

Stoneleigh Care Limited

Norwood House

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



Overall summary

This inspection was undertaken on 17 and 20 April 2015, and was unannounced. The service was last inspected on 24 May 2014 and was found to be in breach of the regulations in relation to safeguarding and assessing and monitoring the quality of the service. A further inspection was undertaken on 11 September 2014. We found the issues had been addressed and the service was compliant with the regulations that we looked at.

Norwood House is registered with the Care Quality Commission [CQC] to provide accommodation for up to

26 older people who are elderly or who are living with dementia. Accommodation is provided over two floors; the home is set in private gardens. The service is situated on the main road through Gunness. Local amenities and a bus route into Scunthorpe are accessible. There is a car park for visitors to use. Staff are available twenty four hours a day to support people.

This service has a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff had a clear understanding about their duty to protect people from abuse. Staff knew they must report concerns or potential abuse to the management team, local authority or to the Care Quality Commission [CQC]. This helped to protect people.

We observed there were enough staff on duty to support people during our visits. Staff understood people's needs well and they were aware of risks to people's health and wellbeing. Staff received training in a variety of subjects to help maintain their skills.

People's nutritional needs were assessed and monitored. Food provided was home cooked. People's preferences and special dietary needs were catered for. Staff encouraged people to eat and drink, where necessary, assisting people with patience and kindness. Advice was sought from health care professionals to ensure people's nutritional needs were met.

A visiting health care professional confirmed that the staff sought their advice, reported issues and followed their guidance to help maintain people's wellbeing.

The service had recently benefitted from a programme of refurbishment and internal redecoration. People's bedrooms were personalised. Some pictorial signage was in place and new pictorial signage was ordered which helped people to find their way around and staff helped guide people to where they wished to go. Service contracts were in place to maintain equipment so it remained safe to use.

Staff respected people's individuality, privacy and dignity. People made decisions about what they wanted to do and how they wanted to spend their time. Staff supported people to make decisions for themselves, where necessary, staff reworded questions or information to help people understand.

A complaints procedure was in place for people, relatives and visitors to use to raise any issues.

The registered manager undertook regular audits to help them to monitor, maintain or improve the service. These were changed in regards to some issues we found on the first day of our inspection so that these issues could be monitored and be prevented from occurring again.

Staff asked for people's views and they acted upon what people said. This helped to ensure people remained satisfied with the service they received.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe; issues found were immediately addressed during our inspection to ensure people's safety was protected.

Staff knew how to recognise the signs of potential abuse and knew how to report issues. This helped to protect people.

People told us they felt safe living at the home. People were cared for by staff who knew about the risks present to each person's health and wellbeing.

There was enough skilled and experienced staff to meet people's needs.

Robust systems were in place regarding medicines.

Staff were informed about the action they must take in an emergency to help to protect people's wellbeing.

Good



Is the service effective?

The service was effective. Staff effectively monitored people's health and wellbeing and gained help and advice from relevant health care professionals.

People's mental capacity was assessed and further assessments were taking place to ensure that people were not deprived of their liberty unlawfully, which helped to protect people's rights.

People were provided with a balanced diet their nutritional needs were monitored by staff and health care professionals.

There was enough skilled and experienced staff to meet people's needs. Training was provided to develop and maintain the staff's skills.

Good



Is the service caring?

The service was caring. People were treated with dignity, respect and kindness.

Staff assisted people to live the life they chose. They were knowledgeable about people's needs, likes, dislikes and interests.

There was a welcoming and caring atmosphere within the service. People held friendly banter with the staff. Staff listened to people and acted upon what was said.

Staff attended to people in a gentle and enabling way to promote their independence and choice.

Good



Is the service responsive?

The service was responsive. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

People's preferences for activities and social events were known by the staff who spent time with them to keep them engaged.

An effective complaints procedure was in place. People were made aware of how to make a complaint. No complaints had been received since our last visit.

Good



Summary of findings

Is the service well-led?

The service was well led. The home had a registered manager in place who promoted good standards of care and support.

The ethos of the home was positive; there was an open and transparent culture. People living at the service, their relatives and staff were all asked for their views and these were listened too.

Staff we spoke with understood the management structure in the home. Auditing systems were in place to help the manager monitor and, where necessary, improve the level of service provided.

Good



Norwood House

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 registered 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 17 and 20 April 2015 and was unannounced. The first day of our visit was carried out by an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second day was undertaken by an adult social care inspector.

We had not asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. Therefore, we looked at the notifications received and reviewed all the intelligence CQC held to help inform us about the level of risk for this service. We reviewed all of this information to help us to make a judgement.

During our visits we undertook a tour of the building. We used observation to see how people were cared for whilst

they were in the communal areas of the service. We watched lunch being served and observed a medicine round. We looked at a variety of records; this included three people's care records and risk assessments and Medication Administration Records, [MARs]. We looked at records relating to the management of the service, policies and procedures, maintenance, quality assurance documentation and the complaints information. We also looked at staff rotas, staff training, supervision and appraisal records and discussed information with the registered manager about the recruitment process.

We spoke with the registered manager and interviewed six staff and the cook. We spoke with seven people living at the home, and with seven visitors. We asked a visiting health care professional for their views. We were informed by people that they were satisfied with the service they received.

Most people living at the service were living with dementia, some could not tell us about their experiences. We used a number of different methods to help us understand the experiences of the people who used the service including the Short Observational Framework for Inspection [SOFI]. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. This confirmed that people were supported well by staff and provided us with evidence that the staff understood people's individual needs and preferences well.

Is the service safe?

Our findings

People we spoke with told us they felt safe and secure living there. A person said, "I feel safe here."

Relatives we spoke with told us the service had changed over a period of months. They confirmed that they felt the service was a safe place for their relations. We received the following comments:

"[Name] is safe and well looked after here." "Initially, not a safe place, now it has changed." "It's changed dramatically." A relative told us they visited regularly and said, "Whatever you see, that is normal, not just for your benefit."

A health care professional we spoke with said they had never seen anything which had worried or concerned them whilst visiting the service.

There was a secure door entry system in place to ensure unauthorised people did not gain entry to the home.

We found that the registered provider had effective procedures in place for protecting people from abuse. Staff could name the different types of abuse that may occur. Staff undertook training about safeguarding vulnerable adults, there was a whistleblowing policy [telling someone] policy in place. Staff knew what action they must take to protect people from potential abuse and harm. A member of staff said, "I have undertaken safeguarding training, I would report issues straight away."

We inspected people's care files. Risks to people's wellbeing such as the risk of falls, choking, or receiving pressure damage due to immobility were seen to be in place. However, we noted for one person a risk assessment was missing for them being unsteady whilst undertaking gardening and using gardening tools. We spoke with the registered manager and saw this risk assessment was put in place immediately to help protect the person's safety.

Risk assessments were updated as people's needs changed. For example, a person had been seen by a health care professional and equipment was being used to aid their mobility and reduce the risk of falls. Staff were knowledgeable about the equipment people needed to use to maintain their wellbeing.

The registered manager undertook monthly audits of accidents and incidents that occurred. They said that they observed to see if there were any patterns to these

incidents which may help them to take corrective action and prevent further issues from occurring. Help and advice was sought from relevant health care professionals, where this was necessary to prevent further issues from occurring.

Information was available for staff to refer to in the event of an emergency. This included the support and help people needed to receive in the event of a fire. Regular checks were undertaken on the emergency lighting, fire extinguishers and fire alarm systems. Staff received fire training which helped them prepare for this type of emergency.

Throughout the service we saw hand washing facilities and sanitising hand gel was available for staff and visitors to use. Staff were provided with personal protective equipment such as gloves and aprons; these were found in different communal areas throughout the service and in people's bedrooms which helped to maintain effective infection control practices.

Systems were in place to maintain and monitor the safety of the premises. The registered manager undertook a general environment audit which included inspecting people's bedrooms, including the furniture and fittings. We noted whilst being shown round the service that a number of people's en suite shower drains were dirty and some high dusting was required. The en suite and bathroom fans needed to be dusted, we spoke with the registered manager and this was immediately undertaken. We saw in two people's rooms sterident was present, we discussed this with the registered manager because it can be dangerous if swallowed. The people who had this in their rooms had capacity to decide how they wished to store this, after discussion it was stored securely. The registered manager added this information to their audits to prevent any risk occurring for people living with dementia.

We saw records of general maintenance that was undertaken, contractors' records were in place and service contracts were running to maintain the equipment at the service. Water temperatures and cleanliness of the water was monitored. Emergency contractors' phone numbers were provided to staff; the deputy and registered managers were on call and could be contacted at any time by staff for help and advice.

Communal areas of the service were free from obstacles or trip hazards. Corridors and bedrooms were spacious so people could use wheelchairs and staff had the space to

Is the service safe?

use moving and handling equipment safely. There was access to the front door and garden so people could get around. During our visit an outside storage cupboard had a door fitted to make it secure so people at the service could not access this.

The registered manager monitored the staffing levels provided. They told us how they placed staff on duty that had the right skills to be able to deliver the service that people required. Staff we spoke with told us that there were enough staff provided to meet people's needs.

We inspected the medicine systems in operation in the service. We spoke with the member of staff who was responsible for operating this system. They told us about the ordering, storing, administration, recording and disposing of medicines. There was a monitored dosage system in place, the pharmacy pre packed people's medicine to assist the staff to be able to dispense these safely. Photographs of people were present to help staff

identify people. People's allergies to medicines were recorded on their medication administration records [MAR]. This helped to inform staff and health care professionals of any potential hazards.

We observed part of a medicine round, the member of staff had undertaken training about how to carry this out safely. We observed they were competent at giving people their prescribed medicines. We saw that they took their time to correctly check the medicines to be given; they checked people's identity and stayed with them until their medicine was taken.

We checked the balance of some controlled medicines at the service and found these to be correct. There was a medication fridge in use for the cold storage of medicines where this was necessary. The temperature of the treatment room used for storing medicines was monitored. The registered manager was going to have vents placed in the treatment room door to provide better ventilation to this room, which was currently within the correct temperature range for storing medicines.

Is the service effective?

Our findings

People we spoke with told us they got the help they needed and said they were looked after well by the staff. A person said, "I have everything I need." Feedback on a quality survey completed in January 2015 stated; 'Mum is very happy with the food.' and 'Updated information is provided all the time, I am kept well informed.'

Relatives we spoke with told us they thought the staff knew what they were doing and were able to meet their needs of their family members. We received the following comments: "Overall the staff are very nice, the meals are really good." "As a general observation I thought there would be more interaction for the residents." and, regarding activities and outside entertainment, "I thought there would be more of these." The registered manager and activities co-ordinator told us how they encouraged activities and told us as the weather improved there were plans to undertake more activities to help keep people engaged.

We saw evidence which confirmed that people were assessed to make sure that the staff could meet people's needs before they were offered a place at the service. Information was provided to people and to their relatives about what could be provided to them. This helped to inform all parties.

Care records we looked at included information about people's likes, dislikes and preferences. This helped to inform the staff. We observed staff delivering care and support to people in the communal areas of the service. Staff knew people's preferences, for example, staff called people by their preferred names, knew how they liked to have their drinks served and knew what hobbies and interests they liked. One person loved gardening. Staff encouraged them to undertake this. People were assisted by staff to do what they could for themselves to promote their independence.

Care records that we inspected confirmed that relevant health care professionals were asked for their advice and help to assess people's health and wellbeing as their needs changed. We saw people received input from general practitioners, dentists, opticians, chiropodists, speech and language therapists, consultants and dieticians. Staff told

us how they supported people to attend appointments or liaised with health care professionals to get them to visit people at the service. This helped to maintain people's wellbeing.

Staff confirmed they undertook regular training in a variety of subjects which included; moving and handling, medicine administration, safeguarding, first aid, infection control, dementia and The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The staff told us training was on-going and had to be completed to maintain their skills. A member of staff said, "I get as much training as I can the last bit was first aid, I want to do the moving and handling trainers course." We saw that a programme of supervision and appraisals were in place to help support staff and to highlight any issues or further training that may be required.

The Care Quality Commission [CQC] is required by law to monitor the operation of the Deprivation of Liberty Safeguards [DoLS]. People had their mental capacity assessed and where necessary the registered manager gained advice from the local authority to ensure they acted in people's best interests and did not deprive people of their liberty unlawfully. We saw one person had a DoLS in place. We inspected this to ensure it was correct and protected the person's best interests. We saw the registered provider had appropriate policies and procedures in place to help to guide the staff. Advocates were provided locally for people who required this. This helped to protect people's rights.

People had their nutritional needs assessed on admission and throughout their stay. This information was available to staff and to the cooks who were aware of people's special dietary needs and preferences. We spoke with the cook who told us that people's views were gained through general discussion and at residents meeting where people were asked if they would like to try different foods or make suggestions to add to the menu.

A cooked breakfast was offered daily and fresh fruit was available for people to eat at any time. Drinks were made at set periods throughout the day as well as spontaneously. We observed lunch; the dining room was set out so people could be sociable with each other. People spoke to each other or listened to the background music. There was friendly banter between people and staff. People could choose where they wanted to eat. There was a lighter meal provided for tea and supper was provided.

Is the service effective?

We observed some people needed some prompting and encouragement or assistance to eat and drink. Staff sat with people and assisted them to eat and drink with patients and kindness. Adapted cutlery and crockery, as well as bold coloured cups were used to help promote people who were living with dementia to eat and drink. Staff spent time with people and spoke with them whilst assisting them in an unhurried manner. Small and large portions of food were offered to people as well as second helpings. The cook spoke with people after lunch to make sure they had enjoyed their meal and to ask if anyone would like anything else to eat or drink. Special themed food events were put, for example, Halloween had been celebrated as well as Easter.

Staff monitored people's dietary and fluid intake, where people were reluctant to eat or drink or if they were losing weight. We saw that health care professionals were contacted for advice and guidance. This helped to ensure that people's nutritional needs were met.

We observed that the building was suitable for hoists and for special equipment such as hospital beds with pressure relieving mattresses. Those at risk of getting up unaided or

at risk of falls had a pressure mat by their bed to help alert staff. These were provided to people who had been assessed as requiring this equipment to help to maintain their wellbeing.

In the recent refurbishment of the service memory boxes had been fitted by people's bedroom doors where they could place items such as photographs or ornaments which helped people to remember which room was theirs. Each person's bedroom door had a letter box, door knocker and number on it to help orientate people and remind them that they were at 'home'. Communal areas were bright, airy and spacious; paintings of the seaside, countryside and an aquarium were on the walls to help people to reminisce.

The registered manager had contacted a specialist to help them to place the furniture in the best positions in the dining room to assist people with poor memories to get around and speak with each other. New pictorial signage was on order and there was some homemade signage in place which assisted people to find their way to the communal toilets and bathrooms. There were plans in place to develop a sensory garden later in the year, people had access to a secure garden which was just being planted up and was being improved for people to use.

Is the service caring?

Our findings

People we spoke with said they were well cared for. One person when asked about their care said, "I am quite content at the moment." Another person said, "The staff are very nice." People we spoke with told us the staff were polite and respectful one person said, "Very friendly."

Relatives we spoke with said, "They [staff] are very kind and patient." and "My relative is always clean and tidy." Another relative, when we asked them about the care said, "I'm quite happy." Feedback on quality surveys completed in January 2015 stated; '[name] has settled well and all staff display obvious fondness towards them. I am confident they are being well cared for.' 'Staff care for residents very well and really care about them.' and 'The staff are good and very helpful.'

One relative explained that they had seen that care was focussed on the individual residents needs and gave the following example: "When a resident had first come in all they did all day was to sit in a chair and rock a doll. They would not leave their seat at meals times, and would not let go of the doll. Over a period of time staff spent time with them and built up a confident relationship, so that they would leave their chair and the doll and be helped over to the table to have their meals. This now happens often."

A visiting health care professional told us that the staff were caring and the atmosphere within the service had a homely feel to it.

The registered manager told us they tried, along with the staff to ensure people were cared for and they said they wanted people to feel 'at home'. The registered manager was very knowledgeable about the care people needed to receive.

We observed that staff offered help and assistance to people, yet promote their independence. For example, a

person was asleep at lunchtime and staff let the person sleep. When they awoke a member of staff very politely asked if they would like their lunch now and helped them to the table. The cook fetched their meal to them at the table; the person was shown and asked what they would like to drink. We observed that this was carried out in a very caring way.

We observed that the staff and registered manager constantly asked people if they were alright or if they needed anything. We saw that the staff listened to people's responses and acted upon what was said. For example, a person said they did not feel well today staff sat with them and talked with them to find out how they felt unwell and they offered advice and guidance about what may help them to feel a bit better.

During our observation over lunchtime we saw staff talking with people, they were kind and respectful, for example, a person said to a member of staff they had enjoyed their company and their lunch, the member of staff said, "I have enjoyed your company as well, thank you very much."

People looked relaxed and happy in the company of the staff. Staff addressed people by their preferred name and they knocked on people's bedroom doors before entered their room.

Staff told us how they treated people as individuals and understood how important this was. All the staff said they would not want to work anywhere else. A member of staff said, "I love working here. We have amazing residents I love it, it's like one big happy family. We are all nice to each other, there's a nice atmosphere, nice calm environment. The service users are like family."

Visitors were encouraged at any time; they were able to make themselves drinks along with their relative. Staff were seen welcoming visitors to the service.

Is the service responsive?

Our findings

People we spoke with said that the staff responded to their needs. One person said, "They don't let me out of their sight," however did this whilst smiling and acknowledging that they were well looked after. We observed staff responded to people's needs appropriately.

A relative we spoke explained to us that the staff were very quick to get their relative antibiotics and make sure they were seen by a doctor before any infections developed. They said, "As

soon as the staff hear any rattle they get the doctor."

Another relative said, "It's so good to see that somebody [staff] can be bothered." A third relative spoke about activities provided, they said, "[Name] had a quiz morning and short interactions as necessary."

Other relatives we spoke with that were visiting a person told us [name] had not been there long, only from last October time, but that they like to be outside and loved gardening. They told us how the service had responded to their needs and told us the service organised for them to undertake gardening and to go out when they wanted, for example, to be accompanied to cross the road to the paper shop to get a paper when they wanted too.

A health care professional we spoke with told us staff acted swiftly to make sure they were made aware of any issues which helped to maintain people's health.

We saw in people's care records that there was information such as hospital discharge letters and care plans from the local authority to help inform staff about people's needs. This information was used as a base line for staff to start to develop people's care plans and risk assessments with people and their relatives. As people's needs changed we saw this information was updated. Staff told us that they reviewed this information with people and where, necessary with people's chosen representatives. This helped to ensure that people received the care and support they wanted to receive. A member of staff we spoke with said, "I have read the care plans, when I first started I got to know the residents, I know what they like."

People were weighed on admission, if their weight was too low they were monitored and a referral was made to the general practitioner or dietician. The cook was aware of this information so they could supply people with fortified and finger foods to encourage them to eat.

Staff told us that they monitored people's condition on a daily basis and reported changes in people's needs at the staff handovers between shifts. We attended a handover meeting and saw that information about people's health and wellbeing along with activities, dietary needs and emotional state were discussed. Information about health care professionals that had visited was passed on so that all the staff were kept fully informed about how people's needs were to be met.

Staff we spoke with confirmed equipment that was needed to prevent deterioration in people's conditions. For example, pressure relieving mattresses and cushions were in place for people who were at risk of developing skin damage due to being frail or immobile. We saw this equipment was in place.

We observed that the staff had a good understanding of the care and support people required. The registered manager was well informed about this because they attended the daily handovers and they observed the support provided to people in the communal areas of the service.

We saw staff prioritised care for example, if a person was unsettled or seemed anxious staff attend to them quickly. We saw staff were observant, they watched to make sure people who seemed unsteady on their feet were using their walking aid or staff assisted them to take a seat or walked with them. We observed that a person had sat at the dining table for lunch with soil on their hands after gardening. This was mentioned to staff who immediately asked the person if they would like to wash their hands before having their lunch.

The registered manager monitored and analysed accidents and incidents that occurred. They told us they looked for trends or patterns and took corrective action to help prevent further accidents from occurring. They told us how they shared this information with the staff and gained advice from health care professionals to reduce the risks to people's safety.

There was an activity co-ordinator provided at the service. We saw photographs of themed meals and events that had occurred. On the first day of our inspection people were

Is the service responsive?

listening to music and some sat in a separate lounge later on. Staff sat and reminisced with people. The activities co-ordinator told us how they knew a person liked puzzles and word games they had a regular day and time for undertaking these with the person. There were some small pets and an aquarium for people to enjoy. A local hairdresser visited the home to provide a service on a weekly basis.

People were able to go out in the local community escorted by staff or family. During our inspection a person went out with their family to Normanby Hall and a person was taken to the local shops by staff. This helped people to live the life they chose.

A complaints procedure was in place and was available to people and their relatives. People we spoke with said they were happy and had no complaints to make. Staff told us they would deal with any issues they could but that if someone wanted to make a complaint they would inform the management team. Issues raised were investigated and were resolved, where possible to the person's satisfaction.

Is the service well-led?

Our findings

People we spoke with told us they were at home and said they were listened to by the staff and by the management team.

Relatives we spoke with said they were happy with the service provided. They told us they were welcomed and were treated as part of the 'family'. They confirmed that they were asked for their opinions about the service at the resident and relatives meetings. A relative said that they had been to these meetings, and they confirmed they were always listened to and could have their say. They said they had no worries if they needed to discuss any concerns that they might have. They told us their opinions were taken on-board by the registered manager and registered provider.

One relative we spoke with was the Chairperson of 'The Friends of Norwood House.' This consisted of a small group of people with the registered manager acting as Secretary who discussed ideas and suggestions that might improve the service. Residents and relatives meetings were held to gain people's views action had been taken when improvements had been identified.

Since our last inspection the registered manager told us that a number of changes to the management structure of the service had taken place and that the registered provider was reviewing the environment, policies and procedures and auditing being undertaken. The registered manager had an 'open door' policy so that people, their relatives or visitors could speak with them at any time. A deputy manager had been appointed to assist the manager in running the service.

Staff asked people and visitors for their views about the service. The registered manager was approachable and knew how the service was running because they attended daily handovers between staff and observed the care provided to people in the communal areas of the service.

We observed that the registered manager had a good rapport with the staff and interacted well with relatives and visitors. There was an open positive culture in place. The registered manager told us that both she and the registered provider were working hard to make the service the best it could be. They told us how they welcomed the chance to

work positively with the local authority and the Care Quality Commission. The ethos of the home was to encourage people to live the life they chose. They told us that the refurbishment of the building would continue.

Staff we spoke with understood values and aims of the service. There was a photograph board with the staffs' names recorded on it. This displayed the management team and staff working at the service which helped to inform people.

The registered manager assessed and monitored the quality of service provided. A range of audits were in place to help the registered manager monitor the service provision, safety of the premises, and the environmental, staff training, recruitment, care and medicine records. Where we had found issues the audits were updated to make sure the shortfalls found and rectified could be monitored so there chances of occurring again were minimised. This information was shared with the staff.

During our visit the staff we spoke with told us they loved working at the service and they all said they would not work anywhere else. One member of staff had come out of retirement and increased their working hours because they said the service was such a lovely place to work. Staff told us they appreciated the management style adopted within the service which they said was firm and fair and produced a welcoming family atmosphere within the service. Staff we spoke with told us the registered manager and registered provider were approachable and they said they could speak with them or raise any issues.

A yearly resident survey was undertaken. The results of the survey undertaken in January 2015 were positive. The following comments were written on people's responses: 'The manager is always available' 'Always approachable and professional' 'Excellent service and care provided.' 'Easy to see carers really care for residents in the best way they can, carers know each resident very well.' and 'The home is homely and comfortable.'

Regular staff meetings occurred, staff we spoke with told us they could raise their views at any time and said they felt their views were listened to and were acted upon. The registered manager undertook training and was researching information about models of best practice for people living with dementia.

Is the service well-led?

Accidents and incidents were monitored and this information was acted upon to help prevent further incidents or accidents from occurring.