Riseley Beds Limited

Brook House Residential Home

Inspection report

72 High Street
Riseley
Bedford
Bedfordshire
MK44 1DT

Tel: 01234708077

Date of inspection visit:
13 July 2017

Date of publication:
14 August 2017

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 13 July 2017 and was unannounced.

Brook House Residential Home provides a service for up to 20 older people who may also be living with dementia. The registered manager reported this to be more than 80% of the 19 people living in the home on the day of the inspection. Respite care is provided at the service, but there was no one receiving respite care on the day of this inspection.

A registered manager was 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.

Staff had been trained to recognise signs of potential abuse and keep people safe. People felt safe living at the service and staff were confident about reporting any concerns they might have. Processes were in place to manage identifiable risks within the service to ensure people were supported safely and did not have their freedom unnecessarily restricted.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. People had their needs met in a timely way and staff provided care and support in a patient and unhurried way.

Checks were being carried out on new staff to make sure they were suitable and safe to work at the service.

People received their medicines when they needed them and in a safe way.

Staff received the right training to ensure they had the necessary skills and knowledge to meet people's needs.

Systems were in place to ensure the service worked to the Mental Capacity Act 2005 key principles, which state that a person's capacity should always be assumed, and assessments of capacity must be undertaken where it is believed that a person cannot make decisions about their own care and support.

People had a choice of food, and had enough to eat and drink. Assistance was provided to those who needed help with eating and drinking, in a discreet and helpful manner.

The service worked with external healthcare professionals, to ensure effective arrangements were in place to meet people's healthcare needs.

Staff provided care and support in a caring and meaningful way. People were supported to have choice and control of their lives as far as possible, and were treated with kindness and compassion. Staff respected their

privacy and dignity at all times.

People were given opportunities to participate in meaningful activities.

Arrangements were in place for people to raise any concerns or complaints they might have about the service. These were used by the service as an opportunity for learning and improvement. We saw that people and relatives were given regular opportunities to express their views on the service they received and to be actively involved in making decisions about their care and support.

The management team provided effective leadership at the service, and promoted a positive culture that was open and transparent.

Systems were in place to monitor the quality of the service provided and drive continuous improvement.

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 understood how to protect people from avoidable harm and abuse.

Risks were managed so that people's freedom, choice and control was not restricted more than necessary.

There were sufficient numbers of suitable staff to keep people safe and meet their needs.

The provider carried out checks on new staff to make sure they were suitable to work at the service.

Systems were in place to ensure people's daily medicines were managed in a safe way.

Is the service effective?

Good

The service was effective

We found that people received care from staff who had the right skills and knowledge to carry out their roles and responsibilities.

Systems were in place to ensure the service acted in line with legislation and guidance in terms of seeking people's consent and assessing their capacity to make decisions about their care and support.

People were supported to have sufficient to eat, drink and maintain a balanced diet.

People were also supported to maintain good health and have access to relevant healthcare services.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness and compassion.

Staff listened to people and supported them to make their own decisions as far as possible.

People's privacy and dignity was respected and promoted.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was appropriate for them.

Systems were in place to enable people to raise concerns or make a complaint, if they needed to.

Is the service well-led?

Good

The service was well led.

The service promoted a positive culture that was inclusive and empowering.

A registered manager was in post who provided effective leadership.

There were systems in place to support the service to deliver good quality care.

Brook House Residential Home

Detailed findings

Background to this inspection

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

The inspection was unannounced and was carried out on 13 July 2017 by one inspector 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 checked the information we held about the service and the provider, such as notifications. A notification is information about important events which the provider is required to send us by law.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also asked for feedback from the local authority who have a quality monitoring and commissioning role with the service. No concerns were raised.

During the inspection we used different methods to help us understand the experiences of people using the service, because some people had complex needs which meant they were not able to talk to us about their experiences. We spoke with nine people living at the service and observed the care being provided to a number of other people during key points of the day including lunch time, during an activity and when medicines were being administered. We also spoke with the registered manager, the deputy manager, the cook, three care staff and an activity coordinator.

We then looked at care records for three people, as well as other records relating to the running of the service. These included staff records, medication records, audits and meeting minutes; so that we could corroborate our findings and ensure the care being provided to people was appropriate for them.

Good

Is the service safe?

Our findings

Everyone we spoke with confirmed that they felt safe living at the service. The reasons people gave varied, but in essence it was because of the caring staff and the doors being locked. One person said, "I have been here a little while, so it is home and I do feel safe yes." Relatives had provided some recent written feedback which echoed people's feedback. One relative had written: 'The house is clean and fresh and always a pleasure to visit with safety and security of residents, uppermost'.

Staff confirmed they had been trained to recognise signs of potential abuse, and understood their responsibilities in regards to keeping people safe. They all understood what constituted abuse and were clear about the various forms that abuse may take, and the potential impact on people living at the service. They told us that if they ever suspected abuse, they would report their concerns straightaway to a senior member of staff. We saw that information was shared with staff and visitors about safeguarding procedures, including who to contact in the event of suspected abuse. Records we looked at confirmed that staff had received training in safeguarding and that the service followed locally agreed safeguarding protocols.

Staff spoke to us about how risks to people were assessed to ensure their safety and protect them from harm. They described the processes used to manage identifiable risks to individuals such as not eating or drinking enough, falls, pressure damage to the skin and medication errors. Staff told us that identified risks were recorded in people's care plans and any updates were given to them during regular shift handovers. Records we looked at supported this. Equipment was in place to support those at risk from pressure damage, such as pressure cushions and mattresses, and staff were seen encouraging people to use this. We observed staff on a number of occasions supporting people as they moved about the home. They demonstrated safe techniques and offered people lots of reassurance. One person was seen to blow a kiss to staff following a transfer from one chair to another, indicating they were happy with how their support had been provided.

Staff were clear about ensuring a measured approach when managing identified risks to people; to minimise restrictions on their freedom, choice and control as far as possible. We noted that people, including those at risk if they were to leave the service on their own, could access the outside courtyard which had a secure boundary line, to keep them safe. One staff member told us, "We do what we can to prevent accidents but we still do have falls." They explained that some people who were unsteady on their feet enjoyed the freedom to be able to walk around, and that they would be frustrated if they were prevented from doing so.

Systems were in place to ensure the premises and equipment was managed in a way that ensured the safety of people, staff and visitors. On arrival, we were asked to sign in for security and safety purposes. The registered manager talked to us about the fire safety measures at the service including drills and evacuation plans, and we saw that checks of the building were carried out routinely, and servicing of equipment and utilities had also taken place on a regular basis. In addition, individual personal emergency evacuation plans and a business continuity plan were in place; to support staff in the event of an emergency or a major disruption to the service.

People told us there were sufficient numbers of staff to keep them or their relative safe. One person talked to us about using their call bell, if they needed to call for assistance. They told us, "I use it if I am desperate to go to the toilet in my room, they do come promptly, they really do." We saw that people had call bells within reach and that these were responded to promptly. Staff we spoke with felt that enough staff were planned on the rota every day. The registered manager told us that she and the deputy manager were able to support staff in the event of unplanned absence such as someone calling in sick at short notice. She also told us about plans she was making to ensure adequate staffing cover for future planned absence including staff holidays. It was clear from speaking with the registered manager that she was appreciative of the staff and their loyalty to the home, but wanted to ease their pressure in terms of covering vacant shifts as far as possible over the holiday period.

Our observations found that there were enough staff to meet people's needs. Staff were deployed throughout the home, meaning that they were close by for those people wishing to stay in their rooms, or for those who needed additional supervision to ensure their well-being. During the inspection one person did sustain an unexpected injury and staff reacted in a prompt and competent manner; in terms of seeking medical advice and acting on this. They were observed to provide comfort to the person during the incident, whilst also ensuring the needs of other people living at the service continued to be met.

The registered manager described the processes in place to ensure that safe recruitment practices were being followed; to confirm new staff were suitable to work with people living in the home. We were told that new staff did not take up employment until the appropriate checks such as, proof of identity, references and a satisfactory Disclosure and Barring Service [DBS] certificate had been obtained. We looked at a sample of staff records and found that the required checks had been carried out.

Systems were in place to ensure people received their medicines when they needed them and in a safe way. We observed medicines being administered to people at lunch time. People were not rushed and the staff member administering understood the purpose of the medicines they were giving to people and how best to take them. They checked with people to see if they needed 'as required' (PRN) medicine, such as pain relief. Staff confirmed they had received training to be able to administer medicines and demonstrated a good awareness of safe processes in terms of medicine storage and administration. Training records supported this.

Clear records were being maintained to record when medicines were administered to people and we saw that medication administration records (MAR) were only signed when people had taken their medicines; minimising the risk of someone's medicines being missed if signed for in advance. We also saw that medicines were stored securely, with appropriate facilities in place for temperature sensitive medicine.

Good

Is the service effective?

Our findings

People told us they were supported to have their needs met by staff with the necessary skills and knowledge. One person commented about the staff, "Very well trained I feel, I watch them with other people not just with me and I think they know what they are doing." Staff confirmed they received the right training to do their jobs. One staff member told us, "I did loads and loads of training as part of my induction. It seems to be on-going here." Another staff member talked about induction training and said, "Management are responsible for that, but sometimes I am asked to help and I show them (new staff) where the fire exits are, where to find instructions and care plans." A third staff member confirmed they had been told about fire procedures and the evacuation process as part of their induction.

The deputy manager talked to us about the home's approach to staff training. Clear training records were being maintained to enable her to review completed staff training and to see when updates or refresher training was due. These confirmed that staff had received recent training that was relevant to their roles such as safeguarding, dementia awareness, conflict resolution, manual handling, pressure ulcer prevention, nutrition and malnutrition in older people, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We saw that non care staff had also completed relevant training in areas such as safeguarding and dementia, which provided them with important knowledge and an understanding of the needs of people they came into close contact with on a regular basis. From speaking with staff and observations throughout the inspection, we found staff had the right knowledge and skills to meet people's needs. For example, we observed staff using their training effectively in terms of minimising the risk to people of developing a pressure ulcer or when carrying out safe moving and handling techniques.

Staff told us that meetings were held to enable the provider and registered manager to meet with them as a group, and to discuss good practice and potential areas for staff development. They confirmed that they were able to use the meetings to raise issues and influence practice going forward. Recent minutes showed areas such as privacy and dignity, choice, confidentiality and staff training had been discussed. Records also showed that staff had received individual supervision; providing them with additional support in carrying out their roles and responsibilities.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that systems were in place to assess peoples' capacity to make decisions about their care and appropriate DoLS applications had been completed by the registered manager. The deputy manager showed us that an electronic record was being

maintained, enabling her to have clear oversight of when an authorised DoLS was due to expire or require renewal.

Staff were seen supporting people to make their own decisions and seeking their consent before providing care and support. For example, one person did not want to come to the main dining room for lunch, so they were supported to eat their lunch in another area of the home, of their choosing. Another person was helped to sit outside in the garden in the shade, but then chose to move into the sunshine, which staff supported them to do with patience and gentleness.

Records showed that meetings had taken place to discuss those people who were sharing a bedroom at the service; where they lacked capacity to make a decision about sharing for themselves and did not have LPA (Lasting Power of Attorney) arrangements were in place covering health and welfare decisions. This showed that consideration had been given to people sharing rooms and decisions had been made in their best interests where appropriate regarding the arrangement. Where DNARCPR (Do Not Attempt Cardiopulmonary Resuscitation) arrangements were in place, there was evidence that these had been discussed with people, or their relatives - where appropriate, and their involvement recorded.

People told us they enjoyed the food and said that they had plenty to eat. One person told us, "Food is very nice. We do get a choice. I enjoy the food." Staff demonstrated that they understood how to support people effectively with eating and drinking. One staff member told us, "We give them a choice of food and try to find them something they would like to eat. We cut if up for them if they need it and we weigh them monthly generally. We closely keep an eye on them throughout the day and keep offering them drinks."

The registered manager told us that when people first moved into the home their food and fluid intake was monitored for three days, to enable staff to assess their nutritional needs. We found evidence of this happening for someone who had recently been discharged from hospital, allowing staff to assess whether there had been any changes regarding their eating and drinking requirements. We found that staff were knowledgeable about how to support people who had been identified as being at risk from not eating and drinking enough. The cook told us that she had attended some specific training regarding nutrition which involved using fortified recipes for food and drinks; to encourage higher energy and protein intake. Records showed that people's weight was monitored on a regular basis and that stable weights were being maintained. In recognition of the service's approach to meeting people's nutritional needs, a certificate had been awarded by the local Food First Team, who work with care homes to promote the detection of, and provide support in managing, those at risk of malnutrition using everyday foods.

Lunch time was observed to be a positive experience. Dining tables were laid out with cutlery, napkins and glasses, providing a visual clue for people living with dementia that it was time to eat. We saw that staff supported people when required to eat their food, and this assistance was provided in a discreet and helpful manner. Meals we saw looked and smelt appetising, and people appeared to enjoy their meals as they were seen to eat well. There were also opportunities in between main meals for people to have drinks and snacks. We saw staff ensuring people had drinks within easy reach, and the cook showed us a supper box she had prepared offering people a visual choice of snack, including healthy options such as fruit; to ensure they were not hungry through the night.

People confirmed they were supported to maintain good health and have access to relevant healthcare services. One person told us, "No question they would get a GP for you. He seems to come regularly, I can't remember if it's every week or not." Another person told us that they received regular visits from the district nursing team. A relative had provided some recent written feedback which supported these comments. They had written; 'They are very cooperative arranging hospital visits and transport. We couldn't really ask

for more." We observed this to be the case during the inspection when someone living with dementia needed to go to hospital at short notice. Arrangements were quickly made for a member of staff to go with the person until they were either discharged or their family could take over. This meant that there was someone familiar with the person who could support them in unfamiliar surroundings and also ensure hospital staff had the right information to help to treat the person. We heard conversations taking place between the registered manager, the staff member and the person's relatives; meaning that everyone was kept up to speed with developments through the course of the hospital visit.

Staff were clear about the importance of monitoring people's health needs and seeking additional support and advice as required. They confirmed they felt well supported by external healthcare professionals, who they called upon when they required more specialist support, such as the local complex care team, GP and district nursing team. One staff member told us, "We have a doctor come around every week but if they need the doctor in between times we always call them to come in. Also we have a district nurse call twice a week and we can ask her for advice if we need to." Records showed that people were seen by relevant healthcare professionals when they needed to, and the outcome of these appointments was documented.

Good

Is the service caring?

Our findings

People told us that staff treated them with kindness and compassion at all times. One person said, "They are all very good to us here, they really are." Another person described staff as, "Kind, caring, patient people they are." We saw recent written feedback from a number of relatives that supported these comments. One relative had written: 'The love and care that she received was excellent, from the manager to every one of the staff. There was definitely a very strong culture of care and desire to do their best for the residents'. Another relative had written: 'My mum was loved and cared for. Staff tried their best to make her comfortable and happy. I always felt welcome when I visited and felt staff were always keen to listen to my thoughts and views about my mum's care'.

We observed positive interactions between staff and people, and the approach from staff was meaningful and personalised. It was clear the staff knew the people living at the service well and understood how best to support them. For example, one person was not keen on the taste of a medicine that needed to be dissolved in water. The staff member administering the medicine ensured it was dissolved in the least amount of water possible and that the person had food and drink close by to take the taste away straight after. We observed the person to take their medicine with no problems following this approach and they indicated their gratitude to the staff member's personalised approach by giving them a thumbs up.

Staff were attentive and responded to requests for support in a timely manner, with a smile and in a kind, compassionate manner. We watched them supporting people to enjoy the sunshine and sit outside if they chose to do so. We saw that staff ensured people had everything they needed such as handbags, magazines and pressure relieving equipment; to ensure their safety and comfort. They also ensured that a parasol was in place, to keep people safe from potential sun damage. On another occasion, we overheard staff speaking kindly with someone as they supported them in their bedroom to eat some lunch.

People were able to express their views and be actively involved in making decisions about their care and daily routines. Staff were seen offering people choices throughout the day, and trying to involve them in making decisions about their care as far as possible, such as where they wanted to spend their time or what they wanted to eat or drink. One person requested a glass of wine with their lunch and this was provided. This showed that people were listened to and respected.

People were supported to maintain important relationships with those close to them and everyone we spoke with confirmed that there were no restrictions on visiting times. Staff reported that people had frequent visits from friends and family, and that people were supported as much as possible to go out and about with friends and family if they were able to do so.

Without exception, everyone told us that their privacy and dignity was respected and upheld. They told us staff used towels to cover them up when providing personal care, curtains were closed and doors knocked; all to maintain their privacy and dignity. Staff demonstrated a clear understanding of how to respect people's privacy and dignity. One staff member told us how they went about this by, "Knocking on doors before entering rooms, using two towels - one to cover, one to dry, keep doors and curtains closed." A

relative had also provided some recent written feedback which referred to how staff ensured peoples' appearances promoted their dignity. They had written: 'My mother in law always looks nicely dressed, clean and content'. On our arrival we saw someone wearing their top inside out, but this was quickly noticed by staff who supported them to adjust their top and maintain their dignity. We also observed that shared bedrooms had been fitted with a purpose made track and privacy curtain, to provide each occupant with some individual private space.

Good

Is the service responsive?

Our findings

People confirmed that they, or those acting on their behalf, were encouraged to contribute to the assessment and planning of their care. The registered manager told us that relatives were asked to complete 'Life Books' in order to provide the service with important information about each person, such as significant life events and individual likes and dislikes. We saw examples of these and of separate assessments being undertaken prior to someone moving into the service; to support staff in developing care plans that reflected how people wanted to receive their care and support.

We looked at a sample of care records, which contained some useful information to support care staff in meeting people's individual needs. Additional records and monitoring charts were being maintained to demonstrate the care provided to people on a daily basis. However, due to a lack of space, care plans did not adequately describe how support should be provided in a personalised way that was reflective of people's individual preferences. Despite this, there was no evidence that people's individual preferences were not taken into account, and it was clear from speaking with staff that they knew people's needs well. The registered manager told us that they were in the process of moving people's care records to a computerised system and showed us an example of how a new care plan would look. She explained that the new care plans would be more comprehensive and easier to update when changes occurred. She added they would also enable the management team to monitor the standard of care more efficiently, and advised that this work would be completed by the end of August.

We found that people's needs were routinely reviewed; to ensure the care and support being provided was still appropriate for them and that their needs had not changed. Staff confirmed that peoples' care plans were reviewed monthly or whenever their needs changed.

People told us that they were supported to retain their independence and have as much choice and control as possible. One person told us, "I get myself washed and dressed. I only see them (the staff) down here in the lounge. They do like me to tell them if I am having a shower, but they are good to me really they are - they just leave me alone." We observed staff supporting people in a patient and supportive manner, encouraging people to complete tasks for themselves as far as possible. This showed that people received personalised care that was responsive to their individual needs.

We checked to see how people were supported to follow their interests and take part in social activities. One person told us, "We do many more activities more recently, we can paint, do art and crafts, or that lady (activity staff member) throws a ball. Just lots of things in the front lounge. One of us plays the piano and we sing along." We observed this happening before lunch, and saw one person in particular was particularly engaged with the music. Another person told us, "We do lots of different things. It varies from one day to the next." Several relatives echoed these comments through written feedback. One relative had written: 'Very satisfied with Brook House. Mum seems well looked after. Plenty of things to do and as mum enjoys animals, having some at the home helps her settle'. The home kept chickens and had a pet cat. In addition, the manager's dog visited regularly, which provided some entertainment and company for people living at the service. The registered manager told us about some of the activities that were provided such as tea dances,

a magician, exotic animals being brought into the service, monthly services with the local vicar and regular visits from a hairdresser as well as shared events with the local community, including visits to and from a nearby school. She added that the transport provided by the service had also been upgraded with the provision of a new mini bus and an accessible car; enabling people to access external activities and medical appointments more easily.

Staff demonstrated a good understanding about the risks of social isolation and spoke to us about their attempts to engage people in activities where they needed to, or preferred to, spend the majority of their time in their room. The registered manager also emphasized the importance of providing activities that were age appropriate. We observed this happening on the day and saw people were engaged and smiling in response. The registered manager also showed us that people being cared for in bed had had their rooms redecorated, with plans to add mood lighting; to provide some sensory stimulation and a change of view.

People confirmed they knew how to raise concerns or make a complaint. One person said, "I speak to one of the ladies (staff) here and things soon get straightened out." Most people told us they would speak with staff in the first instance and felt this would bring about the necessary resolution. A relative had provided some recent written feedback confirming people's feedback was encouraged. They stated: 'The staff are very chatty and explain things if you are concerned or have any worries'.

The registered manager showed us that she maintained a record of general grumbles, complaints and compliments. We noted from this that feedback was taken seriously and dealt with in a timely manner. The records we saw provided a clear audit trail of any actions taken in response, including meetings with relatives where necessary. This showed that systems were in place to ensure people were listened to and to provide opportunities for lessons to be learnt from their experiences, concerns and complaints; in order to improve the service.

We also saw that a number of people had taken the time to compliment the service too. For example one person had written to thank staff for the care provided to their relative. They had written: 'We are so grateful that mum spent her final years with you, she was happy and appreciated all the hard work that you do to create a happy environment'. Other people had written to thank staff for their care, devotion, kindness and dedication.

Good

Is the service well-led?

Our findings

The service promoted a positive culture that was person centred, open, inclusive and empowering. The registered manager told us that relatives were actively encouraged to provide feedback through an external care home website. We checked that website and found that 11 relatives had provided feedback this way since our last inspection in November 2016, with all stating that they would be 'extremely likely' to recommend the service to others.

Similarly, surveys had been used to gain feedback from staff which focused on staff support and the approachability of the management team. One staff member told us, "We have recently completed a staff questionnaire, so if we don't feel we can raise things in the meetings we can do so on paper." Fifteen staff had returned their surveys which provided positive feedback overall. Staff confirmed the management team were approachable, supportive and that feedback was acted on. As an example, the registered manager was able to show us that she had taken action in response to feedback from staff following some recent training. They had requested a special type of glove to support them when supporting people to dress; to minimise the risk of friction and injury, and this had been purchased. This showed that the registered manager encouraged feedback from the staff in order to drive continuous improvement. Other records we saw during the inspection also demonstrated a supportive approach by the management team towards staff.

We saw that useful information had been displayed around the building, including information about staff working at the service, menus, safeguarding and complaints. Information had also been developed for prospective users of the service, setting out what they could expect from the service. This demonstrated an open and transparent approach in terms of how information was provided to and communicated with people. We spoke with staff about inclusive ways of communicating with people and making information accessible. We noted for example that menus were handwritten, so may not be easily understood by someone living with a cognitive impairment. The cook showed us a file that she had created containing lots of pictures of food, to help people to understand the choices available to them. It was discussed that this could be further developed by using photographs of the actual meals cooked at the service to provide more accessible and inclusive menus. This would be particularly useful for people needing a visual prompt to help them make choices. We saw that photographs of the staff were already on display, to help people identify who was supporting and caring for them on a day to day basis.

The service demonstrated good management and leadership. People knew who the registered manager was and told us they were approachable. A number of relatives had provided positive written feedback about the management and staff team. One relative had written: 'Management is always helpful with any problems or queries'. Another had written: "I have found the care home to be well organised and very homely'. Staff were equally complimentary about the management team. They felt the management team were supportive and said they were able to go to them with personal issues as well as work matters. One staff member told us, "I feel supported. The manager has an open door policy." Another staff member added, "It's the best place I have ever worked in. I love it here." Staff were observed working cohesively together and it was clear they understood their individual roles and responsibilities. Interactions between staff were positive and there was a keen sense of team work. One staff member told us, "We do support each

other at work; we need to help each other get things done."

The registered manager told us about the ethos of the service which was to value each other, recognising everybody's contribution, respecting diversity, prioritising personal dignity and paying attention to detail. She added, honesty, integrity and diligence are key characteristics which are sought after within our staff, and role modelled by our leadership. We observed that the registered manager and the deputy manager provided a visible presence at the service and made themselves available to assist with care and support as required. We also found the management team to be open and knowledgeable about the service and the needs of the people living there. They responded positively to our findings and feedback, in order to improve the quality of service provided.

The registered manager talked to us about a variety of quality monitoring systems in place to check the service was providing safe, good quality care. For example, she told us about internal audits, satisfaction surveys, and spot checks. We saw from records that regular checks and audits were taking place in areas such as care records, staff records, medication and any complaints. Systems were also in place to ensure legally notifiable incidents were reported to us, the CQC in a timely way and records showed that this was happening as required.

Information provided by the registered manager prior to the inspection demonstrated some clear learning from previous inspections, where the need for improvements had been identified including staff recruitment and admission processes. We saw during this inspection that improvements in these areas had been made and sustained. This showed that our feedback had been taken in a constructive way and used to drive quality across the service.