Care Futures

Beck 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

Beck House provides accommodation and personal care for 23 people. People who live at the home have a learning disability. There were 20 people living in the home at the time of the inspection. This was an unannounced inspection, which meant the staff and provider did not know we would be visiting. This inspection took place on the 27 and 28 January 2016.

There was a registered manager in post. They had managed the service for the last fifteen years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Some of the people living in Beck House had a profound physical disability and therefore did not communicate verbally. In order to understand their experiences we observed staff interactions with people during our inspection. Staff were caring and attentive to people.

People were treated in a dignified, caring manner which demonstrated that their rights were protected. Where people lacked the capacity to make choices and decisions, staff ensured people's rights were protected by involving relatives or other professionals in the decision making process. The registered person had ensured that appropriate applications had been made in respect of the Deprivation of Liberty Safeguards and these had been monitored effectively.

People were protected from the risk of abuse because there were clear procedures in place to recognise and respond to abuse and staff had been trained to follow the procedures. Systems were in place to ensure people were safe including risk management, checks on the equipment, fire systems and safe recruitment processes. Suitable arrangements were in place to ensure people received their medicines safely.

People were supported by sufficient staff that had received appropriate training to enable them to support people effectively. Staff were supported by the registered manager and had regular individual supervisions sessions with a senior member of staff. Team meetings were organised monthly enabling staff to keep up to date, discuss the running of the home and the welfare of the people they supported.

People had a care plan that described how they wanted to be supported in an individualised way. These had been kept under review. Care was effective and responsive to people's changing needs. People had access to healthcare professionals when they became unwell or required specialist equipment. People's nutritional needs were being met. People were offered a varied and nutritious diet. Improvements were required in respect of the food and fluid charts as there were gaps in the daily recordings. The registered manager told us this would be addressed but there was no one at risk of malnutrition.

Staff were knowledgeable about the people they supported and spoke about people as individuals. People

were supported to maintain contact with friends and family and take part in activities both in the home and the local community. Staff and the registered manager were looking to make improvements to the activities organised in the home. Systems were in place to monitor this.

Systems were in place to ensure that any complaints were responded to. People's views were sought through monthly meetings and an annual survey. Surveys were sent to relatives and information collated to improve the service.

The staff, the registered manager and provider completed regular quality checks on the systems that were in operation in the home to ensure they were effective. Staff were committed to providing care that was tailored to the person.

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.

People were safe from harm because staff reported any concerns and were aware of their responsibilities to keep people safe.

There were sufficient staff to keep people safe. Safe systems were in place to ensure only suitable staff were employed.

People were kept safe as risks had been identified and were well managed.

Medicines were well managed with people receiving their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People were encouraged to make day to day decisions about their life. For more complex decisions and where people did not have the capacity to consent, the staff had acted in accordance with legal requirements.

People were supported to eat a healthy and varied diet. People had care plans specific to meet their health care needs. Other health and social care professionals were involved in the care of people and their advice was acted upon.

People were supported by staff who knew them well and had received the appropriate training.

Is the service caring?

Good

The service was caring.

People received the care and support they needed and were treated with dignity and respect.

The service sought people's views and people were involved in decisions regarding their care and support.

People were supported to develop and maintain relationships with family and friends.

Is the service responsive?

Good

The service was responsive.

People received care that was responsive to their needs. Care plans described how people wanted to be supported. These were tailored to the person and kept under review.

People were supported to take part in regular activities both in the home and the community. This included keeping in contact with friends and family.

People and their relatives could be confident that if they had any concerns these would be responded to appropriately.

Is the service well-led?

Good

The service was well led.

Staff and relatives spoke positively about the leadership in the home. The team worked together to meet the needs of people and there was a strong commitment to provide individualised care that was tailored to the person.

The views of people, staff and relatives were taken into account to aid improvement in the home.

The quality of the service was regularly reviewed by the provider/ manager and staff.

Beck 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 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 was an unannounced inspection which was completed on 27 and 28 January 2016. The inspection was completed by one inspector. The previous inspection was completed in January 2014, there were no breaches of the regulations.

Before the inspection, we asked the provider to complete 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 planned to make.

We reviewed the information included in the PIR along with information we held about the home. This included notifications, which is information about important events which the service is required to send us by law.

We contacted the local community learning disability team to obtain their views on the service and how it was being managed.

During the inspection we looked at three people's records and those relating to the running of the home. This included staff rotas, policies and procedures, quality checks that had been completed, supervision and training information for staff.

We spoke with five members of staff, the registered manager, a trainer for the organisation and the operations manager of the service. We spent time observing and speaking with people living at the service and we spoke with a visiting relative.

Good

Is the service safe?

Our findings

People were unable to tell us about their experiences of living at Beck House and whether they were safe. People were observed spending time in staff's company and were relaxed with them. This demonstrated people felt secure in their surroundings and with the staff that supported them.

Medicine policies and procedures were followed and medicines were managed safely. Staff had been trained in the safe handling, administration and disposal of medicines. A second member of staff checked to ensure all medicines had been given by the designated member of staff.

Each person had a file containing their medicine administration records, an up to date photograph, preferences on how they liked to take their medicines and information in respect of medicines they were prescribed. This included the reason the medicine was prescribed and any known side effects and allergies. Information was available to staff on 'as and when' medicines such as pain relief or remedies for a specific medical condition. This included what staff should monitor in respect of when and how these medicines were to be given.

People were kept safe by staff who understood what abuse meant and what to look out for. Staff confirmed they were trained and knew the signs to look out for in respect of an allegation of abuse. Safeguarding procedures were available for staff to follow with contact information for the local authority safeguarding team. Staff told us they had confidence in the registered manager to respond to any concerns appropriately. Staff described to us how they monitored people's body language and changes in behaviour, as many of the people were unable to tell staff if they were being hurt by anyone. Staff recorded any unusual marks and reported this to the registered manager. An investigation took place to check if there were any possible causes.

People received a safe service because risks to their health and safety were being well managed. Care records included risk assessments about keeping people safe. These covered all aspects of daily living. Risk assessments included the action staff must take to keep people safe. These had been kept under review and other professionals such as occupational therapists and physiotherapists had been involved in advising on safe practices and equipment required.

Environmental risk assessments had been completed, so any hazards were identified and the risk to people removed or reduced. Staff showed they had a good awareness of risks and knew what action to take to ensure people's safety. There were arrangements in place to deal with foreseeable emergencies. Each person had a fire evacuation plan in place which linked with the overall plan for the whole home.

Other checks were completed on the environment including moving and handling equipment, checking sensory alarms (which alerted staff if a person was having an epileptic seizure) were working correctly and routine checks on electrical appliances. Certificates and records were maintained of these checks.

The registered manager told us they were ordering new sensory alarms as some were faulty. Whilst they

were waiting for the replacements staff completed additional checks when people were in their bedrooms, especially throughout the night. Staff confirmed the checks were completed every 15 minutes when people were in their bedrooms. Throughout the inspection we observed staff communicating with each other about the checks.

Regular maintenance was completed on the premises. Staff confirmed there was a good response to repairs. The registered manager said there was a planned redecoration programme in place and this formed part of the service's improvement plan.

The home was clean, free from offensive odour and cleaning schedules were in place. Housekeeping staff were employed to assist with daily cleaning and laundry.

There was a sufficient stock of gloves and aprons to reduce the risks of cross infection. Staff had received training in infection control. The registered manager and the trainer for the organisation told us they were reviewing the frequency this was being updated and developing a knowledge test for staff. This was because once staff had completed this as part of their induction there was no refresher. The trainer said they were organising further training for all staff that had not recently completed this.

The registered manager was able to describe the process that staff underwent to ensure a thorough and robust recruitment process was undertaken. They told us staff would not commence employment until all their checks had been completed, such as obtaining two references and a Disclosure and Barring System (DBS) check. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who use care and support services. Staff files contained relevant information showing how the registered manager had come to the decision to employ the member of staff.

Staff attended an informal interview where they had an opportunity to meet the people living there. This formed part of the assessment process as the registered manager told us it was important to see how potential staff engaged with people. Potential staff would then attend a formal interview with the registered manager and another senior member of staff. Records were maintained of the formal and informal interviews. Safe recruitment systems were in place that recognised equal opportunities and protected the people living in the home.

Sufficient staff were supporting people. This was confirmed in discussion with staff and by looking at the rotas. Staff told us any shortfalls in staffing were covered by the team and agency staff. Staff told us there were usually seven staff working throughout the day and evening, with two waking and one sleep in staff covering nights. There was twenty people living at Beck House at the time of the inspection. Staff told us occasionally due to short notice sickness there may be only six staff, whilst this was not ideal they told us people were safe.

Good

Is the service effective?

Our findings

People were unable to tell us about the care and support they were receiving. We observed staff supporting people throughout the day. This included supporting people with making decisions for example, where to sit, what to eat and what activities they would like to do. Staff had built effective relationships with people enabling them to understand when people were happy, sad or in pain. Staff described how they monitored people's body language in respect of their general well-being.

People had access to other health and social care professionals. Staff told us the GP visited the home every Wednesday but was contactable at other times. Staff told us they had a good relationship with the local surgery and would not hesitate to contact the GP for advice and support about a person's general health.

People were supported to attend medical appointments. One person was being supported to attend a physiotherapist appointment. Staff clearly explained when, where and why in a way that the person understood. People attended regular check-ups with the dentist, opticians and other health practitioners. Clear records were maintained of the outcome of the appointment and any follow ups. People attended an annual health check with the GP and were offered a flu jab.

People had a health action plan which described the support they needed to stay healthy. This was where staff recorded information about any appointments that people had attended and the support they required.

Care records included information about any special arrangements for meal times and dietary needs. Other professionals had been involved in supporting people with their dietary needs. This included speech and language therapists, dieticians and the GP. Their advice had been included in the individual's care plan. The registered manager told us there were no concerns in respect of meeting people's nutritional needs. People were being weighed monthly and food monitoring charts were in place to enable staff to record all their food intake. This was important as people were unable to say what they had eaten and whether they had enjoyed the meal. There were gaps in some of these recordings and the registered manager told us this would be rectified immediately.

The meals were prepared in a central kitchen in one of the organisation's other homes, which was situated on the same site. The meals were then transported in hot trolleys to Beck House. People were offered a choice of two meals. Staff told us they supported people with menu choices and used photographs of the meals available. A relative told us they regularly visited during lunchtime and the meals were always appealing and there was a choice. They told us they were often offered a meal or refreshments and made to feel welcome.

There were four dining areas in the home and people were given a choice of where they would like to eat. Some people chose to eat their meals in their bedroom. Staff supported people in a sensitive manner and at the person's pace.. Staff clearly explained what people were eating. Where people had not liked what was on offer, staff had offered them an alternative. This included the second choice on the menu and where this

was refused a sandwich. One person told us they liked the food and there was always enough. One person asked staff for a second helping and this was provided. Staff ate their meals alongside people promoting a 'family and inclusive atmosphere'. Staff told us the food was always good, there was plenty of choice and alternatives were available. There was a kitchen for staff to prepare snacks and hot drinks.

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 are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager told us they had submitted applications in respect of Deprivation of Liberty Safeguards (DoLS) for everyone in living at Beck House. Of the 20 people two were waiting for an outcome in respect of the authorisation. The registered manager had a system to monitor and keep under review each authorisation ensuring where this needed to be renewed this was completed in a timely manner.

Each person had been assessed to determine whether an application should be made. The manager had notified us about the outcome of the authorisations. Information about these safeguards were clearly described in the person's care plan on the reasons for the authorisation.

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005. Whilst staff acknowledged how important it was to involve people in making decisions they acknowledged this was not always possible for more complex decisions. For example, those relating to medical treatment or large purchases. Where decisions were more complex meetings were held so that decisions could be made which were in people's best interests involving other health and social care professionals and relatives where relevant. Records were maintained of these discussions, who was involved and the outcome.

Staff had received training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty safeguards (DoLS) and there was a MCA and DOLS assessment and referral policy. Senior staff completed more in-depth training and care staff attended a basic introduction on the principles and how it affected their day to day work.

Staff clearly understood the need to seek consent from people before any care and support was delivered. Staff told us people could clearly indicate using non-verbal communication when they were not happy or did not want support. Information was available in care files about how each person communicated using non-verbal communication.

The registered manager was able to demonstrate new staff were supported through a formal induction. Staff completed the Care Certificate that was introduced in April 2015. There is an expectation that all new staff working in the care industry should complete this induction. New staff members were subject to a probationary period at the end of which their competence and suitability was assessed. New staff worked alongside more experienced staff and were not counted in the staff numbers. This enabled them to gain

confidence and get to know the people they were supporting.

Individual staff training records and an overview of staff training was maintained. The registered manager was able to demonstrate staff had completed health and safety, fire, first aid, moving and handling, safeguarding, MCA and DoLS training. A training plan was in place to ensure staff received regular training updates. The registered manager told us they liaised with the training department in respect of the training courses available. The training department made contact with individual staff to prompt them to complete any outstanding training.

A training co-ordinator told us they were reviewing the training expectations of the organisation this would include the frequency when staff received refresher training. The trainer told us all class room based training had a knowledge test at the end to check staff's understanding. Staff attended both internal training and training provided by the local council. A member of staff told us the training they had completed had equipped them for their role. They told us they had recently completed an assertiveness course which had been very beneficial in their role. The registered manager told us assertiveness training was being offered to all senior care staff along with a team building course.

Staff confirmed they met with a senior manager every four to six weeks for an individual supervision to discuss their performance and roles. The registered manager told us that staff had an annual performance review once they had worked for the organisation for more than two years. The registered manager monitored the frequency of both the supervisions and appraisals to ensure these were completed at the correct intervals.

Beck House is situated on the same site as another home owned by the provider. Both homes run independently of each other. The home was suitable for people with a physical disability with wide corridors and a lift to the first floor.

Each person had their own bedroom with an ensuite with a toilet and walk in shower. All rooms had been decorated to reflect the personality of the occupant. Staff worked closely with the person and where relevant their relative in decorating their bedroom to reflect the personality and interests of the person. Some people had sensory equipment which aided relaxation and visual stimulus. Staff told us they could also access the sensory room which was situated in the day centre.

There were sufficient bathrooms with assisted baths and aids to support people with a physical disability.

There were four lounges situated on the ground floor. These were comfortably furnished and decorated to a good standard. Two of these areas had a small kitchenette enabling staff to prepare snacks and drinks.

There was an enclosed garden to the rear of the property with a patio seating and a garden swing. There was a summer house which staff told us was being refurbished into a sensory room with massage chairs and other sensory equipment. Along the corridors there were sensory boards which people could access. Consideration had been taken to ensure they were at the appropriate height for a person using a wheelchair.

Good

Is the service caring?

Our findings

A relative told us they were very satisfied with the care and support shown to their relative. They told us, "The staff are good, they do care about people and they are all kind and patient". They told us they would like more information about activities that had taken place but on the whole they were happy with the care and support their relative received.

We asked staff whether they thought the support provided within the home was caring. Staff told us they thought staff were caring and knew people well. Staff felt confident if there were any concerns these would be dealt with by the management of the service.

The staff had received some recent compliments in respect of their ability to care. A paramedic had complimented the staff on their knowledge of the person they were treating. They had written to the registered manager stating the two staff involved were genuine, caring and compassionate. Another health professional had written to the home again complimenting staff on their excellent rapport with a person stating they were model care workers.

A member of staff told us about their role as a dignity champion. They told us there was another staff that also completed this role within the home. The member of staff told us their role was to be a voice for people, to challenge staff and work as a role model in promoting dignity in the workplace. They told us they met with other dignity champions working for Care Futures regularly to enable them to make suggestions and change existing practice. We were given examples where practice had changed in relation to the use of moving and handling equipment and ensuring people were treated in a dignified and respectful manner.

We observed throughout the inspection staff supporting people in a caring manner. We were introduced to each person when we first arrived. Whilst we were being shown around the home the member of staff made very discreet observations in respect of a few people still having food either on their clothes or hands and promptly addressed this. They spoke to the person throughout in a very respectful and caring manner explaining what they were doing. This included asking the person for consent for example, asking if the person minded them wiping their hands.

Each person had an identified key worker, a named member of staff. They were responsible for ensuring information in the person's care plan was current and up to date and they spent time with them individually.

One person was unwell during our visit. A member of staff was continually checking on the person making sure they were comfortable. Staff made contact with the GP to seek advice and support. Staff shared this information so that when one member of staff was not available another would check and monitor. Staff showed genuine concern and empathy for the person.

Staff were aware of people's routines and how they liked to be supported. People were supported in a dignified and respectful manner. Staff were observed providing personal care behind closed bedroom or

bathroom doors. Staff were observed knocking prior to entering a person's bedroom. This ensured that people's privacy and dignity were maintained.

People were able to spend time in their bedrooms. Staff understood it was important for people to have a change of scenery. Where people were unable to move and used wheelchairs or specially adapted seating staff were observed supporting people to move from one lounge to another.

People were asked how they wanted to be supported, where they would like to sit and what activities they would like to participate in. Staff were patient and waited for the person to respond either verbally or by interpreting a person's body language. Staff described to us how they monitored a person's general well-being by observation and their personal knowledge of the individual.

Staff said supporting people to maintain contact with their family and friends was an important part of providing good care and support. People's care records detailed how people were supported to do this. This included supporting people to visit family and maintaining regular contact. A member of staff described how they were supporting one person to maintain contact with family living abroad by sending regular emails. They were exploring whether skype would be a good option which would enable the family to participate in care reviews and improve contact with the person living in the home. Staff told us it was their responsibility as a key worker to support people to keep in contact with family.

Good

Is the service responsive?

Our findings

People were dependent on staff in making sure their care needs were met in respect of many aspects of daily living. Staff were responsive to meeting people's needs. Staff were observed supporting people discreetly when they required assistance for example with personal care and support with eating and drinking. Some people could eat independently but may be at risk of choking. Staff were present and ensured their meals were cut into manageable bite size pieces. Staff confirmed they had received first aid training enabling them to respond should a person choke or have an accident.

People were being supported on a regular basis to go out in the community and participate in meaningful activities. Activities included meals out, shopping trips, trips to the theatre, walks and hydrotherapy. Some people participated in community social groups and attended a local day centre. Some people had been supported to go out in a small groups for a walk around the local area. Another person was supported individually to go out and take photographs, it was recognised by staff that this person did not like being in groups. They described to us how they were supporting the person as they were reluctant to leave their bedroom or leave the house. As this person was reluctant to leave their bedroom a member of staff was observed spending some time reading a book with the person and chatting together.

In addition activities were organised in the home including aromatherapy, music sessions, relaxation sessions and the use of sensory equipment. Staff told us an entertainer visited the home regularly which many of the people seemed to enjoy. There were photographs of activities that people regularly took part in displayed around the home. Trips included going to the chocolate factory, trips to the beach and the zoo. There were three specialist vehicles to enable the staff to support people who use wheelchairs to access the community. These were shared with the day centre and the other home which was situated on the same site.

Social events were organised throughout the year enabling people to invite their friends and relatives to participate. This included an annual summer party, barbeques and a Christmas Party. A relative told us the staff were organising a new year party at the local village hall and they had been invited. People were supported to have an annual holiday. One person was planning a holiday to Disneyland, others had been to Devon and Wales for short breaks in small groups. Staff told us they enjoyed going on holidays with people as it enabled them to get to know them better.

Staff completed daily records on how they were supporting people, including what activities they had taken part in. The registered manager recognised that this was an area for improvement to ensure regular activities were organised for people when they were at home. Staff told us each lounge had a cupboard containing art and craft materials that had recently been purchased along with board games. They told us this would enable them to provide more activities with people either in small groups or individually. The registered manager had recently conducted an audit on activities. From this they had developed a list of activities that each person may enjoy and introduced a new record so staff could write about the activities they had organised.

Daily handover meetings were taking place between staff. A handover is where important information is shared between the staff during shift changeovers. Written records were maintained to enable staff to keep up to date. This was useful if staff had not worked in the home for a period of time

Staff told us they were allocated three people to support during their shift. Where staff had supported other people outside the home, they clearly communicated with the staff what was still required. For example one person had chosen to say in bed, the member of staff clearly handed over the information so that another member of staff could respond to the person's needs whilst they were out.

People were supported to have care plans that reflected how they would like to receive their care, treatment and support. Care plans included information about their personal history, individual preferences, interests and aspirations. They showed that people were involved and were enabled to make choices about how they wanted to be supported. There was information about what the person could do and where they needed support. This enabled people to be as independent as possible.

People had their individual needs regularly assessed, recorded and reviewed. Care reviews were held at regular intervals involving the person's, relatives where relevant and other professionals. Where people's needs had changed the service had made appropriate referrals to other health and social care professionals for advice and support. For example referrals to the local community disability team for a physiotherapist assessment to ensure the moving and handling equipment and the person's wheelchair was suitable.

Individual daily reports about people's care and support were written by staff. This helped to ensure that staff were kept up to date with people's needs. The reports showed changes in people's well-being and how these had been responded to by staff. This meant there was information available when people's support was being reviewed. In addition the key worker completed a comprehensive monthly summary of the care and support that was delivered, any health care appointments attended, activities undertaken and a progress report on goals the person had set. This enabled the staff to respond to any changing care needs and adapt the plan of care if required for the person.

Monthly meetings were held for people. These were organised in small groups and people were asked their opinion on the food, activities and things they were not happy with and for any suggestions for improvement. Whilst it was acknowledged that many of the people were non-verbal photographs and pictures were used to aid communication. Some people had raised concerns about the noise levels at times. Staff said that people could access all the lounges and some areas of the home were quieter than others. Staff told us if a person was becoming distressed because of the noise levels then they would be assisted to another lounge. The atmosphere in the home throughout the inspection was calm and relaxed. If a person became loud we saw staff promptly respond offering tea, coffee, a snack or an activity.

We looked at how complaints were managed. There was a clear procedure for staff to follow should a concern be raised. There had been two complaints in the last twelve months. These had been raised by a healthcare professional in respect of continence issues. The registered manager had investigated the concern and responded to the complainant. In response further advice was sought from a continence advisor. Staff were aware of their responsibility to ensure when a person went out they had a grab bag that contained items needed for the person. Staff told us in addition they were also checked by the day care staff before leaving the home. It was evident the registered manager and the staff had taken the concern seriously and acted upon this appropriately. This had benefited not only the person involved in the complaint but everyone living in the home.

Many people communicated using non-verbal communication. There was information to enable staff to

interpret if the person was unhappy so that staff could respond to their concerns. A relative confirmed they knew how to complain and would speak with the registered manager or a member of staff. However they told us they had no concerns about the care and support. Where they had raised minor concerns regarding activities it was evident the registered manager was aware of this. This was because when we looked at the records and spoke with staff it was evident they were exploring options in respect of the suitability of facilities to enable the person to go swimming. The registered manager told us that there had been issues with the lack of moving and handling equipment at the local swimming pools which meant this person could not be supported safety.

Good

Is the service well-led?

Our findings

Staff spoke positively about the leadership in the home and how the team supported each other. Staff felt confident to speak with the registered manager, team leaders or the provider if they had suggestions for improvement or concerns. Staff were aware of their roles in providing care that was tailored to the person. Staff spoke about people in a very person centred way clearly describing the aims of the service in providing an environment that was homely, recognising people as individuals. A member of staff told us although there was a key worker system in place caring and supporting people was everyone's business. They said, "It is not one member of staff's responsibility, it is important we all work together as a team to support people".

Staff felt valued in their roles and celebrated individual success whether that was a person living in the home or an individual staff member. A member of staff told us about three staff that had recently received an award for being the employee of the month. Staff told us these staff had gone the extra mile, whether that was their ability to care consistently or covering shifts at very short notice to ensure consistent care was delivered to people. Staff told us this had been introduced three months ago. They felt it had a positive effect on morale and was driving up good practice. Staff also celebrated the success of individuals living in the home. For example one person was reluctant to go out, but staff had enabled and supported them to go shopping and for a walk in the last four weeks and on the day of the inspection a trip to the local duck pond to take photos.

A member of staff told us they enjoyed coming to work and felt supported by colleagues and the registered manager. The registered manager said one of the values and expectations of staff was "A can do attitude with a smile". They told us, "We are here to support the people as best we can and it is important that the atmosphere is calm and relaxed".

The service had policies and procedures in place which covered all aspects relevant to operating a care home including the employment of staff. The policies and procedures were comprehensive and had been updated when legislation changed. Staff told us, policies and procedures were available for them to read and they were expected to read them as part of their induction and when any had been updated. The registered manager told us they also checked staff's understanding regularly in respect of key policies such as safeguarding, mental capacity and administration of medicines. These were discussed during supervisions and team meetings.

People, their relatives and staff' views were sought through an annual survey. These were collated by the provider to look for any themes and areas for improvement. Feedback from family was positive with 50% rating the service as excellent and the other 50% rating it as good. Comments included 'always made to feel welcome when visiting', 'everything is fine you have dedicated staff team' and 'there is such a happy atmosphere and the staff and residents seem to have good relationships'. Some relatives made suggestions for improvement such as letting them know when their relative goes out, they said one member of staff was particularly good at this and a quiet sitting area for relatives and people to meet reducing interruption from staff. The majority of staff felt they were valued, received sufficient training, supervision and support. All staff

felt the people were safe with good resident and family involvement.

We found that regular reviews of people's care plans and risk assessments were undertaken. A relative confirmed they were invited to care review meetings and were kept informed about any changes.

Staff told us monthly meetings were held where they were able to raise issues and make suggestions relating to the day to day practice within the home. The minutes from these meetings were documented and shared with team members that were unable to attend. These documented the suggestions made by staff members, discussion around the care needs of people and wider issues relating to the running of the home.
Systems were in place to review the quality of the service. These were completed by either the registered manager or a named member of staff. They included health and safety, checks on the first aid equipment, medication, care planning, training, supervisions, appraisals and environment.

The registered manager told us in the provider information return the operation manager visited regularly to monitor the service. One of the visits was to provide supervision to the registered manager and the other was monitoring the quality of the service and meeting with people and staff. Reports were maintained of the visits. The registered manager had to compile a monthly report in respect of the care of staff and information about staffing such as training, sickness and any areas of concern and this was shared with the provider. Staff confirmed the provider representative regularly visited to speak with people, individual staff and the registered manager. The operations manager told us the registered manager was proactive in making improvements to the service and had worked for the organisation for many years.

The registered manager and the team had developed a business plan for the forthcoming year. Areas included making improvements to the garden summer house, building on the team dynamics, improving on communication and improving activities within the home. Staff were aware of the action plan and what steps had already been taken. The registered manager had an action plan log that detailed the action taken and the date when it was completed. This was available for all staff to read.

Information received before the inspection provided us with further information about where the service could be improved with clear timescales for action. The improvements were about enhancing the service rather than shortfalls.

We reviewed the incident and accident reports for the last twelve months. There had been very few accidents. Appropriate action had been taken by the member of staff working at the time of the accident. There were no themes to these incidents, however the staff had reviewed risk assessments and care plans to ensure people were safe.

From looking at the accident and incident reports we found the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service.