London & Brighton Convalescent Home

Crescent 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

Summary of findings

Overall summary

We inspected Crescent House on 6 December 2016. We previously carried out a comprehensive inspection at Crescent House on 25 August 2015. We found areas of practice that required improvement. This was because we identified issues in respect to the provision of meaningful activities, quality monitoring and systems to obtain and act upon feedback received from people, systems to assess staffing levels and policies and procedures being up to date. The service received an overall rating of 'requires improvement' from the comprehensive inspection on 25 August 2015.

We undertook this unannounced comprehensive inspection to look at all aspects of the service and to check that the provider had made the required improvements. We found improvements had been made in the required areas and the overall rating for Crescent House has been revised to good.

Crescent House is registered to accommodate up to 17 people. It specialises in providing care and support for predomionatly older people. At the time of our inspection there were 16 people living in the service.

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 and associated Regulations about how the service is run.

People chose how to spend their day and they took part in activities in the service and the community. People told us they enjoyed the activities, which included singing, films, arts and crafts visits from external entertainers and themed events, such as reminiscence sessions and themed nights. One person told us, "Somehow the days slip past so quickly. There are no complaints about being bored". People were also encouraged to stay in touch with their families and receive visitors.

The service asked people and other stakeholders to fill in surveys about the quality of the service and people's feedback was included in plans for future improvements. There were effective systems in place for monitoring the quality and safety of the service. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

People were happy and relaxed with staff. They said they felt safe and there were sufficient staff to support them. One person told us, "Top marks here, I feel very safe". Another said, "I have difficulty with my vision and the staff know this. When I want to move there is always someone around who will guide me and make sure I don't bump in to anything". When staff were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure new staff were safe to work within the care sector. Staff were knowledgeable and trained in safeguarding adults and what action they should take if they suspected abuse was taking place. Policies and prcedures were up to date and provided staff with appropriate information and guidance.

Medicines were managed safely and in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People were being supported to make decisions in their best interests. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Accidents and incidents were recorded appropriately and steps taken to minimise the risk of similar events happening in the future. Risks associated with the environment and equipment had been identified and managed. Emergency procedures were in place in the event of fire and people knew what to do, as did the staff.

Staff had received essential training and there were opportunities for additional training specific to the needs of the service, including the care of people with dementia and managing behaviour that may challenge others. Staff had received both one-to-one and group supervision meetings with their manager, and formal personal development plans, such as annual appraisals were in place. One member of staff told us, "We get monthly supervision". Another said, "If it benefits the home, then we get training for it".

People were encouraged and supported to eat and drink well. There was a varied daily choice of meals and people were able to give feedback and have choice in what they ate and drank. One person told us, "The food is good. We get three meals a day. If it's something you don't like, they'll give you something else". Special dietary requirements were met, and people's weight was monitored, with their permission. Health care was accessible for people and appointments were made for regular check-ups as needed.

People felt well looked after and supported. We observed friendly and genuine relationships had developed between people and staff. One person told us, "The staff are wonderful". Care plans described people's needs and preferences and they were encouraged to be as independent as possible. People also said they felt listened to and any concerns or issues they raised were addressed.

Staff were asked for their opinions on the service and whether they were happy in their work. They felt supported within their roles, describing an 'open door' management approach, where managers were always available to discuss suggestions and address problems or concerns.

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.

Care and support was planned and delivered in a way that ensured people were safe. We saw people's plans included all relevant areas of risk.

The service had arrangements in place for recruiting staff safely and there were enough staff with the right skills, knowledge and experience to meet people's needs.

Medicines were stored appropriately and associated records showed that medicines were ordered, administered and disposed of in line with regulations.

Is the service effective?

Good

The service was effective.

The staff training showed that staff received training necessary to fulfil their roles along with other, relevant training specific to people's needs.

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

People were supported to maintain good health, and to have access to healthcare services that they needed.

Is the service caring?

Good

The service was caring.

There was positive interaction between people and the staff supporting them and staff used touch, as well as words and tone to communicate with people, to good effect.

People were encouraged to increase their independence and to make decisions about their care.

Staff knew the care and support needs of people well and took an interest in people and their families to provide individual

personal care.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care and support was planned and delivered in line with their individual plan.

People's individual plans included information about who was important to them, such as their family and friends and we saw that people took part in lots of activities in the home and in the community.

The service had a complaints procedure and people knew how to raise concerns.

Is the service well-led?

Good

The service was well-led.

People commented that they felt the service was managed well and that the management was approachable and listened to their views.

Quality assurance was measured and monitored to help improve standards of service delivery. Systems were in place to ensure accidents and incidents were reported and acted upon.

Staff felt supported by management and they were supported and listened to. They understood what was expected of them.

Crescent 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 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 took place on 6 December 2016 and was unannounced, which meant the provider and staff did not know we were coming. We previously carried out a comprehensive inspection at Crescent House on on 25 August 2015. We found areas of practice that required improvement. This was because we identified issues in respect to the provision of meaningful activities, quality monitoring and systems to obtain and act upon feedback received from people, systems to assess staffing levels and policies and procedures being up to date. The service received an overall rating of 'requires improvement' from the comprehensive inspection on 25 August 2015.

One inspector and an expert by experience in older people's care undertook this inspection. 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 our inspection we reviewed the information we held about the service. We considered information which had been shared with us by the local authority and clinical commissioning group, and looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. The provider had 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 observed care in the communal areas and were invited into some people's rooms. We spoke with people and staff, and observed how people were supported. We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. We spent time looking at records, including four people's care records, four staff files and other records relating to the management of the service, such as policies and procedures, accident/incident recording and audit documentation.

During our inspection, we spoke with six people living at the service, three care staff, the deputy manager,

the chef and the registered manager.

Good

Is the service safe?

Our findings

People told us they considered themselves to be safe living at Crescent House, the care was good and the environment was safe and suitable for their individual needs. One person told us, "Top marks here, I feel very safe". Another person said, "I feel safe because the staff really do care".

People were supported to be safe without undue restrictions on their freedom and choices about how they spent their time. Throughout the inspection, we regularly saw people moving freely around the service. The registered manager and staff adopted a positive approach to risk taking. Positive risk taking involves looking at measuring and balancing the risk and the positive benefits from taking risks against the negative effects of attempting to avoid risk altogether. Risk assessments were in place which considered the identified risks and the measures required to minimise any harm whilst empowering the person to undertake the activity. We were given examples of people having risk assessments in place to mobilise around the service, access the community and make choices that placed them at risk. For example, some people chose to eat food that may not be good for their condition, such as if they were living with diabetes. The registered manager said, "We promote everyday living. We're an active home for people, just like you or I would be at home".

There were further systems to identify risks and protect people from harm. Risks to people's safety were assessed and reviewed. Each person's care plan had a number of risk assessments completed which were specific to their needs, such as mobility, risk of falls and medicines. The assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk. We also saw safe care practices taking place, such as staff supporting people to mobilise around the service.

Staff had a good understanding of what to do if they suspected people were at risk of abuse or harm, or if they had any concerns about the care or treatment that people received in the home. They had a clear understanding of who to contact to report any safety concerns and all staff had received up to date safeguarding training. They told us this helped them to understand the importance of reporting if people were at risk, and they understood their responsibility for reporting concerns if they needed to do so. There was information displayed in the service so that people, visitors and staff would know who to contact to raise any concerns if they needed to. There were clear policies and procedures available for staff to refer to if needed.

Staffing levels were assessed daily, or when the needs of people changed, to ensure people's safety. The registered manager told us, "We have enough staff. We put on extra staff for example if somebody is unwell". We were told agency staff were not used and existing staff would also be contacted to cover shifts in circumstances such as sickness and annual leave. Feedback from people and staff indicated they felt the service had enough staff and our own observations supported this. One person told us, "I have difficulty with my vision and the staff know this. When I want to move there is always someone around who will guide me and make sure I don't bump in to anything". A member of staff added, "There are usually always enough staff and the management wouldn't think twice about helping".

Staff had been recruited through an effective recruitment process that ensured they were safe to work with

people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. The service had obtained proof of identity, employment references and employment histories. We saw evidence that staff had been interviewed following the submission of a completed application form.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular fire alarm tests and fire drills were taking place to ensure that people and staff knew what action to take in the event of a fire. Gas, electrical and fire safety certificates were in place and renewed as required to ensure the premises remained safe. There was a business continuity plan. This instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property. People's ability to evacuate the building in the event of a fire had been considered and where required each person had an individual personal evacuation plan. Generic and individual health and safety risk assessments were in place to make sure staff worked in as safe a way as possible.

People received their medicines safely. We looked at the management of medicines. Care staff were trained in the administration of medicines. A member of staff described how they completed the medication administration records (MAR). We saw these were accurate. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines as well as temperature checks and cleaning of the medicines fridge. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed. We observed a member of staff administering medicines sensitively and appropriately. We saw that they administered medicines to people in a discreet and respectful way and stayed with them until they had taken them safely. Nobody we spoke with expressed any concerns around their medicines. One person told us, "I have to rely on painkillers. The staff give them to me as prescribed, I've never had to remind them". Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely.

Good

Is the service effective?

Our findings

People told us they received effective care and their individual needs were met. One person told us, "They [staff] care and know what they are doing. They don't turn a blind eye".

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. Staff had knowledge of the principles of the MCA and gave us examples of how they would follow appropriate procedures in practice. Staff told us they explained the person's care to them and gained consent before carrying out care. Throughout the inspection, we saw staff speaking clearly and gently and waiting for responses. One member of staff told us, "We need to make sure that people consent to their care. We have had training on the MCA and DoLS". Members of staff recognised that people had the right to refuse consent. The registered manager and staff understood the principles of DoLS and how to keep people safe from being restricted unlawfully. They also knew how to make an application for consideration to deprive a person of their liberty, and we saw appropriate paperwork that supported this.

Staff told us the training they received was thorough and they felt they had the skills they needed to carry out their roles effectively. Training schedules confirmed staff received essential training on areas such as, moving and handling, medication and infection control. Staff had also received training that was specific to the needs of the people living at the service, this included caring for people with dementia, and managing behaviour that may challenge others. Staff spoke highly of the opportunities for training. One member of staff told us, "They really push training. If you need anything, they will sort it out". Another added, "If it benefits the home, then we get training for it".

The provider operated an effective induction programme which allowed new members of staff to be introduced to the running of Crescent House and the people living at the service. Staff told us they had received a good induction which equipped them to work with people. One member of staff told us, "I had a two week induction. It was very useful, as I got to know everyone, without lots of pressure". The registered manager added, "New staff get to know other staff and the residents. There is mandatory training and the induction goes on for two weeks. Staff are encouraged to take on NVQ training (National Vocational Qualification)".

There was an on-going programme of supervision. Supervision is a formal meeting where training needs, objectives and progress for the year are discussed. Members of staff commented they found the forum of supervision useful and felt able to approach the registered manager with any concerns or queries. One

member of staff told us, "We get monthly supervision".

People commented that their healthcare needs were effectively managed and met. They felt confident in the skills of the staff meeting their healthcare needs. One person told us, "I have to have regular medical appointments and the staff here organise them for me". Staff were committed to providing high quality, effective care. One member of staff told us, "One resident just didn't seem right. They were acting differently, so I called an ambulance and they had a UTI (urinary tract infection)". Where required, people were supported to access routine medical support, for example, from an optician to check their eyesight. In addition, people had input into their care from healthcare professionals such as doctors, occupational therapists, speech and language therapists and chiropodists whenever necessary. The registered manager added, "Staff would recognise if people were ill and access the appropriate professionals. The staff are very aware of our clients".

People were complimentary about the food and drink. One person told us, "The food is good. We get three meals a day. If it's something you don't like, they'll give you something else". Another person told us how they could make specific requests to the cook. They said, "They always take note of likes and dislikes. There's some food I dislike and I get options. I don't like margarine and when I first came here that's what they had. They now also have little butter portions and that's because they listen. I like fish very much and one day I said I liked salmon. The next day they had salmon for me and I now get fish more often". People were involved in making their own decisions about the food they ate. Special diets were catered for, such as vegetarian and fortified. For breakfast, lunch and supper, people were provided with options of what they would like to eat. The chef told us they recorded people's likes and dislikes, and confirmed that there were no restrictions on the amount or type of food they could order.

We observed lunch in the dining area and lounges. It was relaxed and people were considerately supported to move to the dining areas, or could choose to eat in their room or one of the lounges. Tables were set with place mats, napkins and glasses. The cutlery and crockery were of a good standard, and condiments were available. The food was presented in an appetising manner and people spoke highly of the lunchtime meal. We heard people complimenting the chef on the sausages that had been served and one person asked if some sausages could be put by for later, so that they could have a sausage sandwich for their supper. The atmosphere was enjoyable and relaxing and people were clearly enjoying the lunchtime experience. People were encouraged to be independent throughout the meal and staff were available if people wanted support, extra food or additional choices. Staff understood the importance of monitoring people's food and drink intake and monitored for any signs of dehydration or weight loss. People's weights were recorded monthly, with permission by the individual. Where people had lost weight, we saw that advice was sought from the GP.

Good

Is the service caring?

Our findings

People were supported with kindness and compassion. They told us caring relationships had developed with staff who supported them. Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. One person told us, "The staff are wonderful". Another person said, "Everybody is so kind".

Positive relationships had developed with people. One person told us, "They are all very kind and thoughtful". Staff showed kindness when speaking with them. Staff took their time to talk with people and showed them that they were important. Staff always approached people face on and at eye level, they demonstrated empathy and compassion for the people they supported. Friendly conversations were taking place. Staff demonstrated a strong commitment to providing compassionate care. From talking to staff, they each had a firm understanding of how best to provide support.

The registered manager told us that staff ensured that they read peoples care plans in order to know more about them. We spoke with staff who confirmed this was the case and gave us examples of people's individual personalities and character traits. We saw that one person suddenly became agitated and upset. A member of staff intervened and spoke softly and calmly and gave them encouragement and support. The person gradually become more relaxed and the member of staff sat with them and chatted until they were calm. It was clear that the member of staff knew this person well and could recognise the best way to make them feel better.

Crescent House had a calm and homely feel. Throughout the inspection, people were observed freely moving around the service and spending time in the communal areas. People's rooms were personalised with their belongings and memorabilia. People were supported to maintain their personal and physical appearance, and were dressed in the clothes they preferred and in the way they wanted.

The registered manager and staff recognised that dignity in care also involved providing people with choice and control. Throughout the inspection, we observed people being given a variety of choices of what they would like to do and where they would like to spend time. People were empowered to make their own decisions. They told us they that they were free to do very much what they wanted throughout the day. They said they could choose what time they got up, when they went to bed, how and where to spend their day and what they wanted to wear. One person told us how they liked to go to their room after lunch each day. They said, "There's none of that nonsense that I should be mixing with the others and I like that they respect that". Staff were committed to ensuring people remained in control and received support that centred on them as an individual. One member of staff told us, "We always give people choice, it is all about what they want". The registered manager added, "There is structure, but people choose what they want to do. It's all about free will and people can change their mind, it's their home". The registered manager added, "We have people who want to get up at 6:00am and others who want to get up late".

There were arrangements in place to protect and uphold people's confidentiality, privacy and dignity. Members of staff had a firm understanding of the principles of privacy and dignity. As part of staff's

induction, privacy and dignity was covered and the registered manager undertook competency checks to ensure staff were adhering to the principles of privacy and dignity. They were able to describe how they worked in a way that protected people's privacy and dignity. One member of staff told us, "I always cover people with towels and make sure that the doors are shut". People confirmed staff upheld their privacy and dignity, and we saw doors were closed and staff knocking before entering anybody's room.

Staff supported people and encouraged them, where they were able, to be as independent as possible. One member of staff told us, "I always encourage people to be independent. Some people with dementia may forget things, but they haven't forgotten how to eat and walk, so I encourage mobility and the things they can do". We saw examples of people assisting to lay the tables for lunch and care staff informed us that they always encouraged people to carry out personal care tasks for themselves, such as brushing their teeth and hair. The registered manager added, "We have people who like to assist with the napkins and another resident who is in charge of feeding the birds and making sure there is bird seed".

People were able to maintain relationships with those who mattered to them. Visiting was not restricted and guests were welcome at any time. People could see their visitors in the communal areas or in their own room. The registered manager added, "The home is open 24/7 for visitors and they can always phone any time for a chat".

Good

Is the service responsive?

Our findings

At the last inspection on 25 August 2015, we identified areas of practice that needed improvement. This was because we identified issues in respect to the provision of meaningful activities. We saw that the required improvements had been made.

The registered manager told us that improvements to the provision of meaningful activities had been made. We saw this was the case. They told us, "We've looked at the activities and added more, to give people more choice and time to take part. We record what people liked and get feedback from them". People had access to a range of activities and could choose what they wanted to do. One person told us "We play a game with a bean bag. We throw it on a number and whoever gets the highest number wins. We all get involved". Another person said, "Somehow the days slip past so quickly. There are no complaints about being bored". Keeping occupied and stimulated can improve the quality of life for a person, including those living with dementia. Activities on offer included singing, films, arts and crafts, visits from external entertainers and themed events, such as reminiscence sessions and theme nights. Meetings with residents were held to gather people's ideas, personal choices and preferences on how to spend their leisure time. On the day of the inspection, we saw activities taking place for people. We saw people watching and interacting with a visiting entertainer. People were clearly enjoying the activity and it engaged other people in the room and several staff. We saw that activity logs were kept which detailed who attended the activity and what they thought of it, which enabled staff to provide activities that were meaningful and relevant to people. For example, feedback from people resulted in a person's relative being invited to the home to play music.

The service ensured that people who remained in their rooms and may be at risk of social isolation were included in activities and received social interaction. There was an individual one to one activities programme for people who preferred to remain in their rooms. We saw that staff set aside time to sit with people on a one to one basis. A member of staff told us, "We always visit people in their rooms and involve them in the things we do". Another member of staff added, "We have some people who choose to stay in their rooms, but we always let them know what is happening to give them a choice. I'll sometimes just sit and read a book with them". We saw that one person did not want to leave their room and had an interest in horror films. The person was given an electronic tablet to watch films that they liked, so that they were able to enjoy their interest where they chose. The service also supported people to maintain their hobbies and interests, for example one person had an interest in gardening. They told us that they had issues with their mobility, and the staff had supported them to access and work in the garden. They said, "That's been a joy when it was summer, but now that it is winter, I can sit in the conservatory and dream about what I could do". Another person enjoyed feeding the birds in the garden. The service supported them to order bird food and to access the bird feeders. They told us, "I like to feed the birds and someone will always take me out to the garden and give me some nuts to put in the birdfeeder. It would be quicker for them to do it themselves, but I know they care about me and want to please me and that's a good feeling".

We saw that people's needs were assessed and plans of care were developed to meet those needs, in a structured and consistent manner. Nobody we spoke with could recall being involved in developing their care plans, however, paperwork confirmed they were involved in the formation of the initial care plans and

were subsequently asked if they would like to be involved in any care plan reviews. Care plans contained personal information, which recorded details about people and their lives. Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person centred care.

Each section of the care plan was relevant to the person and their needs. Areas covered included; mobility, nutrition, continence and personal care. Information was also clearly documented regarding people's healthcare needs and the support required meeting those needs. Care plans contained detailed information on the person's likes, dislikes and daily routine with clear guidance for staff on how best to support that individual. For example, one care plan stated that it was important to one person that their beard was well groomed and attended to, and we saw that this was the case. Another care plan stated that a person wished to have a shower every day and this guidance was followed.

The registered manager told us that staff ensured that they read people's care plans in order to know more about them and to get to know them better. We spoke with staff who confirmed this and gave us examples of people's individual personalities and character traits that were reflected in people's care plans. One member of staff told us, "We get the time to chat with people and get to know them and their families. We ask them what they would like to do". Another said, "The care plans contain everything, it's all in there". A further member of staff added, "I have read the care plans, there is information on people's likes and dislikes. One lady told me about her husband, so I updated it in her care plan, so others would know that it was important to her".

People told us they were listened to and the service responded to their needs and concerns. One person told us, "The staff all listen to you". People were aware of how to make a complaint and all felt they would have no problem raising any issues. One person told us, "If I had a complaint, I know I'd speak to the manager, and I am satisfied that whatever I told her would be acted upon". The complaints procedure and policy were accessible and displayed around the service. Complaints made were recorded and addressed in line with the policy with a detailed response. Most people we spoke with told us they had not needed to complain and that any minor issues were dealt with informally.

Good

Is the service well-led?

Our findings

At the last inspection on 25 August 2015, we identified areas of practice that needed improvement. This was because we identified issues in respect to quality monitoring and systems to obtain and act upon feedback received from people, systems to assess staffing levels and policies and procedures being up to date. We saw that the required improvements had been made.

The registered manager had introduced a range of quality assurance audits to help ensure a good level of quality was maintained. They showed us audit activity which included health and safety, medication and infection control. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to improve the quality of the care delivered. We were given several examples of improvements made since the previous inspection, such as improvements to the analysis of accidents and incidents and improvements to care practice in light of people's feedback.

There were systems and processes in place to consult with people, relatives, staff and healthcare professionals. One person told us, "The manager asks me at least once a week if I am happy and the staff are treating me well. She told me if I ever want to speak about anything, I am to speak to her straight away". Satisfaction surveys were carried out, providing the management of the service with a mechanism for monitoring people's satisfaction with the service provided. Feedback from the surveys was analysed and suggestions were acted upon. People and staff were actively involved in developing the service. We were told that people gave feedback about staff and the service, and that residents' meetings regularly took place. We saw that people had been involved in choosing décor and flooring at the service and the installation of a wet room. We also saw examples whereby from feedback from staff, changes were made around the activities on offer and the frequency of meetings. Additionally, the service had a popular social media group whereby people, relatives and staff could be updated about developments at the service and have an option to give their views and any suggestions.

We saw that staffing levels were determined using a needs based dependency tool. The registered manager told us, "Since the last inspection we have increased staffing levels at the weekend. Staffing levels are based on people's need and we get extra staff in if somebody is unwell, or to assist with an activity". Our own observation determined that staffing levels were adequate and systems used to calculate staffing numbers were robust.

Policies and procedures were up to date, including guidance about the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment. Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

People told us that they were satisfied with the service provided at the home and the way it was managed. One person told us, "[Registered manager] has been here years, she's very good". Another person added,

"[Registered manager] is very caring, very approachable and listens". We discussed the culture and ethos of the service with the registered manager and staff. They told us, "What we do well is provide a really homely, friendly atmosphere, with caring staff respecting people's unique personalities, needs and choices". A member of staff added, "This is a very homely and family orientated home. We get on really well with the residents and work well together as a team". In respect to staff, the registered manager added, "I get on well with my staff, we're a team. I need them as much as they need me. Staff morale is very good at the moment. Staff and clients are happy in the environment".

Staff said they felt well supported within their roles and described an 'open door' management approach. One member of staff said, "You can go to [registered manager] with anything, she is 100% supportive". Another member of staff added, "I can talk to [registered manager] about anything, she is the best manager ever. If I need information, or there is anything I don't understand I'd ask her". Staff were encouraged to ask questions, make suggestions about how the service is run and address problems or concerns with management. The registered manager told us, "We want to build faith in all the staff to come up with ideas and remedies". A member of staff said, "Communication is really good here. Any problems are discussed, we talk a lot". Another member of staff added, "The manager is always asking us what we think".

Management was visible within the service and the registered manager worked alongside staff which gave them insight into their role and the challenges they faced. The registered manager told us, "I am all for positive management. I like to look at praising staff, not blaming them. I'm hands on and work on the floor. Anything they do I can do". The service had a strong emphasis on team work and communication sharing. There were open and transparent methods of communication within the home. Staff attended daily handovers. This kept them informed of any developments or changes to people's needs. One member of staff told us, "In handover meetings we discuss anything that is important and the information is recorded". Another member of staff said, "We have regular meeting and we support each other as a team". Staff commented that they all worked together and approached concerns as a team. One member of staff said, "We all work together, there's lots of teamwork".

Mechanisms were in place for the registered manager to keep up to date with changes in policy, legislation and best practice. The registered manager was supported by the provider and received up to date sector specific information from the committee that oversaw the service. This information was also made available for staff, and included guidance around medication and the care of people with dementia. We saw that the service also liaised regularly with the Local Authority, the Dementia In-Reach Service and Clinical Commissioning Group (CCG) in order to share information and learning around local issues and best practice in care delivery, and learning was cascaded down to staff.

Staff were aware of the whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. We saw that policies, procedures and contact details were available for staff to do this.