Laurel Bank Residential Care Home Limited

Laurel Bank Residential Care Home

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 carried out over two days on the 3 and 4 November 2015. Our visit on the 2 November was unannounced.

We last inspected Laurel Bank Residential Care Home in May 2014. At that inspection we found that the service was meeting all the regulations we assessed.

Laurel Bank Residential Care Home is a large building that has been adapted to provide accommodation over three floors. The home provides 24 hour care and support for up to 51 older people who require residential care without nursing.

There was a registered manager in post. A registered manager is a person who has registered with the Care

Summary of findings

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.

Those people who used the service, who we asked, told us that Laurel Bank was a safe place in which to live and that they were well looked after.

People were supported by sufficient numbers of suitably trained staff, who had been appropriately and safely recruited to support and meet people's individual needs.

Staff understood their role in making sure they safeguarded vulnerable people from harm.

Of those care records we examined, we saw that any identified risks had appropriate management strategies in place to minimise the risk as much as possible. The risk assessments we looked at had been reviewed and updated on a regular basis to help make sure the care provided would meet the person's changing needs.

Each person using the service had a care plan in place that was written in a person centred way. Although people we spoke with told us they had been involved along with their relative in developing their care plan, and our discussions with visiting relatives confirmed this, little evidence had been recorded in the care plan review to demonstrate this. The registered manager told us that this matter would be discussed with staff at the next staff meeting to make sure all details from reviews were appropriately recorded.

Both the registered manager and staff we spoke with were able to demonstrate a good understanding of the Deprivation of Liberty Safeguards (DoLS) procedure and Mental Capacity Act (MCA) 2005.

People said the food served in the home ranged from "The food is very good" to "it's all right." There were menu choices available at each meal, but options were not always clearly displayed for people to easily see. We observed a warm interaction between staff and people during the meal at lunch time, with staff smiling and chatting to people and touching them on the shoulder. Staff asked people if they would like to wear a protective apron to protect the person's clothing, rather than putting them on without asking. People were offered a choice of drinks with their meal.

Staff we spoke with had a good and clear understanding of the care and support people required and people we saw looked well cared for and comfortable in their surroundings.

We saw that staff cared for people with dignity and respect and attended to their needs discreetly.

We saw that staff had access to a range of appropriate training, such as moving and handling and infection control and staff we spoke with confirmed this. They also told us that they had support from their colleagues and found the manager and senior team to be very approachable and supportive.

People told us they were happy with the service provided and the level of support they received from the staff. They also told us they knew who to speak with should they want to raise a concern or complaint. A system for dealing with complaints was displayed in prominent areas throughout the home.

We found the building to be well maintained, clean, and tidy and odour free.

To help make sure that people received safe and effective care, systems had been put in place to monitor the quality of service being provided. These systems included regular checks on all aspects of the management of the service.

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?

Good

The service was safe.

Staff had a good understanding of safeguarding matters and training records showed that staff had received training in this topic.

People were supported by sufficient numbers of suitably trained staff, who had been safely recruited and were available at all times to support and meet people's individual needs.

Risk assessments were in place for the safety of both the people using the service and the operation of the service. People lived and worked in a safe, well maintained and secure environment.

Medicines were managed safely and people received their medicines as prescribed to them by their doctor.

Is the service effective?

Good

The service was effective.

People were supported and encouraged to make their own choices and decisions about their daily lifestyle routines.

Staff received appropriate training and supervision that enabled them to support and care for people effectively.

People chose their meal option the day before and we saw that choices of different meals were made available. Staff ensured they were available during meal times to support people to have sufficient to eat and drink.

Is the service caring?

Good

The service was caring.

People's privacy, dignity and individuality were seen to be respected and people looked well groomed, well cared for and they wore clean and appropriate clothing.

Staff spoken with were knowledgeable about people's individual needs and preferences.

We found the atmosphere in the home to be calm and relaxed and we observed positive interaction between the people who lived there and the staff supporting them.

Is the service responsive?

Good

The service was responsive.

People told us they were satisfied with the care provided and felt their needs were being met.

Although activities were limited, those people we spoke with told us they were happy with those activities that were available.

People told us they were aware of how to make a complaint or raise a concern and were confident that anything they raised would be treated confidentially.

Summary of findings

Is the service well-led?

Good

The service was well led.

A manager registered with the Care Quality Commission was in post at the home.

Systems were in place to monitor and assess the quality of service being provided.

People using the service and their families were provided with opportunities to express an opinion about how the service was managed and the quality of service being delivered.

There was evidence available to demonstrate that the service worked in partnership with local health and social care services.

Laurel Bank Residential Care 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.

This inspection took place on 3 and 4 November 2015 and day one was unannounced. The inspection team comprised of two adult social care inspectors and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by expert on this occasion had particular experience of services supporting people living with dementia related needs.

Before the inspection we reviewed the previous inspection reports and notifications that we had received from the service. We also contacted the local authority commissioners of the service to seek their views about the home. They did not raise any concerns about the service.

Part of our information gathering included a request to the provider to complete and return to us a Provider Information Return (PIR). This is a document that asks the provider to give us some key information about the service, what the service does well and any improvements they plan to make. The provider had returned the PIR within the timescale given.

During the inspection we spoke with seven people who used the service, six care staff, one visiting healthcare professional, one visitor to the service and the registered manager. We did this to gain their view about the service provided. We looked around the building, observed how staff cared for and supported people, examined three people's care records, six medicine administration records, four staff personnel files, staff training records and records about the management of the home such as auditing records.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe. One person we spoke with told us, "Safe, I certainly do feel safe living here. Its home from home, with staff looking after you like your family would, that's why I feel safe". Another person said, "The staff here are great and very gentle with me". Another person who spoke very highly of the service told us, "I keep the staff on their toes! They are all very well aware of what is going on". This person clearly had a very good relationship with the staff with whom he laughed and joked a lot with.

One visiting health care professional spoke very highly of the home's safety and care standards, and said that it was "my favourite of the ones I visit". It was also said that "all the staff are very cooperative and friendly towards me".

Inspection of the staff rotas, discussion with staff and people using the service, and their visitors, indicated there were sufficient experienced and competent staff available at all times to support and meet people's needs. One person told us, "You never wait long if you need any help, the staff are wonderful."

We looked at four staff personnel files and saw that a safe system was in place for the recruitment of staff to work in the home. The system was robust enough to minimise the risk of unsuitable people being employed. The files contained an application form that documented a full education and employment history, a health declaration, interview record, two appropriate references and proof of identity. Checks had also been carried out with the Disclosure and Barring Service (DBS). The DBS is a service that identifies people who may be barred from working with children and vulnerable adults and informs the service provider of any criminal convictions recorded against the applicant.

On those care records we examined, we saw that any identified risks had appropriate management strategies in place to minimise the risk as much as possible. For example, we saw evidence of one person who had started to lose weight. Their dietary intake was closely monitored and when things didn't improve, the doctor was contacted and a referral made to a dietician and a speech and language therapist. At the time of our inspection we saw that this person was being supported with food supplements and appropriate 'thickener' to aid the swallowing of food and drinks, and to reduce the risk of choking. The risk assessments we looked at had been reviewed and updated on a regular basis to help make sure the care provided would meet the person's changing needs.

Staff we spoke with expressed a good understanding of safeguarding matters and training records showed that staff had received training in this topic. This was also confirmed by the staff we spoke with. Staff were also aware of the whistleblowing policy and told us they would be confident if they needed to report any concerns about poor practice taking place within the service. Information we held about the service indicated any safeguarding matters were effectively managed and reported to the appropriate safeguarding agencies. We requested feedback from one health and social care professional about safeguarding matters and the comments we received included, "I have worked with a few people who have resided in Laurel Bank, most recently I participated on a safeguarding investigation and although the safeguarding was founded I was impressed by how the manager responded to the concerns of the family and resolved the issue".

We asked the registered manager what systems were in place in the event of an emergency occurring that could affect the running of the home and the provision of care. We were provided with details of a 'business continuity plan' that provided staff with relevant information should any emergency arise, such as lift failure, electricity failure and gas leaks. Inspection of records showed that a fire risk assessment was in place and regular safety checks had been carried out to make sure the fire alarm, emergency lighting and fire extinguishers remained in good working order and that all fire exits were kept clear. Each person using the service had an individual personal emergency evacuation plan in place.

Policies and procedures were available to guide and instruct staff on maintaining infection prevention and control within the home, and all staff had received training in this subject. Laundry facilities were situated in the basement of the home and were found to look clean, tidy and well organised. Clinical waste bins were provided in all communal toilet areas and red sluice bags were used for all soiled linen. Staff had access to and wore protective vinyl disposable gloves and plastic aprons when carrying out personal care duties. Various hand washing products were available throughout the home including alcohol

Good

Is the service safe?

hand-gels, liquid soap dispensers and paper towels. We were told that the registered manager was the designated lead person responsible for the control and management of infection prevention in the home.

A visitor to the home told us, "I often visit the home at all different times and walk around the home speaking with the residents, it is always clean and tidy and never has any unpleasant smells."

We saw that accidents and incidents were appropriately recorded and a monthly audit was carried out and analysed for any obvious patterns developing. For example, if a person had suddenly started to have a number of falls, relevant referrals would be made to the appropriate health care professional for advice and guidance and any changes needed to the persons care plan would be updated and shared with the staff team.

A detailed medicine management policy and procedure was in place and we checked the procedure and systems for the receipt, storage, administration and disposal of medicines. Laurel Bank used the Bio-Dose system for medicine administration and management. This is a system where people's individual medication (tablets) had been pre-dispensed into medicine pots and then sealed by the supplying pharmacy. Other medication such as that to be given 'as and when required' was administered directly from its original packaging, for example, paracetamol.

A dedicated medications room was used to store and lock safely away all medication. We saw that medicines were safely administered. Only those staff who had received appropriate training had responsibility for the administering of medicines in the home. We checked the medicine administration records (MARs) of four people who used the service. The MARs indicated that people were receiving their medicines as prescribed by their general practitioner. We randomly checked the balances of some medication to be administered 'as and when required' for two people. We found all balances to be correct, except for one where the correct balance had not been carried forward at the end of the previous month. At the time of our visit, the registered manager was in the process of reviewing stock levels held of medicines and was compiling a list of medicines to be disposed of or returned to the supplying pharmacy to minimise the levels of stock held in the home.

Good

Is the service effective?

Our findings

A visitor we spoke with told us they felt the staff had the right attitude, skills and experience to meet the needs of their relative. The visitor told us about the particular needs their relative had, and explained how pleased they were at the way all staff offered their relative support that was dignified and person centred. Their comments included, "The staff are so caring – they know all the resident's inside out" and "[relative] knows all about their care plan and the staff read out the information to them so they are involved."

Staff who we spoke with told us about people receiving an assessment of their needs before moving in to the home to make sure their needs could be properly met. Copies of such assessments were seen on the individual care records we examined. The registered manager carried out the pre-admission assessment.

Those staff who we spoke with told us they had received appropriate induction training when they first started working at the home. The induction programme newly employed staff had undertaken helped to explain what was expected of them in their role and what needed to be done to make sure staff and people who used the service were kept safe. They also told us they received all relevant training, such as safeguarding, infection control, safe administration of medication, food hygiene and moving and handling during the first 12 weeks of employment and were also enrolled on courses such as the National Vocational Qualification (NVQ) level two in health and social care.

We were provided with a copy of the training records and plan which indicated that 17 staff held an NVQ at level two, six at level three and one at level four. It also showed that staff had received essential training to safely care and support people who used the service.

All the staff we spoke with confirmed that they received supervision sessions and an annual appraisal with their line manager, although some staff could not recall the frequency of the supervision sessions. Records seen showed that staff supervision was ongoing and annual appraisals were in the process of taking place. Supervision sessions covered topics such as, attendance and punctuality, goals, new legislation and training requirements. This meant that staff were receiving appropriate support and guidance to enable them to fulfil their job role effectively.

The registered manager also told us that over the next 12 months she intended to increase the active supervisions of staff on the floor so that better insight could be gained of how the staff carried out their day to day responsibilities. The registered manager also proposed to introduce a minimum of two active staff supervision's a year, with more regular team meetings and ongoing staff appraisals.

The registered manager provided us with details about the arrangements in place to enable the people who used the service to give consent to their care and treatment. We were told that any care and treatment provided was always discussed and agreed with people who were able to consent. One person who used the service, who we spoke with, told us, "Nothing is done without your say so. I'm always asked if I need help with something, it is never assumed I always want help." The registered manager told us, "If a resident lacks capacity, staff do not assume that they [the person] cannot still make choices and will always ask them [resident] and explain before assisting the resident, ensuring they have gained consent". Also, "If a resident has communication barriers then staff will use picture cards or take time to ensure that the resident has understood what has been communicated to them."

Part of our inspection included observing how staff interacted with people who used the service and it was apparent that some people did not have capacity to consent to the care being provided. However, watching staff supporting people demonstrated that they knew each person very well and understood their needs, likes and dislikes. We saw staff gently encouraging people at regular intervals when they needed to use the bathroom. This was done by using facial gestures, such as eye contact, smiling and gentle touch, encouraging the person to go with them at their own pace. The response seen from one particular person being assisted indicated that this approach was effective.

In our discussion with the registered manager they were able to tell us about their understanding of the Mental Capacity Act 2005 (MCA) and the work they had done to determine if a person had the capacity to give consent to their care and treatment. This discussion demonstrated

Good

Is the service effective?

that the manager had a good understanding of the principles of the MCA and of the importance of determining if a person had the capacity to consent to their care and treatment.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The manager provided evidence that six applications for DoLS assessments had been carried out and that two of those had now been confirmed as approved. Training records seen and discussions with staff confirmed they had received training in both MCA and DoLS. The Deprivation of Liberty Safeguards provide a legal framework to protect people who need to be deprived of their liberty in their own best interests.

Care records seen indicated that people using the service had access to other health and social care professionals, such as district nurses, social workers and general practitioners.

As part of our visit, we carried out an observation over the lunch time period in the dining rooms on the ground and first floor of the home. On the ground floor lunch was served in two sittings. This was to enable those people who may be distracted from eating by noise and talking, to be served in a quieter atmosphere during the second sitting. Tables were covered in table cloths and laid with cutlery and glasses, but there were no condiments made available, and these were not routinely offered during the meal time. The menu for the day was displayed on a notice board, but was difficult to read as the writing was small and faint and the board was not displayed in a prominent position.

We observed a warm interaction between staff and people during the meal, with staff smiling and chatting to people and touching them on the shoulder. Staff asked people if they would like to wear a protective apron to protect the person's clothing, rather than putting them on without asking and people were offered them a choice of drinks with their meal.

People chose their meal option the day before and we saw that choices of different meals were made available. Most people did not require support to enjoy their meal, others were provided with plate guards to help them remain as independent as possible when enjoying their meal. Staff stayed in close proximity during the meal time and offered to assist people where it was requested or required and there appeared to be sufficient numbers of staff available to help where needed. Meal portions were of an appropriate size and we saw staff offering second helpings of soup.

We observed one member of staff feeding a person soup from a bowl. The person appeared to take very little from the spoon so that member of staff tried feeding the person using a cup instead. This demonstrated an understanding of the person's needs and the options made available to meet the person's needs.

Lunch time meals were also observed being served in the ground floor dining room. Tables had been covered with table cloths but were not laid ready for people to enjoy their meal. People chose where to sit when having their meal, with some people choosing to remain in the lounge area. We observed cold drinks being given to people in plastic beakers rather than glasses. Staff told us that people made their choice of meal the previous day, but we saw no menus to describe what meals people could choose from.

We visited the kitchen and spoke with the chef who told us that people's preferences or special requirements were catered for, for example, vegetarians, diabetics and providing pureed foods.

Comments received about the food from people who used the service included, "The food is very good", "It's reasonable" and "It's all right".

We checked people's records and saw evidence to demonstrate that people were being routinely weighed every month. One person required weighing daily as this had been requested by the Heart Failure Nurse. This request was being carried out. We also checked the person's fluid and food charts, and these were being appropriately completed.

We looked at the layout of rooms and the décor around the home to see if these had been adapted to suit people's needs. Downstairs there were several lounge areas and seating in the large hallway, which provided a variety of different seating areas for people. There was a small garden area with a smoking shelter which was secure and people were free to access if they wished. Whilst there had been some attempt to make the downstairs areas 'dementia friendly' by putting colourful picture signs on doors, such as those on the toilets and dining room, the overall effect of the décor might have been distracting for some of those

Good

Is the service effective?

people living with dementia. There was a maroon patterned carpet in the hallway, and the wall paper was patterned, whilst upstairs the décor was more neutral in colour, and people had their photographs on their doors to help them identify their rooms. The registered manager told us that as areas in the home were re-furbished and re-decorated appropriate decoration, signage and furnishings would be put in place to further support the independence of those people living with dementia.

Good

Is the service caring?

Our findings

During our inspection of the service we spoke with people living the in the home about the care and support they were receiving. People were complimentary about the staff and told us they were happy living at Laurel Bank. Comments made to us included, "The staff are very kind", "Yes, I like it here", "I'm very satisfied here" and "You couldn't get a more caring bunch of people [staff] if you tried, the care here is excellent".

A relative told us, "My [relative] knows all about his care plan. The staff read things out to him so he can understand what's in it [care plan] and they do this on a regular basis. My [relative] had been in other homes before this one, but they were terrible. We are extremely happy with the care provided here, as is my [relative] and know we can talk to any of the staff or the manager if we needed to about anything."

We found the atmosphere in the home to be calm and relaxed and we observed positive interaction between the people who lived there and the staff supporting them. Staff chatted with people and enjoyed participating in friendly banter with people. Staff also used people's preferred names and spoke directly with the person rather than at them. Where people were unable to verbally communicate, we saw staff interact with them by making good eye contact or gently using touch to indicate they were there for the person and we saw people smiling back at the staff indicating they understood what was happening.

People using the service looked well groomed, well cared for and they wore clean and appropriate clothing.

A discussion with the staff on duty demonstrated that they knew and understood the needs of the people they were supporting. Staff told us, "We do our best to make sure we respect people and listen to what they want" and "Some of the people we support have no family and they look upon us [staff] as their family and we treat them like we would our family, doing our best for them." The registered manager confirmed that access to advocacy services was available to those people using the service who may not have any relatives for support.

We saw that staff cared for people with dignity and respect and attended to their needs discreetly, especially when supporting people to use the bathrooms or toilets. We observed staff responding to people's requests to use the toilet and saw no evidence that people had to wait very long before staff attended to them. We also saw staff supporting people who appeared unsure of what they wanted, for example, gently reminding and encouraging those people who were unable to make a verbal request, to use the toilet.

In our discussions with the registered manager, we asked them to tell us how staff cared for people who were very ill and at the end of their life. We were told that most of the care staff had completed the Six Steps end of life training and training records seen confirmed this. This training was designed to enable people who use the service to receive high quality end of life care provided by staff in a compassionate and understanding manner. An up to date policy and procedure on end of life care was also available to support and provide relevant information to staff.

During our inspection we saw that people were encouraged to move freely around the home using their individual mobility aids to maintain their independence as much as possible. One person frequently went out using their electric wheelchair which helped them maintain their contact with the local community.

Good

Is the service responsive?

Our findings

People using the service, who we spoke with, told us that they felt their needs were being met. One person told us, "It is very rare you wait long for staff to come to you when you need them. They are so good they usually know what you want before you ask them, that's what I call service." Another person said, "They [staff] don't let you down."

Those people using the service, who we asked, told us that they regularly saw their doctor or other community healthcare professionals, for example, district nurses. We found no evidence to indicate that any delays took place in requesting the support of such services.

Individual care files were in place for all the people living at the home and included a pre-admission assessment, care plans based on all the information gathered about the person, assessments of known risks and monthly reviews of care plans and associated documentation, such as daily log updates, reviews of individual risk assessments and visits from other healthcare professionals. Where the assessment information identified a person needed support a written care plan was put in place providing guidance to staff on the support the person required.

Each person using the service had a care plan in place that was written in a person centred way. Although people we spoke with told us they had been involved along with their relative in developing their care plan, and our discussions with visiting relatives confirmed this, little evidence had been recorded in the care plan review to demonstrate this. The registered manager told us that this matter would be discussed with staff at the next staff meeting to make sure all details from reviews were appropriately recorded.

Staff told us they tried to provide a variety of activities on a daily basis but this did not always happen especially should a member of staff ring in sick at the last minute and their shift could not be covered at such short notice. A 'freelance' activities organiser visited the home twice a month and provided various activities between 10 am and 1 pm for those people wishing to participate. Other activities took place such as visiting entertainers, canal boat trips and visits to the theatre to see things such as the annual pantomime. These activities helped to prevent people from becoming socially isolated and encouraged contact with the local community. The registered manager told us that she was hoping to make arrangements for activities to take place on a consistent basis in the near future. Although available activities were limited, people we spoke with told us they were satisfied with the activities currently being provided. One person told us, "I join in [activities] when I want to, which is not very often, it's not my sort of thing."

We observed that visitors and relatives were made welcome when visiting the service. One relative told us there were no restrictions and could visit at any time and they were always made to feel welcome and offered a drink. They also said, "I come at all times of the day and the reception I receive from staff is always the same, warm and friendly and you don't have to wait long to be let in" and "I've got to know most people and it's nice to chat with those who may not have visitors."

People told us they were aware of how to make a complaint or raise a concern and were confident that anything they raised would be treated confidentially. One person told us, "The manager comes around every day, more than once and you do get chance to speak with her and the staff are always asking you if everything if okay."

We saw that the Complaints, Compliments and Comments procedure was available in the Service Users Guide displayed in the entrance hall of the home. The information about how to raise a complaint was also displayed on the back of each bedroom door. We saw there had been four complaints made since 2 January 2015, the latest being received on 14 October 2015 and Information was available to show how the complaints had been investigated. Letters had been sent to the complaint which detailed findings and any action being taken as a result of those findings.

Good

Is the service well-led?

Our findings

The home had a manager in post that had been registered with the Care Quality Commission (CQC) since June 2010 at this location. The registered manager told us that she felt the provider (owner) and the general manager for the service were very supportive and responded favourably to requests for resources to maintain the ongoing maintenance and refurbishment of the home.

Prior to this inspection we contacted various health and social care professionals who had regular involvement with both the service and people who use the service. Comments received included, "I have no worries or concerns about this service at all", "Most recently I participated on a safeguarding investigation. Although the safeguarding was founded I was impressed by how the manager responded to the concerns of the family and resolved the issue" and "I think the advantage of Laurel Bank are that the manager and seniors in particular seem to go the extra mile for their residents".

People who used the service told us the registered manager was likeable and very approachable. One person said, "The manager [name] is absolutely lovely. She comes around every single day and has a chat and asks if everything is okay." One visiting relative said she was listened to by the manager and the staff were attentive to her concerns.

Staff we spoke with spoke very highly of the senior staff and registered manager and their comments included, "[registered manager] is very, very supportive and is always there for you", "[registered manager] is a very good listener and takes on board things you say to her, especially about people living here" and "You can go to any of the senior carers or managers and get a proper response. You do get chance to discuss things in your supervisions and at staff meetings but the office door is always open to go and have a private chat if you need to."

Although we saw evidence that staff meetings had taken place, these were infrequent and discussion with the registered manager confirmed her intention to increase the frequency of staff meetings, although evidence was available to demonstrate that regular 'informal' staff meetings had taken place when required. Regular staff meetings are an important way of providing staff with opportunities to share and discuss how the service is operating, and to give staff chance to have their opinions heard.

Staff handover meetings took place at the beginning of each change of shift. These meetings informed staff coming on duty of any issues, problems or changes that might be required in the support of people using the service. This also provided staff with the opportunity to provide consistency in the care being delivered.

Evidence was available to demonstrate that feedback was sought from both people using the service and their relatives via six monthly survey questionnaires. We looked at the completed returned surveys for March 2015. The comments that had been made were complimentary about the service being provided and no concerning issues had been raised.

There was evidence to demonstrate that the service worked in partnership with local health and social care services such as the Community Clinical Group (CCG) and the Local Authority (LA) by way of providing both agencies with regular updates on how the service was being managed and with details about service delivery. For instance, every Monday the registered manager provided the CCG with details of any person being admitted to hospital and any person receiving a visit from a general practitioner. This meant that people using the service were being closely monitored by all agencies involved in the people's well-being. We saw that the registered manager monitored and reviewed accidents and incidents to make sure risks to people were minimised and falls investigated and appropriate actions taken where necessary.

We asked the registered manager to tell us how they reviewed the service to make sure people received appropriate, safe and effective care. We were told that weekly and monthly monitoring checks were undertaken on all aspects of the management of the service. These checks included equipment used in the home, medication records and practice, care plans, infection control, hoist slings and the specialised beds in use. We saw evidence of all completed documentation and evidence that where improvements had been needed, action had been taken within given timescales for completion.

The provider held the Investors in People (IIP) Silver accreditation. The IIP accreditation is an award based on

Good

Is the service well-led?

the high performance and excellence in the provider's management effectiveness and the involvement and empowerment of employees. It also recognises the support provided to the employees in their personal and professional development. High quality staff development benefits the quality and safety of care provided to people who use the service.

Some of the values and culture of the organisation for people using the service included maximising the abilities of people that people retain for self-care, for independent interaction with others and for carrying out tasks of daily living unaided (where safely possible). People would also be encouraged to have access to and contribute to the records of their own care. Other values of the organisation included operating an open and honest approach to staff to encourage a 'culture of an open and honest relationship with all staff and residents' with all staff being treated as equals and the approach to staff being fair and consistent.

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