

HC-One Limited

Highfield (Stockton)

Inspection report

Highfield Care Centre
The Meadowings
Yarm
Cleveland
TS15 9XH

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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

The inspection took place on 8 August and was unannounced.

We last inspected the service in June 2017 and at that time identified breaches in three of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breaches were related to staffing, dignity and respect and good governance.

During this inspection we found improvements had been made and the matters we identified at the previous inspection had been addressed. As a consequence of these improvements the service was no longer in breach of regulations.

Highfield (Stockton) is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Highfield (Stockton) can accommodate up to 40 people in one purpose built building. At the time of our inspection there were 37 people using the service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection we found that staff were not up to date with all training. At this inspection we found more than 90% of staff were now fully up to date with training, with other staff booked on to upcoming courses. People we spoke with were confident that staff had the skills to meet their needs and staff told us they were happy with the training they received.

The environment was now more suitable for people living with dementia. Clear signage had been put up around the building to help people find their way around. Corridors and communal areas had been newly decorated and people had photographs on their bedroom doors.

A more effective system of audits was now taking place. Although they had not identified every issue we found the registered manager was very responsive and made changes in light of our feedback, both during and immediately after the inspection. The audit system was still improving with more changes having been recently introduced.

People who used the service felt safe living at Highfield (Stockton). People's relatives also told us they felt their loved ones were cared for safely.

Safeguarding incidents were correctly investigated. Staff had received safeguarding training and knew how to report any concerns.

The provider recognised people's human rights and had policies in place to ensure people were protected from discrimination.

Falls, accidents and incidents were recorded and analysed to ensure lessons were learned and actions taken to minimise the risk of future incidents.

People had individual risk assessments on their care files but they did not always contain the most up to date information. We received confirmation after our visit that risk assessments had been updated.

Staffing levels were sufficient to meet people's care needs. Safe recruitment procedures were in place and appropriate pre-employment checks were undertaken to prevent unsuitable people from being employed.

Regular maintenance and safety checks of the premises and equipment were carried out and plans were in place to support people in emergency situations.

People received their medicines safely. Records confirmed medicines were received, disposed of, and administered correctly.

People and their relatives were happy with the cleanliness of the service however there were some areas of the home which had an unpleasant smell. There was an issue with the flooring in one of the communal toilets and some areas within bathrooms and toilets required redecoration and repair. We received confirmation after our visit that all areas had undergone a deep clean whilst awaiting refurbishment.

Staff received support at regular supervision meetings. Annual appraisals were overdue at the time of the inspection but have now been completed.

People were supported to eat a healthy balanced diet and mealtimes were calm and relaxed.

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

People were supported to maintain their health and wellbeing. People's care records contained evidence of visits and advice from a variety of health professionals.

People who used the service and their relatives were very happy with the care their loved ones received. Staff treated people with dignity and respect and promoted independence.

Some care plans contained more information on people's likes and dislikes than others. These details help staff support people in a way that suits them best. We discussed this with the registered manager and work began immediately to make improvements to all care plans.

There was a complaints procedure in place and people knew how to make a complaint if necessary.

There was a varied timetable of activities and events each day that aimed to offer something suitable for everyone. People also had the opportunity to go out on the mini-bus.

Records did not always contain up to date information relating to people's care needs. We received confirmation following our visit that all care files within the home had been audited to ensure that any old information was removed.

Staff meetings took place daily with longer meetings taking place every month. Staff felt able to discuss any issues with the manager.

Staff, relatives and people using the service all spoke highly of the registered manager. The service also had a good relationship with healthcare professionals who gave positive feedback regarding the knowledge and co-operation of management and staff.

Feedback was sought from people using the service and relatives in a variety of ways via surveys and regular conversations. A 'you said, we did' notice board detailed actions taken in light of people's feedback.

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.

Medicines were received, disposed of, and administered correctly.

Safe recruitment procedures were in place and appropriate pre-employment checks were undertaken.

The service was staffed at an appropriate level to safely meet people's needs.

Is the service effective?

Good ●

The service was effective.

The majority of staff were up to date with training and further training was scheduled.

The environment been redecorated and adapted to make it easier for people living with dementia to find their way around independently.

People were supported to maintain nutrition and hydration by being offered a healthy balanced diet.

People were supported to maintain good health and had access to healthcare professionals and services.

Is the service caring?

Good ●

The service was caring.

Staff supported people in a kind and patient way and there was a relaxed atmosphere.

People were treated with dignity and respect and encouraged to maintain their independence.

Relatives were able to visit at any time and were made to feel welcome by the registered manager and staff.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care from staff who knew them well. Some care plans contained details of people's preferences and others were being improved to include this.

Policies and procedures were in place to respond to complaints.

People were regularly supported to access a wide range of activities.

Is the service well-led?

Good ●

The service was well led.

The new system of audits had been introduced and was being further improved with the introduction of more provider checks.

The registered manager was very responsive to our feedback. Although we found some inaccuracies or omissions in records these were rectified immediately.

Staff, people who used the service and their relatives found the manager to be approachable and supportive.

Highfield (Stockton)

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 8 August 2018 and was unannounced.

The inspection team consisted of two adult social care inspectors and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We also contacted the local authority commissioners for the service and the local Healthwatch to gain their views of the service provided. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we spoke with nine people who lived at the service and four relatives. We looked at four care plans and medicine administration records (MARs) along with other aspects of medicine management across the home. We spoke with ten members of staff, including the area director, registered manager, assistant manager, care staff, maintenance staff and kitchen staff. We looked at three staff files, including recruitment records. We also spoke with a visiting health professional

We reviewed management records including quality checks and audits and completed observations around

the service.

Is the service safe?

Our findings

People who used the service told us they felt safe living at Highfield (Stockton). Comments included, 'Yes, I'm safe. I kept falling at home, [staff] pop in here', '[Staff] answer the call bell as quickly as they can' and 'I'm safe. Absolutely everyone is here.'

People's relatives also told us they felt their loved ones were cared for safely. One relative told us, 'The most important thing to us is that [family member] is safe. It's the best thing we've ever done. I can put my head on the pillow at night knowing they're getting the care they need and they're safe.'

The provider had an up to date and comprehensive safeguarding policy. We saw that safeguarding incidents were correctly investigated, recorded and escalated to the local authority safeguarding team. Staff had received safeguarding training and knew how to report any concerns. One member of staff told us, 'I would go to the manager if I had any concerns about safeguarding. If I couldn't go to the manager for any reason there is a number on the wall in the hall and I know I can ring that.'

The provider recognised people's human rights and had policies in place to ensure people were protected from discrimination. There was a residents' charter of rights and all staff received a handbook which clearly outlined the provider's commitment to equality and diversity.

Falls, accidents and incidents were recorded and analysed to look for patterns and trends. This ensured that lessons were learned and actions taken to minimise the risk of future incidents.

People had individual risk assessments on their care files and these covered things such as falls, weight loss and choking. Some of these records did not contain the most up to date information reflected elsewhere in people's care records and they had not always been reviewed on a regular basis. There was no evidence this had adversely affected people who used the service. We discussed this with the registered manager and following our visit we received confirmation that risk assessments had been updated and all out of date information removed. They also informed us that all care files within the home had been audited to ensure everyone's risk assessment information was now accurate.

Safe recruitment procedures were in place and appropriate pre-employment checks were undertaken. When new staff were recruited references were obtained and disclosure and barring service (DBS) checks done. The Disclosure and Barring Service carry out a criminal record and barring checks on individuals who intend to work with children and vulnerable adults. This helps providers make safer recruiting decisions and also prevents unsuitable people from being employed.

Staffing levels were calculated using a dependency tool that looked at the care needs of the individuals using the service and the level of support they required. We saw from rotas that the number of staff was in line with this tool. From observations around the service and feedback from people we found there was sufficient staff to meet people's care needs and also spend some time chatting with people.

Regular maintenance checks and repairs were carried out. These included checks on the premises and equipment, such as fire equipment, water temperatures and hoists. Other required inspections such as gas safety and electrical hardwiring and legionella testing were up to date.

Plans were in place to support people in emergency situations. Regular fire drills were carried out. These included scenarios in which staff had to demonstrate how they would evacuate people in different situations. Personal Emergency Evacuation Plans (PEEPs) were in place and were regularly reviewed. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. The provider had a business contingency plan to help ensure people received a continuity of care in situations that disrupted the service. Specific risk assessments had also been put in place to cope safely in a period of exceptionally hot weather.

We looked at people's medicine administration records (MAR). Each person had a front sheet which included a photograph of the person and a list of their known allergies. MAR charts indicated that medicines were administered appropriately and on time.

Records confirmed medicines were received, disposed of, and administered correctly. People told us they were happy with the way staff managed their medicines. Comments included, "I get my tablets at the same time, on time", "I get my medicines on time and pain relief when I want it" and "They watch you take your tablets and offer pain killers."

There was clear advice on how to support people to take their medicines including 'as required' (PRN) medicines, such as paracetamol. Staff recorded why these had been given so they could be monitored for their effectiveness. People's medicines were securely stored in a treatment room and they were administered by senior care staff who had received appropriate training. We observed staff administering medicine and this was done correctly with all the appropriate checks done and records accurately completed.

We looked at how controlled drugs were managed. Controlled drugs are medicines which are subject to stricter controls as they may be at risk of misuse. Two members of staff signed to confirm administration of controlled drugs. We checked the stock of controlled drugs against records and found them to be correct. Controlled drugs were stored in a secure, locked cabinet however the key to this was kept in the treatment room. We raised this with the registered manager who confirmed that this practice would be changed immediately and the key would be kept with the senior staff member responsible for medicines.

People and their relatives were happy with the cleanliness of the service. One person told us, "[Staff] wear gloves and aprons and the room gets cleaned nearly every day." Another person said, "They are always cleaning. Every day they do the room, the floor, the sink, they do everything you want, I do my own bed, they say you don't have to, I'm more than happy." The kitchen was clean and tidy and had been awarded a five-star hygiene rating from the environmental health officer.

We noticed there was a malodour in some areas of the home. We were told that there was an issue with the flooring in one of the communal toilets and this was being addressed. Some areas within bathrooms and toilets required redecoration and repair to ensure they could be cleaned thoroughly to reduce the risk of infection. We fed this back to the registered manager and area director who assured us this had been highlighted as an issue and was already being looked into. We received confirmation after our visit that quotes had been obtained for updates to toilet and bathroom areas and all areas had undergone a deep clean whilst awaiting refurbishment.

Is the service effective?

Our findings

At the last inspection we found that staff were not up to date with training and as a result the registered manager could not be certain that staff had the correct knowledge and skills to meet the needs of people using the service. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this latest inspection we found that improvements had been made in these areas and the service was no longer in breach of regulation.

More than 90% of staff were now fully up to date with training with other staff booked on to upcoming courses. The registered manager told us about new and improved dementia training that had been sourced and delivered to staff. Training statistics were being more closely monitored by the registered manager and provider to ensure this improvement was sustained.

People we spoke with were confident that staff had the necessary skills to meet their needs. One person told us, "[Staff] had specific training in the hospital before I came here, to show them how the oxygen system works."

Staff told us they were happy with the level of training they received and felt confident they had the necessary skills to care for people. One member of staff told us, "We have plenty of training. It's all kept up to date or we have the manager on our case."

Staff received regular supervisions. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. However, 60% of annual appraisals were overdue, some by several months. The registered manager acknowledged that this was an area that had fallen behind whilst work was being done to make other improvements around the service. Staff told us they were very happy with the support they received and following our inspection we received confirmation that the overdue appraisals had been completed. A copy of a matrix put in place to avoid them being missed again in future was also provided.

At the last inspection we found that the home had not been adapted to cater for the needs of people living with dementia. As a result, people living with dementia were not supported to maintain their independence. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this latest inspection we found that improvements had been made in these areas and the service was no longer in breach of regulation.

Clear signage had been put up around the building to help people navigate to areas such as bathrooms and toilets. People had photographs on their bedroom doors to help them recognise their own rooms. There were newly themed areas in corridors which made it easier to identify which area of the building you were in as well as providing a more stimulating environment for people, particularly those living with a dementia.

Many areas of the service had been decorated and the environment was bright and cheerful. A small lounge had been redecorated and was called 'The Little Teapot Cafe'. There were drinks and cream teas for people

and their relatives to help themselves to. A lounge area that was not often used was to be restyled as a sports bar. The registered manager explained all the plans they had for this and the area director confirmed that the plans had been agreed. Externally a designated smoking area had been created, which meant the issues we had found at our last inspection had been addressed and the garden could now be enjoyed by smokers and non-smokers alike. The garden was easy to access. There were bird feeders, raised planters and seating areas. People had been planting flowers and tending the garden with the support of staff. There were plans to extend the garden by purchasing extra land to the rear of the property and funding had also been agreed for this. This meant there were plans in place to continue with the refurbishment and improvement to the service.

People's care needs were fully assessed before they came to live at the service. The pre-admission assessment looked at all aspects of a person's care and included any religious or spiritual preferences.

People were supported to eat a healthy balanced diet. Those people who required a modified diet, for example a soft texture were listed on a whiteboard in the kitchen. This meant that kitchen staff could see at a glance what people's needs were. At the time of our inspection one person who required a soft diet was not included on the list. We checked with kitchen and care staff and they were aware of the person's needs. This was something that was discussed daily in all staff 'flash' meetings. We fed back to the registered manager that it was important to ensure guidance referred to by staff was kept up to date. Following our inspection we received photographic evidence that this had been corrected.

We observed the dining room at lunchtime. Tables were nicely set. The atmosphere was unhurried and pleasant with easy listening music in the background and people chatting with staff and one another. Staff asked people what they wanted to eat and the food looked and smelled appetising.

People were happy with the food they received. One person said, 'The food is very good, I enjoy it all, some are picky, I can't understand it, there's plenty of food and a birthday cake.'

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that DoLS authorisations had been applied for appropriately and records were up to date and well organised. Two people had conditions on their authorisations and the registered manager explained these to us and we saw evidence they were being met. There were records of capacity assessments on people's care files and best interest decisions were made when necessary. We also saw records to say that people with capacity to do so had consented to their care and treatment.

People were supported to access external professionals to maintain and promote their health. One person told us, "The optician is coming here, I met the GP who was rather nice, they would get the GP or the nurse if I needed them." Another person told us, "I had a hospital appointment last week, the staff took me, they

were very good."

Is the service caring?

Our findings

People told us they were happy with the staff approach and the care they received. Comments included, "[Staff] always do extra, if I'm down they say don't worry, they hold my hand, if I'm upset they spend two minutes with you", "[Staff] are very nice, they do what you want" and "'I can't praise [staff] enough."

Relatives also gave positive feedback. One relative told us, "'[Staff] are darlings to [family member]." Another relative told us, "The staff are like a family. They treat people how they would want their relatives to be treated. They are very patient and you never hear a raised voice."

There was a calm, relaxed atmosphere around the service. Staff spoke to people kindly and patiently and explained what they were doing before providing care. Interactions between staff and people who used the service were unhurried. One person chose not to go to the dining room at lunch time and said they didn't want anything to eat. We observed staff returning on a number of occasions to check on the person and gently encourage them to have lunch. Eventually the person did change their mind and staff escorted them to a table. Without this perseverance the person may not have eaten anything.

People were given the time and support they needed at mealtimes without being rushed. One person had difficulty with their speech. Staff told us they used picture cards to help them make menu choices. When lunch was served staff offered this person three choices and took time to understand which meal they would like. People were offered napkins and staff helped to support people in a dignified way. One member of staff pointed out to a person, "You've got a bit of ice cream on your chin." The person was then able to wipe this with their napkin retaining their independence and dignity.

Relatives told us they were always made to feel welcome when visiting their loved ones and we saw visitors coming and going throughout the day.

Relatives felt involved in their loved one's care and thought the service kept them well informed. One relative told us, "[Staff] ask for our suggestions, they are very good, with a good sense of humour." Another relative said, "We asked for [family member's] room to be changed around and it was not a problem. They even had an electrician move the sockets so we could move the TV."

Staff told us they were happy in their work and displayed a positive attitude, smiling and engaging with people using the service, visitors and colleagues. One member of staff told us, "There is a lovely friendly atmosphere here, it's like a family. I really enjoy coming to work."

We saw cards people's families had sent in complimenting the staff and the care their loved ones had received. One relative wrote, 'You are an amazing care home. You have the biggest hearts and your love and kindness was amazing. You are truly lovely people.' Another relative had written, 'I am extremely grateful and impressed by the care, kindness and friendship shown by you all'.

Staff respected people's privacy and dignity. We saw that staff knocked on people's bedroom doors and

waited for permission before entering. One person told us, "I close my door, they knock if they haven't seen you for half an hour, they put a towel round me in the shower." Another person said, "They treat you like a lady here, the hairdresser comes, I'm getting my nails done tomorrow."

People were supported to remain as independent as possible. For example, at mealtimes staff encouraged people to eat independently but offered support when needed. There was a variety of crockery and adapted cutlery to meet people's needs. One person told us, "It's a pleasant place to come into, they don't take your independence away."

The provider ensured people's religious needs were met and a church service was held each week for those people who wished to attend. A person told us, "My church comes here, it's a travelling group, it's nice. It's brought my church to me."

Nobody was using the services of an advocate at the time of our inspection. An advocate is someone who represents and acts on a person's behalf, and helps them make decisions. People had previously accessed advocacy service and the registered manager knew how to get this support for people should they need it. There was literature and leaflets on display so information about local services was available to people.

Is the service responsive?

Our findings

People told us they received care that was tailored to meet their individual needs. One person told us, "I've got books, I do what I want, the freedom is lovely." We saw that people's rooms had been personalised and contained pictures and items that were important to them.

Care was delivered in a responsive way and we saw that short-term care plans were put in place to ensure appropriate care to people who were temporarily injured or ill.

Some care plans contained personalised information to help staff support people as individuals in a way that suited them best. Other care plans contained more task based information and could be improved by the inclusion of information more specific to the person and their likes and dislikes. However, staff knew the people they supported well and they were able to describe to us how a person's care should be provided in detail. We also observed conversations in which staff demonstrated an excellent knowledge of people's background and family life.

We discussed this with the registered manager and area director. They said that a review of care plans would be undertaken and after the inspection we were sent an example of a one-page profile that had been introduced. This included very detailed information on what was important to the person and how best to support them. These were to be included on all care plans in future.

Although not everyone we spoke with could remember being involved in the care planning process, there were records that indicated discussions had taken place with people and their relatives. One relative told us, "I was involved in the preparation of [family member's] care plan. There have been reviews since then and they always discuss things with me."

The provider had a complaints policy in place and the procedure was on display in a communal area. People knew how to complain if they had any concerns. One person told us, "If I wasn't happy I would say to [registered manager]. They listen, they come around in the morning." A relative told us, "If I needed to complain I would go and see [registered manager] but I have no complaints or concerns." Any complaints that were received were logged and investigated in line with the provider's policy.

The provider employed an activities co-ordinator to ensure people were able to engage in a range of hobbies and interests. A timetable was on display which showed what was taking place each day. There was a wide variety of activities available; this meant the service was aiming to provide something suitable for everyone. There was a lively atmosphere around the service with something going on throughout the day. During our inspection we saw an armchair exercise class and a floor game of skittles taking place in two of the lounge areas. Later in the day a small group of people were being supported to play dominoes at a dining table. The service had a minibus that was used to take people on outings and during our visit some people had been on a trip to a local cafe.

People told us they were happy with the activities available and felt they were given a variety of options

when it came to social engagement. One person told us, "There's lots of encouragement, musical evenings, lunch at the prison (café run by prisoners), baking cakes, they make the effort, they had the Summer fete."

Various entertainers regularly came in to the service. These included singers and pet therapy dogs. An external company had recently visited with virtual reality eye masks which lots of people had really enjoyed. One person had used the technology to view their home town as it had been in their childhood years.

The activities co-ordinator was lively and enthusiastic with an obvious rapport with people. They told us, "When I first meet the [person] I ask them, what's your passion, what do you like to do? Family provide information too. Some people need one to one attention, a manicure or tea and a chat."

There was a section within people's care plans to capture people's end of life wishes, where people felt able to talk about this sensitive area. Where appropriate, care records included Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms which means if a person's heart or breathing stops as expected due to their medical condition, no attempt should be made to resuscitate them. These were up to date and kept in the front of care files so they were easily accessible to staff in an emergency to ensure that people's wishes were observed.

Is the service well-led?

Our findings

At the last inspection we found that governance systems were not effective in identifying areas in need of improvement. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made in these areas and the service was no longer in breach of regulation.

The provider's quality director now came to do monthly checks at the service and mock inspections were also undertaken to ensure the service was working in a way that complied with regulations.

We saw that medicines audits were now picking up any errors and actions being taken. A daily walkaround was being conducted by a senior carer or member of the management team and any issues were flagged up and acted on promptly.

Although records had improved since our last inspection we found some contradictory or out of date information in care plans. A care plan audit in June 2018 had picked up some areas that needed updating in one person's plan but we did not see evidence that this had been actioned. We fed this back to the registered manager who confirmed that care plans would be reviewed. We received confirmation following our visit that all care files within the home had been audited to ensure that any old information was removed.

The registered manager and area director were very receptive to our feedback throughout the inspection process and acted quickly to rectify any issues we brought to their attention.

We received very positive feedback about the registered manager. One person who used the service told us, "[Registered manager] is very down to earth and approachable." A relative told us, "[registered manager] is marvellous. Very caring and hands on. Nothing is too much trouble. I can't compliment them enough, they are very approachable and a marvellous manager."

Staff described being part of a good team and felt supported by the registered manager. One member of staff told us, "I can go to my manager about anything. We get good support from management [registered manager] and [deputy manager], they are both really supportive." Another member of staff told us, "We're a good crowd. It's a nice place to work as there is a good atmosphere. [Registered manager] is a good boss."

The registered manager and deputy were a very visible presence around the service during our inspection. They engaged with staff and people using the service in a relaxed and friendly way. People who used the service approached the registered manager to chat and we also observed one person spending time sitting in the office with the registered manager.

Flash meetings were held every day with the whole staff team. These were brief ten or fifteen minute sessions that gave staff opportunity to raise any concerns and to handover any important information relating to the people in their care. More in-depth staff meetings were also held on a monthly basis. This

gave the manager the opportunity to discuss in more detail what was going on in the home and gave staff opportunity to raise any issues they may have.

The registered manager told us about links to the local community. They explained how they had good links with a local prison. The prison supported prisoners coming to the end of their sentences to integrate back into the community and had opened a café to the public that people from the service enjoyed visiting. The provider also bought plants for the garden from the prison nurseries. Local church groups also visited the service regularly.

There were also positive links with external professionals. One visiting health professional told us, "[The service] stands out as very helpful. They know when to call us, always follow advice and give me feedback on how people have been. The manager is always around and always helpful."

Feedback was sought from people who used the service and their families to monitor the quality of the service. Annual surveys were conducted by the provider and the results analysed and used to draft an action plan. A 'you said, we did' notice board detailed actions taken in light of people's feedback. Feedback was also sought in less formal ways. One person told us, "[Registered manager] sat down and asked me if I was happy with everything, I pass this on to my family it's so nice, they are happy because I'm happy."