

Acorn Luxury Care Limited

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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 was an unannounced comprehensive inspection carried out on 13 and 15 January 2015. Our previous inspection of the home on 28 and 29 July 2014 found a breach of regulations relating to the care and welfare of people who use services, assessing and monitoring the quality of service provision, management of medicines, safety and suitability of premises, consent to care and treatment, the maintenance of records and requirements relating to workers.

We required that the provider send us an action plan by 11 September 2014 detailing the improvements they would make to keep people safe. We received the action

plan and reviewed the actions the provider had undertaken as part of this comprehensive inspection. We found that improvements had been made to meet the relevant requirements.

Acorn Luxury Care Limited provides accommodation, care and support for up to 13 older people, many of whom have a diagnosis of dementia. At the time of the inspection 11 people were living at the home. The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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.'

The provider had a system in place to ensure staff understood their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). The DoLS are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that a care home only deprives someone of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to look after them. The majority of the people living at the service had been assessed as lacking mental capacity due to their condition of dementia. There were records that showed the provider had a system in place to ensure they recognised where an individual may require a DoLS application to ensure their rights were upheld. DoLS applications were correctly completed and submitted to the local authority.

People told us they felt safe living in the home. The provider had suitable processes in place to safeguard people from different forms of abuse. Staff had completed training in safeguarding people and were knowledgeable about the provider's whistleblowing policy. The provider's safeguarding policy was accurate and up to date with the relevant local authority contact details clearly highlighted for staff to access. Staff told us they knew the correct process for raising concerns if they should observe any form of abuse.

The provider had a range of systems in place to protect people from risks to their safety. These included premises and maintenance checks, regular servicing and checks for equipment such as hoists, stair lifts and all electrical equipment and risk assessments for each person living in the home.

Medicines were managed safely and stored securely. People received their medicines as prescribed by their GP.

There were enough appropriately trained staff available on each shift to ensure people were cared for safely. Staff spent time talking and interacting with all the people in the home and told us they had enough time to do their job effectively. We observed staff delivered support and assistance in a friendly manner and spent quality time with people, ensuring they were comfortable, content and had activities to do and drinks and snacks available.

The provider had a system in place to ensure staff received their required training courses. Staff were knowledgeable about their role and spoke positively regarding the induction and training they received from the provider. Staff told us they were well supported by the management team who they found very approachable and stated were always ready to listen or help if required. They spoke of the close, family atmosphere in the home and how the staff worked so well as a team together. They told us communication within the home was very good and they felt fully involved and respected working in the home

The provider had implemented a system to ensure accidents and incidents were recorded and analysed. This meant any trends and patterns could be identified and preventative measures put in place where required. Incidents and accidents were regularly discussed at staff meetings and staff were encouraged to share their views on how to address any concerns.

Since purchasing the home during 2012 the provider had undertaken a significant amount of refurbishment in all areas of the home. Improvements included, addition of a wet room bathroom on the first floor, new stair lift, new beds and new pressure relieving mattresses for all beds. The front garden had been cleared and tarmacked to allow for safe access and parking.

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?

Overall the service was safe.

People told us they felt safe and staff treated them respectfully.

The provider had a policy relating to safeguarding people from abuse and the staff we spoke with were aware of the contents of the policy and who to contact should they suspect abuse.

There were sufficient numbers of appropriately trained staff to meet people's health needs and to participate in activities of their choice.

Good



Is the service effective?

The service was effective.

Staff received training to ensure they could carry out their roles effectively. Supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs.

Staff demonstrated a good understanding of The Mental Capacity Act 2005 and people were asked for their consent before care or treatment was given to them.

People were offered a variety of choice of food and drink. Hot and cold drinks were offered regularly throughout the day and people were assisted to eat and drink when required.

People accessed the services of healthcare professionals as appropriate.

Good



Is the service caring?

The service was caring.

Care was provided with kindness and compassion by staff who treated people with respect and dignity.

Staff understood how to provide care in a dignified manner and respected people's right to privacy.

Staff were cheerful and kind, treated people with patience and were constantly aware of their needs. Staff interacted with people in a friendly and unrushed manner and were able to explain how people preferred their care to be given.

Family members and friends continued to play an important role and people spent time with them.

Good



Is the service responsive?

The service was responsive.

People received care that met their individual's needs. People's needs were assessed and care was planned and delivered to meet their needs.

The provider had a complaints procedure and people knew who to and how to complain. People felt their complaint would be listened to and acted upon. The provider learnt from concerns and complaints to ensure improvements were made.

Good



Summary of findings

People were supported to take part in activities that they enjoyed. People said their visitors were always made welcome.

Is the service well-led?

The service was well led.

There were systems in place to make sure the staff learnt from events such as accidents and incidents, whistleblowing and investigations. This helped to reduce the risks to the people who used the service and helped the service continually improve and develop.

People and their relatives felt able to approach the management team and there was open communication within the staff team. Staff felt well supported by the management team.

The provider had a range of audits in place to monitor the quality of the service provided and kept up to date with changes in practice.

Good



Acorn Luxury Care Limited

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 comprehensive inspection took place on 13 and 15 January 2015 and was unannounced. In the inspection team there was one inspector and an expert by experience who had experience of services for older people. 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. This included information about incidents the provider had notified us of. We also asked the local authority who commission the service for their views on the care and service given by the home.

During the two day inspection we spoke with all 11 people who lived at the home and two relatives. We also spoke with the owner, the deputy manager, a GP, the cook, and four members of care staff. We observed how people were supported and looked at three people's care and support records. Because the majority of people living in the home were living with dementia and were not able to tell us about their experiences we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific method of observing care to help us understand the experience of people who could not talk with us.

We also looked at records relating to the management of the service including; staffing rota's, incident and accident records, training records, meeting minutes and medication administration records.

We did not ask the provider to complete a Provider Information Return (PIR) before our inspection. This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they planned to make. This was because we brought forward this inspection to follow up on actions the provider had completed since the last inspection.

Is the service safe?

Our findings

Most of the people living at Acorn Luxury Care had been diagnosed with dementia and were not always able to consistently tell us how they felt. We asked everyone living at Acorn Luxury Care if they felt safe. Where they were able to, people told us they felt safe and comfortable living at Acorn Luxury Care. People told us they were happy with their room and they liked the staff who looked after them. We observed staff interacting with people and saw the staff were attentive to people, ensuring they were safely supported to move around the home.

One relative told us, “I’m very satisfied with the service my Mum gets, I don’t ever have to worry and I would recommend the home to anyone, the carers are excellent”.

Staff were knowledgeable about spotting the signs of abuse and knew how to report possible abuse to the local social services. Staff had completed training in protecting people from abuse and were aware of the provider’s policy for safeguarding people who lived in the home. We saw training records that confirmed staff had completed their safeguarding adults training courses and received refresher training when required.

The provider had a system to ensure risks in delivering people’s care were assessed and plans were in place to reduce these. We looked in depth at three people’s records. This was so we could evaluate how people’s care needs were assessed and care planned and delivered. We found people had risk assessments in place for areas of risk such as falls, pain assessment, nutrition and pressure area care. We saw records that showed an assessment of need had been carried out to ensure risks to their health were managed. Records showed if people’s health was deteriorating the person was referred to a suitable health care professional such as their GP or the district nursing team.

The registered manager showed us the system they had put in place to monitor accidents and incidents in the home. The system ensured all accidents and incidents would be reviewed and analysed so that learning from such incidents could be achieved and people’s safety maintained.

The premises had been modernised, refurbished and equipped to provide for people’s needs in a safe manner. The provider had undertaken a significant amount of

refurbishment in all areas of the home. Improvements included, redecoration of all bedroom and communal areas of the home, addition of a wet room bathroom on the first floor, new stair lift, new beds, new pressure relieving mattresses for all beds, replacement of some windows and window restrictors and the building of a separate office in the garden for staff to work in and secure storage of records. The front garden had been cleared and tarmacked to allow for safe access and parking and the back garden was in the process of being assessed by a local college to see if it could be redeveloped as a sensory garden for the people living with dementia.

There were enough staff employed on each shift to keep people safe. We checked staff rotas for two weeks which showed there were adequate levels of suitably qualified staff available on each shift. The provider had not recruited any staff since our last inspection in July 2014, however we checked their recruitment policy and two staff files which showed they recruited staff in accordance with the regulations. We saw records that showed staff had completed a range of training courses, such as; moving and handling, fire safety and safeguarding adults. Staff told us they covered staff absences such as annual leave or sickness between themselves. They said this meant people received good continuity of care and were supported by staff who knew them well.

Staff told us there were enough staff available on each shift and the manager and deputy manager were also available to give additional help if required. Staff stated they had enough time to do their jobs safely and effectively and could spend time chatting and supporting the people without feeling rushed.

Following the previous inspection in July 2014 the provider had made changes to the way they managed their medicines. People had body map records completed to show staff where to apply prescribed creams, how often and how much to apply. Where people had medicine to take ‘as required’, there was written authority from the GP describing how people could take their medicines. There was also a record summary kept for people showing how they liked to take their medicines, how often they needed them and the non-verbal signs people may exhibit when they needed their medicines.

Is the service safe?

There was a system in place for the administration, recording, and storage of medicines. We checked the most recent medication administration records (MAR) for all the people who lived in the home and found medicines were recorded accurately.

We observed staff supporting people to take their medicines. Staff were knowledgeable about how people

liked to take their medicines and explained what the medicines were for before giving them to people. Staff waited patiently while people took their medicines and did not rush them.

All medicines given had been signed for. Where people had allergies, these were recorded. There was a system in place to ensure people had prescribed creams applied at the correct frequency. Medicines were stored securely and disposed of appropriately.

Is the service effective?

Our findings

People told us they liked the staff and people were cared for well. One relative told us, "Mum is looked after so well here, the staff are so compassionate and they obviously care about the people and treat them as individuals". Another person told us, "My Mum is always clean and well cared for, I've seen so many improvements in the last eighteen months I'm very satisfied". A GP provided written feedback and told us in their opinion the service gave overall care of a good standard which was safe, effective, responsive and well led.

Staff told us they received quality training and felt sufficiently skilled to carry out their roles. The provider had a system in place to ensure all staff received training at the appropriate time. Refresher training was scheduled in and staff spoke positively about the standard and content of the training courses they had attended and completed. Training courses staff had attended included; food and hygiene, mental capacity act 2005 and dementia awareness. Staff told us the induction training they received had been effective and that they had felt well supported throughout their induction period.

Staff said they felt supported by their manager and told us had regular meetings which allowed them to discuss their performance in their role and they felt involved in their annual appraisal process. Staff told us they felt communication in the home was effective and stated they felt fully involved in providing care and support to people in the home. Staff spoke knowledgeably about individuals we asked them about and were able to demonstrate they were up to date with the specific care and support these individuals required. The registered manager had implemented a revised system to ensure staff received regular supervision meetings throughout the year. Staff told us they found the supervision meetings useful. They told us and they were able to honestly and openly discuss how they felt they were doing in their roles. They were supported to put forward suggestions for additional training or specific courses that they felt would benefit them and the people they cared for.

There was a system in place to ensure the manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. These

safeguards can only be used when there is no other way of supporting a person safely. The responsibility for applying to authorise a deprivation of liberty rested with the registered manager and the deputy manager. The deputy manager was aware of how to obtain support and guidance from the local authority regarding applications to deprive a person of their liberty. We saw records that showed the provider had a system in place to ensure DoLS were correctly applied for and completed.

Staff demonstrated a good knowledge and understanding of the Mental Capacity Act 2005 (MCA) because they had received training in this area. People were given choices in the way they wanted to be given their care and support. People's capacity to make their own choices was considered in care assessments so staff knew the level of support people needed while making decisions for themselves. If people did not have the capacity to make specific decisions, the registered manager involved their family or other healthcare professionals as required to make a decision in their 'best interest' as required by the Mental Capacity Act 2005. A best interest meeting considers both the current and future interests of the person who lacks capacity, and decides which course of action will best meet their needs and keep them safe.

Staff sought consent from people before care and support was provided. We observed staff spoke to people with kindness and consideration, for example asking them where they would like to sit, whether they would like to join in with the activities or explaining what their medicines were for before prompting them to take them. Staff told us about different methods they were able to use with specific people. For example, one person could get agitated if sat with others at meal times, the staff knew this and asked the person if they would prefer to sit at a small table on their own, which they agreed to.

We spoke to the cook who demonstrated a good knowledge of what people living in the home preferred to eat. They showed us the varied menu they prepared each week and told us the menu planning was an agenda item on the regular staff meetings. People's dietary needs were assessed and the cook was actively involved in compiling varied and nutritious meals for people, taking into account any medical needs such as soft or pureed dietary requirements. People were weighed weekly and any concerns regarding weight gain or loss were discussed with

Is the service effective?

the cook so that they were aware of people's specific dietary needs. If required concerns regarding people's weight were referred to the appropriate health care professionals for their advice.

Menus were displayed on the noticeboard with clear pictures showing what meals were available that day. People could choose to have a different meal if they did not want the one on the menu.

The manager had reviewed and updated the system in place for recording the amount of food and fluid people had on a daily basis. The new system was clear and set out the target amount of fluids people needed each day. The records showed the amount of fluids consumed were totalled each day which highlighted whether the person was at risk of dehydration. The majority of the people living in the home were living with dementia, this meant they could not always tell us how they were feeling. We conducted observations in the main dining room over the lunchtime period to observe how the staff assisted and supported people. We used the Short Observational Framework for Inspection (SOFI) and observed five people. Staff were attentive to people's needs, calmly supporting them to eat as independently as possible and ensuring they had enough to eat and drink. The main meal was well presented and appetising. There were enough staff available to ensure people were assisted to eat their meal in a timely manner. We saw people's wishes were respected and people were gently encouraged and supported to eat independently. People were not rushed and were asked if they wanted any more food before their plates were taken away. When asked if they had enjoyed their meal one person told us, "Oh yes, I'm so full, can't eat any more. A relative told us, "I'm so pleased my Mum got a place here, she is much better than before and has put on half a stone and is very happy here".

The registered manager had systems in place to monitor people's health. Records showed referrals were made to health professionals including opticians, chiropodists and doctors. People were supported to maintain good health and have on going healthcare support. Care plans showed people had access to a range of health care professional and specialist health teams including, speech and language therapy and district nurses. Care plans were reviewed monthly and updated to ensure people's most recent care needs were met. For example, one person preferred to get themselves up out of bed but liked staff nearby in case they needed them. Care plans described how people liked their care to be given, for example, how much assistance they needed when getting dressed as well as information about the daily tasks such as washing their face and cleaning their teeth they were able to undertake themselves.

The provider had an on going schedule of improvements and building works in place for the premises. The schedule was displayed clearly on a notice board for people to read, this meant people and their relatives were kept well informed regarding the on going refurbishments. The registered manager showed us around the premises and explained the changes and improvements they had completed since purchasing the property in 2012. Improvements included, redecoration of all bedroom and communal areas of the home, addition of a wet room bathroom on the first floor, new stair lift, new beds, new pressure relieving mattresses for all beds, replacement of some windows and window restrictors and the building of a separate office in the garden for staff to work in and secure storage of records. The front garden had been cleared and tarmacked to allow for safe access and parking and the back garden was in the process of being assessed by a local college to see if it could be redeveloped as a sensory garden for the people living with dementia.

Is the service caring?

Our findings

People told us they enjoyed living in the home. One relative we spoke with told us, “I’m very satisfied with the care, my Mum settled very well and the transition time between the old owner to the new owners was seamless”. Another relative told us, “I’m even more pleased with the service now than I was eighteen months ago, they have taken on two new carers and the staff are excellent, I have no complaints at all, I find it all very good, it’s a lovely, homely atmosphere”. Feedback we were given from a GP stated, ‘I have always found the staff at Acorns to be very caring and helpful. They always contact us in a timely fashion and the residents appear well cared for’.

Staff were cheerful and kind, treated people with patience and respect were constantly aware of their needs. Staff were aware when people became anxious and spent time with them, talking and chatting to them and checking if there was anything they needed. Staff interacted with people in a friendly and unrushed manner and were able to explain how people preferred their care to be given. For example, one person liked to chat about their previous working life and staff spent time talking with them actively listening and responding in a caring, friendly manner.

We observed staff talked with people at their level or sat down next to them, before asking them for their views or making alternative suggestions, for example asking them whether they would like a hot drink or whether they would like to watch the television.

During our visit, some people were having their hair styled and the staff told us they enjoyed helping the people style

their hair. They said many of the people really appreciated the time spent on them and loved having their hair brushed. One person told us, “I love my hair like this, all nice and clean”.

People or their relatives were involved in planning their care and lifestyle in the home. We saw records that showed people’s views and preferences for care had been sought and were respected. Each person had a completed document in their bedroom titled, ‘Things you need to know about me’. The document gave clear information regarding how the person liked to communicate, mobilise, how they preferred their personal care to be given, their daily routine and what things were important to them. The document was clearly written and gave good person centred advice. For example, what name they preferred to be known by, their preference to be bathed rather than showered, how they liked their hair styled and whether they preferred to eat their meals independently or whether they sometimes liked assistance.

Some people’s care records included ‘do not attempt cardiopulmonary resuscitation (DNACPR)’ forms. These had been completed by healthcare professionals with the person or their relatives involvement.

People’s privacy was respected. For example, people’s bedroom doors were closed when they were being supported with their personal care needs. Staff knocked on people’s doors before they entered and called people by their preferred names when speaking with them. People’s care records were kept securely in a lockable cabinet and no personal information was on display.

On the day of our inspection the local vicar came in and spent time chatting and laughing with people. The vicar told us they came in regularly and really enjoyed seeing everyone and spending time with them.

Is the service responsive?

Our findings

Relatives we spoke with told us they felt the staff gave good individualised care and treated everybody as their own person. One relative said, “The staff are excellent, they really care about the people”. Another relative told us “Communication is excellent I am always kept up to date with any changes”.

People were able to choose where they spent their time and could individualise their bedrooms how they wished. One person told us, “My room is lovely, I chose the colours, I’m very happy with it”. Another person told us, “It’s nice here. The food is excellent, and you can always ask for something different”. This person had assumed a certain responsibility for other people who lived in the home and told us, “I keep an eye on them for the staff, make sure they’re all right”. We asked if that was OK for them to do this or did they feel it was too much for them and they replied, “No, I like it. I feel useful”.

Staff responded promptly and appropriately to people’s needs, assisting people to move around the home and supporting them in a friendly and calm manner. We observed staff knew people well and reacted quickly when they needed support or assistance. Call bell alarms were easily reached and answered in a timely manner.

The registered manager and deputy manager completed pre-admission assessments to make sure people would be given the correct care and support. Records showed people and their relatives or representatives were involved in the assessments to ensure people received care that met their specific health needs.

Since the last inspection in July 2014 the provider had completed a thorough review of their risk assessment and care planning processes. Care plans had been completely revised and written in a person centred format that was easy for staff to follow. We asked staff what they thought of the new care plans and they told us they found them very effective, easy to use and clear. Care plans were reviewed each month and any changes to people’s health needs were clearly documented, signed and dated.

There was a clear system in place to ensure skin injuries and marks were recorded in people’s care plans with the details dated and signed to ensure staff could check people’s injuries were treated correctly.

People’s needs were assessed and care and treatment was planned and recorded in people’s care plans. We looked at three people’s care plans in depth. The care plans contained clear instructions for staff to follow to ensure people received care to meet their needs. Where possible staff encouraged people to make their own decisions in order to retain their independence. For example, one care plan stated the person liked to choose their clothes and liked to put on jewellery to match. The care plan stated staff would be required to assist with putting the jewellery on but the person would like to decide what to wear themselves.

People’s care plans described them clearly, explaining how they preferred to dress, their religion, what they preferred to eat and what was important to them in addition to giving clear guidance on health care issues such as; skin integrity, mobility and falls, behaviour management, weight and malnutrition guidance. This meant staff had information to enable them to provide care in a way that was individual to each person.

Feedback we received about the service from a GP was positive and stated the service responded well to the needs of the people who lived there.

Staff assisted people with their mobility aids and ensured they had their aids within easy reach. Staff we spoke to demonstrated they were responsive to people’s needs. For example, one person liked to have a sleep after lunch and staff checked they were happy to do this before taking them to their bedroom.

The provider had a complaints process in place that included a clear flow diagram explaining the process to people. Information giving guidance on how to complain was clearly displayed at the entrance to the home for people to read. The provider’s complaints policy ensured complaints would be acknowledged, responded to in a timely manner and the outcome communicated to all parties. The registered manager told us they had not received any complaints or concerns since the last inspection in July 2014. Records we checked confirmed this to be the case. Relatives we spoke with told us they knew how to complain if they needed to but they had not had any cause for complaint. They felt they would be listened to if they did need to complain. Photographs and names of all the staff were clearly displayed on the notice board, this meant people knew who to approach and what their roles were.

Is the service responsive?

People were supported to take part in activities they enjoyed. The registered manager told us they had arranged for a Pearly King to visit and provide entertainment for the next day. We spoke to people about the visit and they told us they were looking forward to it. Activities included, ball games such as skittles, music and singing, gentle armchair keep fit exercises, hand massage, manicures and watching films on television. The registered manager showed us three computer tablets that they had recently purchased for people. Staff assisted people to play games with different coloured lights and listen to music on the tablets which people clearly enjoyed. The computer tablets provided interactive entertainment for the people and we observed people, smiling and laughing when the lights and music started as they touched the screen. The tablets also provided the people with a way to get in touch with relatives using communication applications, if they wished to.

Staff told us they also did cooking with some of the people and made cakes and buns to have with their afternoon tea, which everyone really enjoyed. Each person was also growing an amaryllis in a pot and the staff told us the people enjoyed seeing whose plant was growing the most and a friendly competitiveness had ensued.

People's family and friends were able to visit at any time and relatives we spoke with told us they were always made to feel very welcome, offered tea and biscuits and kept well informed regarding the health and welfare of their relative. One relative told us they had been invited to stay for Christmas dinner which they had really enjoyed and meant they could spend Christmas with their relative.

The previous inspection in July 2014 had found people had been leaving the home without staff support and some of these people had also been assessed as at risk of falls which put their health at risk. The registered manager had arranged for new external gates to be installed leading to and from the garden and the front and back doors of the premises had alarms fitted and key code locks were in use. This meant people needed the code to leave the premises or alternatively staff could accompany them out of the home when required. This was a measure put in place to ensure the safety of the people who lived in the home as due to their condition of dementia some people may leave the home but would not always be able to get back to the home independently. Following these measures there had been no further incidents of people leaving the home without the knowledge of the staff.

Is the service well-led?

Our findings

There was a friendly, open and honest culture at the home that created a homely, happy atmosphere. Staff cared for people with genuine affection and knew them all well. There was a stable staff team who worked very well together as a team and supported each other calmly and effectively. Staff told us they had confidence in the management team who always offered support and advice. Staff said they would be happy to discuss any issues or concerns with the manager and would be confident they would be listened to and any action required would be carried out.

People we spoke with told us they thought the service was well-led. They told us the staff worked well together and were always available if they needed to discuss any topic at all. They said there was a good working relationship between the staff and the management team and staff clearly worked together for the benefit of the people living in the home. Relatives told us they were always kept informed of any changes in their relatives health care needs and felt fully involved in the process. They said they had total confidence in the management team and felt that their relative got the best support and care they required.

Staff we spoke with told us they, “loved their jobs” and were very happy working in the home.

One member of staff told us there was a strong culture of pulling together as a team, helping each other to ensure people received the best care.

All staff we spoke with told us they felt the home included them in decisions made about people who lived there and their care and support. They told us they were included and involved in the meetings that were run at the home. Minutes from a selection of these meetings showed a supportive and honest management style where staff were comfortable to raise issues or concerns and were confident they would be listened to. Staff knew how to raise concerns and were knowledgeable about the process of whistleblowing.

Staff told us communication in the home was good and they were confident they were always given the most up to date information regarding people's changing care needs. They told us they found the new care plans very good and easy to use which meant they were kept up to date with people's care needs.

People's views were sought through the use of questionnaires. These were given to people using the service and their relatives and representatives. At the time of our inspection the registered manager was in the process of sending out the questionnaires, we saw the process would ensure the questionnaires, once completed would be analysed and the results published in a report for people to read. Any area of improvement would be discussed at staff meetings and changes made where required. We saw some returned questionnaires that were positively completed and showed people were happy with the care their relative received.

The provider had taken action to identify, assess and manage the risks to people. Following the inspection on July 2014 the provider had made changes to the way they recorded and reviewed their accidents and incidents. We checked the new system which showed a specific member of staff took responsibility for analysing all accidents and incidents. This ensured they could check for emerging trends and put in place additional equipment or training for staff when appropriate.

The registered manager carried out a system of on going assessments to monitor the quality of the service provided. For example, equipment, premises and maintenance checks, menu sampling, housekeeping and care plan reviews.

At the inspection in July 2014 it was found people who used the service, staff and visitors were not protected against the risks of unsafe or unsuitable premises due to the fact a Legionella risk assessment and test had not been completed. Legionella are water borne bacteria that can cause serious illness. Health and safety regulations require persons responsible for premises to identify, assess, manage and prevent and control risks and to keep the correct records. At this inspection records showed a full water system Legionella test, and risk assessment had been completed on the premises by a registered independent contractor during September and October 2014.

The registered manager demonstrated that they were committed to the continuous improvement of the service. For example, they had developed new care plans to ensure they were person centred and contained all the relevant up to date information required to maintain people's health.

Is the service well-led?

They were also committed to ensuring their staff completed the correct training and provided them with the opportunity to undertake a qualification in Health and Social Care.

The registered manager showed us their plan for the major improvements in the back garden. They had approached the local college who were interested in taking the garden on as a project to renovate the garden into a sensory area for people living with dementia.