

## Derbyshire County Council

# The Staveley Centre

### Inspection report

Calver Crescent, Middlecroft  
Staveley  
Chesterfield  
Derbyshire  
S43 3LY

Tel: 01629533040

Website: [www.derbyshire.gov.uk](http://www.derbyshire.gov.uk)

Date of inspection visit:

02 August 2016

04 August 2016

Date of publication:

30 September 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

This inspection took place on 2 and 4 August 2016 and was unannounced.

The Staveley Centre is situated in Staveley near Chesterfield and provides accommodation and personal care for up to 32 older people. The service has 20 long-term residential care beds and 4 respite beds. In addition the service has 8 designated beds for intermediate and re-ablement. The service has an on-site physiotherapist and an occupational therapist to support and aid rehabilitation following illness and hospital care, prior being discharged home. At the time of our inspection, 29 people were at the service as 3 people were in hospital.

There was a registered manager in post at The Staveley Centre. 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.

People received care from staff who had received training to meet their individual needs. People were supported and had access to health and social care professionals, as required.

Staff were provided with training to make sure they knew how to protect people's rights. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Individual care plans were kept up-to-date, were person centred and reflected people's changing support and healthcare needs.

Staff told us they had completed training in safe working practices. We saw staff supported people and their relatives with empathy, consideration and kindness. People's dignity and privacy was respected and promoted. Staff were responsive to people's individual need, choice and preferences.

People living at the service felt safe. The management team and staff understood their responsibilities in safeguarding people. Staffing levels were assessed to support people's individual needs. People were supported through safe recruitment procedures. Pre-employment checks were undertaken to ensure new staff were safe to work with vulnerable people.

Medicines were managed safely and in line with current regulations and guidance. Staff had received appropriate training to help ensure safe practice. There were systems in place to ensure that medicines had been stored, administered and audited appropriately.

Food provided was of a good quality and catered for people's individual preferences and needs.

Food and drinks were available to people throughout the day and night.

The philosophy of The Staveley Centre was to develop and provide a safe service to people while remaining involved with the wider community; there was 'The Bistro' café and a resident hairdresser.

The provider had a complaints process in place. The provider had systems and checks in place to ensure the service was safe and of good quality. The registered manager promoted an open and inclusive culture at the service. People and their relatives were supported to express their views about the service.

## 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.

Staff were aware of the providers safeguarding procedures and knew how to report any concerns they may have. There were enough skilled and experienced staff to safely support and care for people. Pre-employment checks were carried out to ensure the staff employed were suitable to work with vulnerable people. Medicines were safely managed and stored and other risks in the service were well managed.

### Is the service effective?

Good ●

The service was effective.

Staff were provided with training, supervision and support to effectively meet the needs of the people. People enjoyed a balanced diet, had access to healthcare services and people's rights were respected. Where people lacked the capacity to make decisions, the key principles of the Mental Capacity Act (MCA) were followed.

### Is the service caring?

Good ●

The service was caring.

Staff were kind, caring and compassionate. People were treated with empathy, dignity and respect. Staff took time to get to know people as individuals; people felt comfortable with staff. People and relatives were supported to make decisions relating to end of life care.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised and responsive care. People's preferences were known and understood by staff. People were supported to maintain relationships with family members. People had opportunities to take part in various and impromptu activities. People and their relatives understood how to complain should they have the need to.

## Is the service well-led?

The service was well-led.

There was a positive and open culture at the service. The registered manager was approachable and supportive of the staff team. The quality of service provided was checked and monitored by the registered manager. The registered manager and staff were aware of their responsibilities.

Good 

# The Staveley Centre

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 2 and 4 August 2016 and the first day was unannounced. The inspection was completed by one inspector and an expert by experience. The expert by experience had a background in caring for someone who uses this type of care service. Their area of expertise was in dementia care.

Before the inspection, we reviewed the information we held about the service and reviewed notifications and safeguarding alerts. A notification is information about important events which the service is required to send us by law. We asked the service to complete a provider information return (PIR). This is a form that asks the provider to give us information about the service, what they do well, and what improvements they are planning to make. This was completed and returned to us by the service.

We spoke with twelve people who received care at the service. We also spoke with eight relatives, a social care and two health care professionals to obtain their views about the service. We contacted a Healthwatch representative for their views about the service. Healthwatch is an organisation that works with people who live in this type of home. We spoke with five staff, a member of the catering staff, the registered manager and service manager.

We reviewed a range of records about the people at the service along with documents in relation to how the service was managed. This included six people's care plans, staff records, training records and records in relation to the safe management of the home, such as audits and environmental checks.

As some people at The Staveley Centre were living with dementia, we used a Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us to understand the experiences of people who could not talk to us.

## Is the service safe?

### Our findings

People and relatives were complimentary about the care and support they received at the service. One person told us, "The staff make sure I am safe and looked after." Another person told us, "If I feel unsafe all I have to do is ring the buzzer, they're reasonably quick to come." When asked if their family member was safe, a relative told us, "Yes, [relative] is very safe here." Another relative told us, "Yes, definitely." They went on to tell us, "We looked at different places before making a decision; the staff here are very attentive and other places could not give the attention we wanted for [relative]."

People were supported and cared for by staff who knew how to keep them safe. People told us they felt happy to speak with staff if they ever had any worries or concerns. Staff knew how to protect people from potential harm. Staff were able to identify how people may be at risk of different types of abuse and harm and what they could do to protect them. Staff knew the providers procedure of how to report any concerns regarding people's safety. Staff were aware of how to contact outside agencies such as the Care Quality Commission (CQC). One staff member told us, "If I saw or heard something of concern, I would not hesitate to report it." Safeguarding was part of the training deemed as essential by the provider for new and established staff. We saw posters and information on display, to inform people, visitors and staff on how to report any potential harm or abuse. The registered manager and staff understood their responsibilities in safeguarding and protecting people from potential harm.

Staff had the necessary information to support people safely. Care plans and risk assessments were completed and reviewed in order to ensure people's needs were being met in a safe manner. We saw risk assessments had been completed and reflected people's individual needs. For example, we saw information and risk assessments relating to falls prevention. For those people who were at the service for rehabilitation and respite, we saw up-to-date pre-admission information as well as risk assessments and planning for people's safe and effective discharge.

There were sufficient staff on duty to meet people's assessed needs in a timely manner. People and their relatives consistently told us there were enough staff to meet people's needs. One person showed us a pendant they wore around their neck. The person told us, "I have not had to push it. They (staff) come often enough." They proceeded to tell us, "They (staff) bring me tea and coffee and check I'm okay." A staff member told us, "Yes there is enough staff." They went on to tell us, "Obviously there are times when it can get busy, but we can't predict what is going to happen." There was a call bell system which alerted staff by a pager if someone had pressed for assistance. The pager was discreet and did not sound loud, as this may frighten and cause anxiety to people living with dementia. We saw staff responded in a prompt manner to the call bell alerts.

The registered manager and the service manager told us the philosophy of the service was one which recognised the complex needs of people living with dementia. The managers told us the service prided themselves on the conscious decision to provide high levels of staff to avoid people's complex behaviour being managed by sedative medicines. We reviewed staff rota's and were able to confirm staffing levels met with the providers recommended levels.

The provider had an effective procedure in place to ensure safe staff recruitment. Discussions with staff and a review of records showed identity and security checks had been carried out on staff before they started their employment. Disclosure and Barring Service (DBS) checks had been obtained for all staff prior to people starting to work with people. Staff confirmed they did not take up employment until the appropriate pre-employment checks had been completed.

People received their medicines at a time when they required them. Although most people were unsure about what medicines they were prescribed, they were happy they were getting the correct medicines and at the correct times. We saw, where people could manage their own medicines, a 'declaration of self-custody' of medicines was completed. We identified examples of positive medicines management, for example, the registered manager conducted an audit and analysis of medicine records, to ensure safe storage, disposal and administration took place.

All the people we spoke with said they had regular medicines. One person told us if they had any pain, the staff would make ensure they got their pain relief. We saw one person became upset as they had pain in their knees. A relative told us, "I have been here when she has her teatime ones and the cream on her knees." They went on to tell us, "[Relative] always counts them when they give them." A staff member asked the person if they needed some pain relief and the person confirmed they did. The staff member was observed to check the person's medicines administration record (MAR) chart to see when they last had pain relief. The staff member gave the person their medicine and gently, with the person's consent, applied external pain relieving gel to their knees. This was an example of the staff member following the correct procedures in relation to medicines.

Staff responsible for the administration of medicines had completed training in the safe handling and administration of medicines. Staff who administered medicines also confirmed their competency was assessed by members of the management team, to ensure their practice was safe. We saw staff offered people medicines in a safe manner that met with recognised practice. Medicines were safely stored and current legislation and guidance was followed. This showed medicines were safely managed and administered.

The premises were clean and tidy. The environment was originally designed to be dementia friendly and achieved the Stirling University Gold Award for dementia friendly environments. Stirling University is an internationally renowned centre for dementia research and expertise. The philosophy of The Staveley Centre was to develop and provide a safe service to people while working in harmony with the wider community.

## Is the service effective?

### Our findings

People and their relatives told us they thought staff members had the skills needed to support them effectively. One person told us, "Yes they know what they are doing." Another person told us the staff were, "Very well-trained for what I've seen them doing" A relative told us, "The staff know what they are doing; they understand people and understand what their job is."

At our inspection visit we found staff had received education and development relating to the needs of the people. Staff told us they received the training, supervision and support they needed to enable them to deliver care to people at The Staveley Centre. One member of staff told us, "There's always training on offer." Staff were able to list training courses they had attended. We saw evidence of on-going staff training; there were prompts, posters and aide memoires on display in the offices and staff room area. For example, we saw reminders for staff in relation to the providers safeguarding procedures were on display. Records confirmed the staff received training deemed necessary by the provider. The staff had skills and knowledge to effectively support people's needs.

New staff received a period of induction, training and shadowing to enable them to effectively support people's needs. One staff member told us they had completed a period of induction training when they first took up employment at the service. The staff member told us they had also completed a period of shadowing of more experienced staff. The staff member felt the induction and shadowing had provided them with knowledge, skills and confidence to meet people's needs. The staff member also told us they had not assisted people and staff with moving and transferring until they had completed training.

There was an expectation by the provider for new staff to undertake and complete the Care Certificate as part of the development of their caring role. The Care Certificate identifies a set of care standards and introductory skills that non-regulated health and social care workers should consistently adhere to. This showed the provider recognised the need for staff to have the necessary training and skills to meet people's needs.

We asked the registered manager and staff to tell us about their understanding of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The registered manager was aware of their responsibilities to ensure applications were made to the supervisory body, for those people whose freedom and movements had been restricted. People can only be deprived of their liberty so that they can 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).

When required, the registered manager had made applications for assessment to the local DoLS team; they had also made us aware of authorisations. There were policies and procedures in place for staff to follow in relation to the MCA. Staff we spoke with understood the importance of acting in people's best interests and following the requirements of the MCA. A staff member told us, "We support and include people with decision making; it could be a small daily decision, such as going to the hairdresser, to more complex decisions, such as treatments and hospital visits." They went on to tell us, "It is important the person is included in decision making." There was a file which contained all the DoLS authorisations in place. There was evidence of applications being made and followed up, in a timely manner. This showed, the service was working within the principles and requirements of DoLS and MCA.

People told us staff supported them to maintain good health. One person told us, "Yesterday I was not feeling well so I laid on the bed and they (staff) kept coming in and checking on me." Another person told us they were expecting a visit from the doctor because of the pain down their face. The person told us, "This was organised by the staff and they had also organised the physiotherapist." People told us they would see their doctor or other health professional when required. One person told us, "They (staff) would call for a doctor if one was needed." At our inspection visits we saw people were visited by healthcare professionals. A relative told us their family member had access to healthcare professionals when it was necessary. They told us, "[Relative's name] is regularly seen by the chiropodist." The relative went on to tell us, "[Relative] has been seen by an optician, but it was difficult due to [relative] being confused. The staff have arranged for an ophthalmologist to visit."

People who were at the service for re-ablement and intermediate care were temporarily registered with a local GP practice, to ensure their individual health needs were maintained. Re-ablement is about helping people regain the ability to look after themselves following illness or injury. A healthcare professional described the service as, "Quite unique because of the crossover of the two service providers." When asked what they meant by this, the health professional explained how health and social care professionals worked together in partnership to support people to regain skills with the intention of returning to their own home.

The main meals were cooked and provided by external contractors who cooked for the people at the service and for visitors to The Bistro café, which people from the local community also used. We spoke with the cook who told us the registered manager and staff kept in contact with the catering staff to inform them if a person required a specialist diet. One person told us, "I'm on a special diet so I have to be careful what I eat and they always manage it." Catering staff demonstrated a good understanding and were knowledgeable about people's individual dietary requirements. For example, some people needed fortified food to support their energy and weight requirements. The cook was able to describe effective ways of achieving this.

People were supported to have enough to eat and drink. All the people we spoke with told us they enjoyed the food and there was always plenty of choice. The meals looked and smelled appetising. We heard people being offered alternatives, should they not like what was offered on the menu. We saw, where people required assistance with eating their meals, staff provided support in a patient and helpful manner. Staff took time to sit with people and gave them appropriate prompts and encouragement.

We saw there was a cupboard in the kitchen/dining room, which contained a variety of cereals and non-perishable food, such as tins of beans, tomatoes and soups and there was a small but well stocked fridge and freezer. The freezer contained frozen ready meals. This stock of food was for if someone fancied something to eat and the catering staff had left for the day or someone requested something to eat during the night. This showed people were able to have a meal, whenever they chose.

## Is the service caring?

### Our findings

People and their relatives spoke very highly of the care being provided at The Staveley Centre. One person told us, "It is lovely here; I have had a lovely milky coffee." Another person told us, "The staff are especially nice to me." A third person described the staff as, "Very helpful, very good and very caring." A relative told us, "There's no better place or staff." A staff member told us, "If staff are not caring, then I think they are not in the right job." The relative went on to say, "The staff genuinely care; they know people well." A health professional told us, "Carers really are caring."

Relatives told us they were able to visit their family member anytime. They told us, "We try to avoid mealtimes, but only because [relative] needs to eat her meal without interruption." We saw staff were caring and compassionate towards people and their relatives. We saw one person and their relatives were quite tearful during a visit. We saw and heard the staff and the registered manager provided support, empathy and reassurance to the person and their relatives.

Staff took time to support people and understand how dementia and other health conditions affected people. Staff recognised how dementia affected people and we saw staff quickly respond when people became anxious or distressed. For example, one person told a staff member, "I'm off home now, can you fetch me my coat?" The staff member quickly responded and diverted the person's attention by offering a drink and said, "Why not stay for lunch before you go as it won't be long." The person was quickly distracted by a staff member who engaged them with impromptu singing of a song the person clearly recognised.

One person told us, "They are all lovely [staff]; they like their work you can tell by the way they are." We saw people were treated with kindness by all staff. For example, at lunchtime, one person put their dish on the floor in the dining room. A staff member approached the person and asked, "Are you okay there [person's name]; shall I take that for you [person's name]." Another example we saw, when assisting one person into their chair, a staff member was heard to say, "Would you like your legs up [person's name]," and, "Are you comfortable?"

Staff took time to get to know people as individuals; this helped people to feel comfortable with staff. Staff were able to engage people in conversation of interest to each person. For example, a staff member was heard chatting with one person about their school days. The staff member ensured they gave the person the time to relay their story. It was evident the staff member valued having the time to spend with the person. One staff member told us, "I love my job; I go home feeling like I have achieved something." They continued and told us, "I am really happy to work with people and know I have done a good job."

As many people at the service were living with dementia, they were unable to tell us about their care plan or remember if they had been involved in their individual care planning. Relatives told us, where appropriate, they were kept informed and involved in their family member care and care planning. One relative told us they had discussed their worries about their family members' future care. They told us they had discussed with the registered manager and the staff their desire for their family member to remain at the service and not have to move to a nursing home. The relative went on to tell us, "If [person's name] needs change, we

worry she won't get the same level of support in a nursing home." They told us they felt reassured by the staff and the registered manager that they would do their utmost to be able to meet people's changed needs.

Staff understood how to support people with dignity. We saw staff knocked on people's bedroom doors before entering. Staff were able to describe the steps they took to ensure people's dignity and privacy was preserved and protected when assisting people with personal care. When people requested assistance with personal care, staff responded sensitively and discreetly. Each person had an en-suite, so they were not rushed to complete personal care. The en-suite also meant their privacy at times of personal care was promoted. One member of staff told us how important it was to ensure people were comfortable with the staff providing support. People were asked whether they preferred a male or female member of staff to support them with personal care. The service had previously been awarded the Bronze and Silver Dignity and Respect awards from Derbyshire County Council. The registered manager told us they were gathering evidence for renewal of the award.

People were encouraged to take an active interest in their appearance. There was a hairdresser's salon in the reception area of the service; the hairdresser was available for people at the service as well as being open to the wider community. A relative told us their family member visited the hairdresser at the service. The relative told us how their family member always used to take pride in their appearance and being able to visit the hairdressers was an important part of their life and lifestyle.

A relative told us they had been involved in discussions about their family member's end of life decision and care plans. They said they felt their opinions and thoughts about their relative's end of life care had been listened to and respected. The relative told us they were pleased with the sensitive manner this had been handled by the registered manager and staff. We saw care plans were in place where people had specific requests regarding end of life care. On the second day of our inspection the activity coordinator had printed, cut out and laminated a small red poppy flower. This was stuck to people's bedroom doors to discreetly identify which people had a 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) in place. This was so staff had a quick visual reminder, in the event of such emergency situations.

## Is the service responsive?

### Our findings

People told us the staff knew them well. We could see from the interactions between staff and people, staff were familiar with people's individual needs. One relative told us, "Staff are really patient." They went on to tell us, "The staff listen to us if we have any worries." Staff told us if they noticed any changes in people's needs, they would make other staff aware and record in the person's care records so the information was shared across the staff team.

Relatives described how responsive staff were to the needs of their family member. One relative told us their family member was living with dementia and at times was confused. The relative told us the staff were able to provide reassurance and comfort to their family member. They told us, "The staff are really patient." We saw posters and leaflets were freely available and on display. We saw there was a large amount of information available to people and relatives about dementia.

The registered manager and their service manager explained to us the ethos of the service was one which put people at the centre of their care. The registered manager explained the model of care was very much geared around the complex nature of people who were living with dementia. They told us there were times when activities needed to be structured, for example, if an outside activity had been arranged. However, there were times when activities were spontaneous and impromptu. For example, we saw a small group of people chose to sit together in the sitting area beside the office. We saw staff took the opportunity to sit and chat to people and involve them in conversation. We heard staff and people suddenly burst into song together. We saw and heard staff ask people, "Can you remember this one [person's name]." It was evident people enjoyed the interaction from the staff.

A relative told us there had been some outings arranged. They told us, "Once a month they go out on a bus." They told us their relative had been to a local stately home and, "A run out for fish and chips." We were told the service arranged for the community bus to transport people who wanted to go. Relatives told us they had been on some of the arranged outings with their family member. They told us they had accompanied their family member to a local retail and garden centre. By taking part in the arranged activities with staff and families, people were able to experience social activities outside of the service.

The service also had 'The Bistro', which was a small café, situated in the main reception. The café is open to people, relatives and the general public. We saw some relatives used the café when they visited their family member. The registered manager told us some relatives had wanted to take their family member out, however found this difficult due to their own health needs and/or their relative's increased needs. For example, increased confusion or mobility difficulty, due to the person living with dementia. The registered manager told us having the café meant relatives were able to accompany their family member and should it be necessary, there were staff available for additional support.

The service had a number of different lounges and areas where people could spend their time. Downstairs there was a lounge, which at the time of our inspection, was decorated in the theme of reminiscence. Long corridors with seating areas were also decorated in themes, to stimulate people's memory. The registered

manager was in the process of sourcing quotes for re-decoration of the corridor downstairs. They explained, the corridor had brick effect wallpaper to give the impression of a high-street, however some people had picked away at some areas, which had resulted in the need for re-decoration. We saw doors painted white were doors of no significance to people, for example, storerooms. Whereas doors for rooms of significance were decorated red and had signs and symbols on, so people could recognise what was behind the door. Furniture in people's bedrooms were 'dementia friendly' as they had glass panels fitted, so people could see what was inside should they forget.

We saw empathy dolls were dotted around for people to nurse when they wanted to. Empathy dolls were used to stimulate empathy and promote conversation. We saw some people sought out the dolls and their caring and nurturing instincts were triggered. The service had an identified smoke room, purely for any person at the service who smoked. The service also offered a day centre for people in their own homes and a memory assessment unit.

The service had a well-maintained and extensive garden which was easily accessible for people, relatives and visitors. The entire garden was enclosed by a fence and had a shaded area, tables and chairs and was used for socialising when the weather permitted. The upstairs to the service had a balcony which overlooked the garden and surrounding area. This meant people had the opportunity to access different areas of the building and garden, should they choose.

Individual care plans were kept up-to-date, were person centred and reflected people's changing support and healthcare needs. Care plans were both computerised and in paper format; daily records were kept and provided staff with an easily accessible record. People who were at the service for re-ablement had a 're-ablement person service plan' and included information regarding what was important to the person while at the service. Individual plans also people's personal aspirations and plans for supporting their discharge. People and relatives told us they were involved in decisions about care. A relative told us, "We have a care meeting every three months. They are always held in the office here. They (staff) always ask if there's anything we want to add." Comments from health and social care professionals about the service were very positive. A health professional told us the staff provide detailed records about the people who used the service. One professional told us, people who were at the service for rehabilitation had a, "Planned discharge," and the records provided by staff were essential to support this process.

Staff knew people and their needs well; staff were aware of what was 'normal' and what was out of the ordinary for individuals. We observed a senior care staff handover between shifts. The handovers were clear and detailed and showed the staff had a good knowledge of people and their needs. Each person was discussed in a sensitive and personalised manner. We spoke with one of the senior care staff who had recently been on annual leave. They told us they had participated in a shift handover, but as they had been on annual leave, they were reading people's daily records to ensure they were aware of what had taken place in their absence.

People were encouraged to discuss any issues, worries or concerns they may have about their care. One person told us, "I can't complain, they (staff) look after me. They are marvellous really, they do anything for you." A relative told us, if they had any worries or concerns, "The manager has always said to go to her with any problems." The registered manager told us any complaints were usually informal and generally about missing clothing. They went on to say, "We contact the family member and apologise and do our utmost to find the missing clothing." The registered manager told us the staff strived to ensure clothing did not go missing, however this was often difficult, due to some people living with dementia and them forgetting where they had left something. We looked at the procedure for handling any concerns or complaints. We saw no formal complaints had been documented in the past year.

# Is the service well-led?

## Our findings

People, relatives and professionals all told us they were highly satisfied with the service provided at The Staveley Centre. One person told us, "There's nothing I am not happy with." Another person, who was at the service for re-ablement told us, "I haven't any complaints about being in here." They went on to tell us, "I hope I can stay in here a bit longer while they sort my house out." A relative told us, "I would definitely recommend here; I have already picked my room."

Staff were enthusiastic about their job roles at the service. Staff were aware of their responsibilities and felt valued and part of the team. One staff member told us, "I love my job; I look forward to coming to work." Another member of staff told us, "I love it; there are times when it can be busy, but I really do love being here."

Staff valued their induction, training and support they received from their colleagues and the wider management team. One member of staff told us, "The managers ensure we are supported and have the training we need." When asked if they received supervision from a manager, one member of staff told us, "I have supervision; I see it as a positive process." They went on to tell us, "It is our chance to have our say. It is also managers chance to make sure we are happy and working together."

Staff told us they felt supported by the registered manager and the management team. One staff member told us, "[Registered manager] is lovely; she is good and is very approachable." Another staff member described the registered manager as, "Approachable, understanding and an effective listener." A third staff member told us, "The managers are good and very supportive." The registered manager told us there had been a period of consultation and re-structure across all of the provider's services. The re-structure was complete at The Staveley Centre and an introduction of senior care staff had been implemented.

There were clear arrangements for the effective day-to-day management and running of the service. The registered manager told us they were supported by a strong and effective team of staff who worked together to ensure a good service was delivered to the people. The registered manager understood their role and responsibilities and promoted an open and inclusive management of the service.

People and their relatives were aware of and had attended meetings where they were kept informed of information relating to the running of the service. People and relatives were asked for their opinions about the service. A relative told us they had a recollection of assisting their family member with a questionnaire and knew relatives' meetings took place, "From time to time." We saw minutes of meetings that had taken place with relatives. The provider and registered manager took on board and acted on suggestions from people and relatives.

We had received a small number of statutory notifications from the registered manager. The registered manager confirmed they notified the Care Quality Commission (CQC) of any significant events, as they are legally required to do. We saw the manager and provider ensured relevant professionals were informed of incidents and events when required. Effective links with health and social care professionals had been

established. A health professional confirmed, the management team worked in partnership with other professionals to ensure people received the care and support they needed.

We reviewed the provider's accident and incident reporting policy. We saw there were records and processes in place to review and monitor any accidents and incidents. This helped the provider and registered manager to recognise any patterns or trends. This information was then used to analyse incidents and ensure improvements were made to reduce potential reoccurrence and risks to people. For example, audits of medicine administration records was conducted.

There were systems in place to identify, minimise and manage risks to people's safety and welfare in the environment. We reviewed a sample of records relating to the quality and safety of the service and found them to be up to date. Effective quality assurance and internal monitoring systems were in place to review and evaluate the quality of the service. We saw regular audits of all aspects of the service including care planning, medicines and health and safety took place to ensure any shortfalls were identified and improvements were made when need.