gas servicing and electrical installation checks had been carried out. Staff told us that when equipment was broken that it was quickly fixed. They told us they reported it to their senior, who in turn would report this to the hospitality manager. Maintenance support was available on site and was quickly accessible. At the time of the inspection all of the staff told us no equipment was broken and everything was in good working order. We asked if staff any of the beds were broken and were told they were all in good working order. One staff member said, "They all work okay, one or two are a bit squeaky so could do with a bit of oil." We carried out a random equipment check and found that beds in the vacant rooms were in good working order. Large items of furniture such as wardrobes were firmly fixed to the wall.

We inspected the way people were recruited and found this to be safe. Checks had been carried out before staff started work with the Disclosure and Barring Service (DBS) along with two references. The eligibility of people to work in the United Kingdom was also checked as part of the recruitment process.

Good

Is the service effective?

Our findings

People told us that staff understood their needs and preferences well, and received effective care and support from well-trained staff. One family member explained, "Staff are knowledgeable and on the ball. It's a good home and I am pleased we chose it."

All of the staff told us they received a good level of training which helped them to be confident in their role. We checked records, and found staff had the appropriate training with individual development plans in place. After staff had completed training in medicines or manual handling, observations were carried out by senior members of staff to make sure that people could apply what they had learned in practice. Observations of staff practice were carried out on a regular basis. One staff member explained, "I have done loads of training, since working here, and it's always on going." Another said, "The training here is very good." One member of the night staff explained, "They come in at night to train you because we must keep up to date with training as well."

Staff told us that when they started work they had received a good induction and were encouraged to continue on to higher-level training courses. When staff first started, they went on to complete the care certificate and staff told us it gave them a good introduction to the care role. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Designed with the non-regulated workforce in mind, the Care Certificate gives everyone the confidence that these workers have the same introductory skills, knowledge, and behaviours to provide care and support.

We asked staff about what kind of supervision they received. Staff told us they had meetings with their manager and this was a beneficial and a positive experience. Typical comments included, "I meet with my manager, they are supportive," and "I can talk to [Name] about anything, what's going on at home and work."

We observed staff supporting people in the dining rooms at various meal times. We noted there was a nice atmosphere in the dining areas and that people were given choice about what they wanted to eat, and where they wanted to have their meal. Timings were flexible and people could eat when they wanted to. People told us food was always served to them hot, and the meals were appetising, with a good choice available. People were supported to have enough to eat and drink and we saw drink and snacks being offered throughout the day. The tables were pleasantly dressed with napkins and glasses and people were being assisted by members of staff where required. We observed one person who was not happy with what they had been served, a staff member immediately offered to change it for an alternative option. People who needed assistance to eat were provided with the appropriate support.

People told us they had enough to eat and drink and enjoyed the food on offer. One person said, "The food is good." Another person said, "We have a selection to choose from, but if you don't want what is on offer, you can have 'egg and chips' or 'steak and chips'." A third person told us, "There is too much food here."

Meals were prepared by the chef and served by staff who demonstrated an awareness of people's likes and

dislikes, allergies and preferences. For example, a staff member was making tea and offering people biscuits, they knew that the next person was diabetic, and offered a biscuit suitable for them.

We inspected how people were supported when they were identified as being at risk of poor nutrition, and found this was effective. For example, people were routinely assessed against the risk of poor nutrition and this information was used to update risk assessments and make referrals to relevant health care professionals. When Speech and Language Therapists (SALT) were involved, guidance for staff was clearly recorded within the care plan with information about the correct texture of food and how the person should be supported to eat safely. We spoke with staff and they were able to tell us who needed help to eat safely and what precautions should be taken to minimise the risks.

We observed people being hoisted. The staff used the correct handling technique, and explained to people what they were doing as they assisted people. Staff had a calm approach and made sure that people were comfortable when they were seated.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff had been trained in MCA and DoLS and they were aware of the people that these restrictions applied to and the support they needed as a consequence. People's families and other representatives had been consulted when decisions were made to ensure that they were made in people's best interests and the least restrictive option.

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. We found that when people may be subject to MCA that a DoLs application had been made with the best interests of the person clearly recorded. We spoke with the registered manager and staff and they were able to explain that they understood the implications of the act and when to make an application. The provider had clear policies, procedures, and recording systems in place when people were not able to make decisions about their care or support. All care files we viewed contained completed capacity assessments, which highlighted the person's ability to make particular decisions. We saw that these had been completed with the person and staff had consulted with relatives and professionals.

We found the provider was following the necessary requirements. DoLS applications had been made to the supervisory body with the relevant authority for all of the people using the service. Decisions taken had been appropriately documented, including information as to why they were in the person's best interests. For example, we saw mental capacity and best interest forms in place for decisions in relation to the use of bed rails and covert medication.

People and their relatives told us that health professionals were quickly involved if needed. Information in people's care plans recorded the involvement of health and social care professionals. We saw evidence of staff working with various agencies to make sure people accessed other services in cases of emergency, or when people's needs had changed. Records reflected the advice and guidance provided by external health and social care professionals. This meant staff worked with professionals to make sure the individual needs of people were met.

The environment at Woodlands Grove was designed and arranged to promote engagement and wellbeing using decoration, signage, and other adaptations. The bedrooms were personalised and on the dementia floor, each person's bedroom door was a different colour to support people to find their rooms.

Good

Is the service caring?

Our findings

People who used the service were complimentary about the standard of care and told us it was good. People described staff as being, caring and committed. One person said "Staff look after me really well." Another person explained "The staff are lovely, they do so much for us" "I like it here, I am 90."

Not everyone at the service could tell us about their experiences of living there, because of their dementia. So we spent time observing care, which included various meal times and observing different areas of the service and activities.

Staff treated people with dignity and their privacy was respected. One person told us "They respect my privacy and dignity as much as they can here." Another person said, "I can do what I like in my own room." We observed staff knocking on doors and we could hear a cheery "Good morning" when they went into support people. We saw staff checking with people when offering care or support.

Important relationships were promoted. For example, one person on the dementia lounge sat next to another person and told us, "This is my friend, we have both been here a long time, and she came here when it first opened." The person told us that they are not patients but that they live here and really enjoy it.

People told us that their family members were always made to feel welcome and could visit them when they wanted. One person told us, "They are very discrete when my visitors are here, but they always offer them tea or coffee." Relatives told us they were able to visit at any time and were always made to feel welcome. We observed that visitors were greeted warmly by staff or the registered manager.

During the inspection, people were well presented and looked comfortable with staff who were caring and friendly towards them. We saw staff talking to people in a polite and respectful manner and staff interacted with people. For example, after lunch, when staff were escorting people using walking frames, they were doing this in a kindly manner and not rushing them. We saw that when staff carried out tasks for people they bent down as they talked to them, so they were at eye level.

The relatives commented that staff kept them informed on a regular basis, which helped them to feel involved in their relatives care. One relative described the staff as being, "Responsive, diligent and really working well together." They explained, "Staff contact me when I need them to and we have regular contact in terms of care planning."

Staff respected people's privacy and made sure that confidential care files were locked away between use. We saw staff knocking on bedroom doors and calling out to people before entering.

Regular meetings were held with people who lived at the service, with notes of the meetings available for people who wanted them. People were encouraged and empowered to express their views and were consulted with to make sure their views were taken into account. For example, resident meetings were held to discuss, activities and menu options. One person told us, "They are always asking us for ideas and are

very receptive. We told them that the lunch service was quite noisy with all the clatter and they have reduced it." Information on advocacy was available to people who used the service but no one required this service at the time of the inspection.

Good

Is the service responsive?

Our findings

People received care and support specific to their needs and were supported to participate in a wide range of activities that were important to them. People and their family members repeatedly told us that they felt staff understood their individual needs and preferences, and provided care in a responsive and personal way.

Staff did not always respond to some people's needs quickly enough when they had pressed their call bell. On four separate occasions people asked us to find staff to help them after they had pressed their buzzer. For example, one person asked us to fetch a staff member after they had pressed their call bell a number of times. On another occasion, a person called to us and asked us for help so we found a member of staff to assist them. This person told the staff member that they needed help to go to the toilet, the care staff attempted diversionary tactics to distract the person. When we looked at the person's care plan, there was no information that said this person should not be taken to toilet immediately. One person told us, "I am always kept clean, but it can take up to 30 minutes for staff to answer the buzzer." We reviewed information about how quickly staff responded to call bells and this showed that call bells were turned off relatively quickly; however this in isolation does not mean that people needs were being met promptly. We spoke with the registered manager about this who assured us that as a result of the inspection they would review staff response times.

Pre-admission assessments were completed for people who were considering moving into Woodland Grove. Where possible, people and their relatives were invited to visit the home, have a look at the facilities on offer, and meet the staff.

We checked care records and found these were regularly reviewed and evaluated. People's needs were assessed before they moved in. Following an initial assessment, care plans were developed detailing the care needs and support, actions and responsibilities of staff. We spoke to family member's they told us they were aware of their relatives care plan. Each person's care record contained a social profile, where the information had been collected with the person and their family and gave details about the person's preferences, interests, people who were significant to them, spirituality and previous lifestyle choices. Records contained details of people's individual daily needs such as mobility, personal hygiene, nutrition and health needs. The care plans gave staff specific information about how the person's care needs were to be met and gave instructions for frequency of interventions and what staff needed to do to deliver the care in the way the person wanted.

Following our inspection, we recommended that the registered manager should make the care records more concise as there was a large amount of information which could be confusing at times. For example, three care plans had not been updated to make sure that the correct information was available for staff. One person had bed rails in use but the bed rail assessment said that there were no issues with uncontrolled limb movements, however elsewhere in the care plan it was noted they had involuntary movements that could be vigorous. In other care plans there were various sections the needed to be updated to reflect changing needs. One senior member of staff told us they were responsible for updating the care plans and

were working to do this. We discussed this with the registered manager and they explained that an electronic care plan system was being introduced which would make it easier for information to be found more quickly.

Staff could explain how to care for people and was able to find information in the care plan quickly. They told us records contained enough information to enable to carry out their role. For example, staff could clearly explain how to help people to eat safely if they required a special diet, or how to move people in the correct way and how often people needed turning. When being asked about the safe use of bed rails one member of staff said, "I know the people who have bed rails in place on this floor, but if I was ever unsure I would look at the bed rail risk assessment and do what it says." They quickly showed us where this was within the care plan and could explain in detail how it was used. Another staff member explained, "I understand where all of the information is but I know the residents so well, so I know how to help them. I always check the care plan when it's been reviewed or if I am unsure."

Each person had an individual activity level guide which was very detailed and provided staff with guidance about how to support the person in five activities: washing, dressing, dining, interaction and leisure activities. It included people's preferences, routines and likes or dislikes in each activity.

Relatives told us the service was responsive to their family member's needs. One relative explained, "They are very responsive." Another family member said, "The staff are excellent at trying to provide activities. Dad can't get out of bed , but they still try."

People's lives were enhanced by being encouraged to take part in activities they enjoyed and were meaningful to them. The provider, registered manager, and staff were continually looking at innovative ways to enhance people's sense of wellbeing and quality of life through the activities they offered. This approach had reduced people's anxieties and periods of agitation. For example, the activity person on the dementia floor was employed by the service but was also an entertainer; they used music therapy most mornings that people clearly enjoyed. One person walked into the lounge and was quite anxious but on hearing the music, the person started to dance. Staff immediately joined in dancing with the person.

During our inspection, people were involved in various events and activities. Some people were getting ready to go to a local garden centre. One person told us, "I am sorry haven't got much time to talk as I am getting ready to go out." We also observed children from the local school visiting to sing Christmas carols with people. On another floor where people were more immobile, a person played the cello for people to listen too.

People were supported to follow their personal interests or hobbies. The activities team organised and coordinated a varied programme of weekly activity within the service. These were created in collaboration with people, taking into account individual needs and preferences. This included music, exercise, bowls, volleyball, entertainers visiting, church services, carol services and quizzes.

One person said, "Have a look at the programme here, there is plenty to do." The person then showed us that they had a selection of medals and trophies they had won at the various events. Other comments from people included, "There is a lot to do, but I like my books and my papers." And, "There are loads to do if you want, I pick what I like, but I don't go to everything." One person explained, "I like the church service and the carol services," and another person told us, "There was a beautiful singer last night."

For people who were not able to enjoy trips out or parties, there was a program in place for the activity coordinators to spend time with people individually. In one area of the service, a 'Namaste room' had been

created as a sensory environment for people living with dementia or people at the end of their lives. The Namaste Care program recognises the enduring personhood of individuals despite the severity of their illness. It focuses on the needs and spirit of each person through sensory-based practices that provide stimulation and relaxation, compelling scents, soothing music, light massage, gently interactive activities, and a calming environment.

In the lounge used by people living with dementia, a nursery had been created and the service was using doll therapy with some people. On the day of our visit, one person in the lounge was holding a doll and gently rocking it, the person interacted with the doll while also listening to music.

Staff took into account people preference about what they liked which was personal to them. For example, one person had a guinea pig in their room, the person told us, "I have a cuddle when the staff cleans out the cage, he attracts a lot of attention."

One relative said, "They are stimulated and it is fantastic. They have church links, children from local school come in every Wednesday, and trips out. There's loads of stuff going on."

The service had a number of activities coordinator's in post, and people told us about things they liked to do. We saw that people enjoyed doing a wide range of activities from attending concerts and musical events, keep fit sessions including Zumba and movement to music, cooking, watching classic films, musical bingo, crafts and arts, shopping trips, bowls, sing a longs, Champagne concerts, darts, casino night and cocktails and mocktail night, news events, make up and manicures. The registered manager told us about recent training that had taken place where they had invited family members to attend. The training focused on hand massage and the importance of touch. We also heard about seasonal fashion shows that were put on to help people who could not get out of the home have the opportunity to purchase some new clothes if they wanted to.

Policies and procedures in place to ensure complaints and concerns were recorded and thoroughly investigated. A complaints form was available in the home's entrance hall next to a secure box which encouraged people to make anonymous comments about the service if they wanted to. We noted the service had received a number of compliments. People we spoke with knew how to make a complaint but said did not have reason to do so. Typical comments included, "I have no complaints," and "I have never had any reason to complain," and that the manager would, "listen to me if I complained." A relative told us, "It's very good I am really pleased, as are all of our relatives. The staff genuinely care. I have had to escalate something in the past but when I did the staff acted on it and it's resolved."

Good

Is the service well-led?

Our findings

At the time of our inspection, people and their relatives told us this service were well led. Everyone we spoke with held the registered manager in high regard. People, relatives, and staff described the management of the service as approachable.

The registered manager understood their registration requirements including notifying us of any significant events to help us monitor how the service keeps people safe. We saw the service had a well-defined management structure that provided clear lines of responsibility and accountability. The registered manager had overall responsibility for the service and staff told us they felt included and consulted. Staff understood the values of the service which were; everyone counts, respect and dignity, improving people's lives, quality of care and compassion.

We saw there was a positive culture in the home and staff told us they were supported by management and were aware of their responsibilities to share any concerns about the care provided at the service. Staff told us the manager led the service well and offered positive support. One staff member commented, "The manager is brilliant. [Name] sorts things out quickly and supports you, the management here is good."

The registered manager and staff involved people to obtain their feedback. People told us they gave their feedback in a number of ways, through meetings, surveys and just by telling the staff. People told us their meetings were very friendly and informal, and that people felt able to speak about any issues they may have. Feedback had been sought about the service through an annual questionnaire which had been completed by people who use the service, relatives, staff, and health professionals. Relatives we spoke with were complimentary about the registered manager and described them as being approachable.

We looked at records related to the running of the service and found that the provider had systems in place which continually reviewed the quality of the service being offered and looked at ways it could improve the service being offered to people. Audits were in place and data about the service people received was continually monitored in order to look at ways of improving the quality of the care that people received. We asked the manager what areas of the service needed to be improved and a service development plan was provided for us quickly.

The registered manager had an emphasis on continuous improvement, and reviewed themes and trends, and looked at ways they could change the service so it could continually be improved. Improvement was integral to the running of the service and there was a shared understanding between the management and the staff about what areas of the service needed to be improved. For example, every staff member we spoke with could clearly explain what they were doing to reduce falls, reduce pressure ulcers and urinary tract infections. Additional training sessions had been delivered to staff to enable everyone in the home to be clear about the changes they wanted to make.

The service had strong links with the local community and local schools near to them. Students from the local college assisted people to access the community with a weekly basis, and we saw how people enjoyed

receiving intergenerational support.